Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

, 2018 , 2017, and ending For the 2017 calendar year, or tax year beginning 10/01 D Employer identification number Check if applicable: 94-2553734 The Friends of the Oakland Public Address change Telephone number Name change 721 Washington Street 510-444-0473 Initial return Oakland, CÁ 94607-3924 Final return/terminated G Gross receipts \$ 406,576. Amended return F Name and address of principal officer: Ellen Moyer H(a) Is this a group return for subordinates X No Yes Application pending H(b) Are all subordinates included?

If 'No,' attach a list. (see instructions) No Yes Same As C Above 4947(a)(1) or 527 (insert no.) X 501(c)(3) 501(c) (Tax-exempt status H(c) Group exemption number ▶ Website: ► www.fopl.org M State of legal domicile: CA Other > L Year of formation: 1978 Form of organization: X Corporation Association Summary Briefly describe the organization's mission or most significant activities: To advance the role of the Oakland Public Library as a vital community resource and as an institution critical to the Governance culture, education and welfare of our diverse community. Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)..... 14 Number of independent voting members of the governing body (Part VI, line 1b)..... 14 Total number of individuals employed in calendar year 2017 (Part V, line 2a)..... 5 3 6 80 Total number of volunteers (estimate if necessary)..... 7a Total unrelated business revenue from Part VIII, column (C), line 12..... 0. b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 262,397. 162,364 Contributions and grants (Part VIII, line 1h)..... Program service revenue (Part VIII, line 2g)..... 5,410. Investment income (Part VIII, column (A), lines 3, 4, and 7d)..... 1,619 10 33,576. 26,076. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)..... 11 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)..... 190,059. 301,383. 12 284,491. Grants and similar amounts paid (Part IX, column (A), lines 1-3). 145,510. Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)..... 15 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e)..... b Total fundraising expenses (Part IX, column (D), line 25) ▶ 12,945. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)..... 16,367. 17 297,436. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)..... 161,877. 28,182 3,947. Revenue less expenses. Subtract line 18 from line 12..... End of Year **Beginning of Current Year** 891,640. 524,856. Total assets (Part X, line 16)..... 20 705,545. 342,708. Total liabilities (Part X, line 26)..... 21 186,095 182,148 22 Signature Block Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, 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. Date Sign Treasurer Here Print/Type preparer's name Preparer's signature Check self-employed P01471027 Michael Fontanello Michael Fontanello Paid Fontanello, Duffield & Otake, LLP Preparer Firm's name Firm's EIN ► 37-1420474 44 Montgomery Street, Suite 1305 Use Only Firm's address (415) 983-0200 San Francisco, CA 94104 X No May the IRS discuss this return with the preparer shown above? (see instructions).....

TEEA0113L 08/08/17

			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 (see instructions)?	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		Χ
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	Х	
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	_	Х
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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		Х
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		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		, - 5	
а	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	Х	
Ł	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.	11 b		Х
c	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		Х
c	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		
e	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	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	11 f		X
128	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		X
	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		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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		Х
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		Х
16	or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	19		X

Part IV Checklist of Required Schedules (continued) No Yes X 20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H..... 20a 20b b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?...... X 21 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. X 22 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 23 X Schedule J. 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 24b 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 to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I..... 25a 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. X 25b 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 X 26 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. X 27 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): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV. 28a X **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV.* Χ 28h c 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. X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M..... 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If 'Yes,' complete Schedule M..... X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete X 32 Schedule N, Part II X 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, X 34 and Part V, line 1. X 35a b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2...... 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2. X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI..... 37 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 38 38 X

art	Check if Schedule O contains a response or note to any line in this Part V	ener mace	ACM - FORGA	
	Check it schedule o contains a response of note to any line in this Fait V		Yes	No
1 2	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		TE US	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Х	
2 a	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	Ti.		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		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	3 b		
10	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
	If 'Yes,' enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			FRYD
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file			Х
	Form 8282?	7 c		_ A
d	If 'Yes,' indicate the number of Forms 8282 filed during the year			Х
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		
-	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
8	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	36		
9	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
د د	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:		Traul.	
	Initiation fees and capital contributions included on Part VIII, line 12	3/15		
Ŀ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
	Section 501(c)(12) organizations. Enter:		47	File
	Gross income from members or shareholders			LEUR
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
1	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b	11100		Halling Street
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		A COLUMN
ě	Is the organization licensed to issue qualified health plans in more than one state?	158		10.60
	Note. See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Lines the disjoint of readives of fidula,	14a		X
143	Did the organization receive any payments for indoor tanning services during the tax year?	14t	_	
BAA	CONTROL OF THE PROPERTY OF THE	100000000000000000000000000000000000000		(2017)

Parl	VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or char	low, laes i	and i	for
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	ion A. Governing Body and Management	(A_2040) A5.5	4.000.000	
Seci	ion A. Governing body and management		Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are independent 1b		interior.	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
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		Х
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		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?See. Schedule. 0	6	X	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule 0.	7 a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	X	
Ь	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	evenu	ie Co	ode.)
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10 a		X
	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O		المنطو	₹.
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		
13	Did the organization have a written whistleblower policy?	13		X
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 by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?) its	
a	The organization's CEO, Executive Director, or top management official	15a		X
ł	Other officers or key employees of the organization.	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
ŀ	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	tion 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O))s only) avai	able
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements avaithe public during the tax year. See Schedule O	lable to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	Julie Waldman 721 Washington Street Oakland CA 94607-3924 (510) 444-0473			(0017)

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

1 a 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.

				(C)						
	(A) Name and Title	(B) Average hours per	thar	oox, an o	unles fficer truste	s pers and a e)	on	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
		(list any ployee ghest compensated ployee greated organizations below dotted line)		the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations				
(1)	Winifred Walters	2								-
	Asst. Treasurer	0	X	X				0.	0.	0.
(2)	Ynez Arce	1_								-
	Director	0	X		<u> </u>		9	0.	0.	0.
(3)	Julie Waldman									21
	Treasurer	0	X	X				0.	0.	0.
(4)	Stephen Cole	1_			-					
	Director	0	X					0.	0.	0.
(5)	Ronile Lahti								15	_
	Secretary	0	X	X				0.	0.	0.
(6)	Genevieve Katz	1								_
	Director	0	X					0.	0.	0
(7)	Hannah Onstad	1_						100		_
	Director	0	X					0.	0.	0
(8)	Michael J. Dalton	1							-2	_
	Director	0	X					0.	0.	0
(9)	Ellen Moyer	2								_
	Director	0	X	_				0.	0.	0
(10)	Rebecca Pfiffner	1							_	
	Vice President	0	X	X	_			0.	0.	0
(11)	Sheila McCormick	1						1		
	Director	0	X					0.	0.	0
(12)	Kathryn Sterbenc	2								=
	President	0	X	X	_			0.	0.	0
(13)	Valerie Villanueva									
	Director	0	X		_			0.	0.	0
(14)	Ashley Robinson	1						20	_	
	Director	0	X					0.	0.	0 Form 990 (2017

ran	Section A. Officers, Directors, Tru	(B)			(C	;)	than o		(D)	(E)		F)
	(A) Name and title	Average hours per week (list any hours for related organiza tions below dotted line)	box	, unle: cer an	SS DE	erson directo	is both or/trust	tee)	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Esti amoun compo froi organ and	mated t of other ensation in the inization related izations
(15)			4									
(16)			,									
(17)	99 993-12-4- 											
(18)												
(19)												
(20)												
(21)												
(22)			4									
(23)												
(24)												
(25)												
1 b	Sub-total	K-3K-5K-1K-3K-3K-3K-3K-3K-3K-3K-3K-3K-3K-3K-3K-3K	000 000 7	253 525	CF 6080	esese e	0803 803	>	0.	0.		0.
	Total from continuation sheets to Part VII, Section					360404-4	5456 KH	A	0.	0	<u> </u>	0.
2	Total (add lines 1b and 1c)	d to those	listed	abo	ve)	who	recei	ved			pensation	
	from the organization ▶ 0			-								Yes No
3	Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	ctor, or tri	ustee ual	, ke	y er	nplo	yee,	or I	highest compens	ated employee	3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great											
5	such individual		nesti	on fr		anv	unre	alate	ed organization o	r individual	4	X
Sec	for services rendered to the organization? If 'Ye tion B. Independent Contractors	s,' compl	ete S	che	dule	J fo	or su	ch f	person		3_	Λ
1	Complete this table for your five highest comper compensation from the organization. Report compe	nsated inconsation for	deper	nder	nt co	ontra	ctors r end	s tha	at received more with or within the c	than \$100,000 of rganization's tax yea	ar.	
-	(A) Name and business add								(E		Compe	nsation
			_									
		1 1 1 90	.m.sa	12.11		Bar.	عامل	DIVEN	unha ranginasi sasa	o than		
2	Total number of independent contractors (including \$100,000 of compensation from the organization		nited	to th	iose	iiste	a abo	ve)	who received mor	c ulati		
BAA			TEEA	10108	L 08	/08/1	7				Form	990 (2017

	Check if Schedule O contains a response or r	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 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c d Related organizations 1 d e Government grants (contributions) 1 e				
ontributions nd Other Sir	f All other contributions, gifts, grants, and similar amounts not included above 1f 26. g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f.	2,397. 262,397.			
	Busine:				
ž	Za				
eve	b				
e H	0===				
Program Service Revenue	d				
သို	<u> </u>				
rau	f All other program service revenue				
Z og	g Total. Add lines 2a-2f.	>		A STATE OF THE STA	
	3 Investment income (including dividends, interes other similar amounts)	5,410.			5,410.
	4 Income from investment of tax-exempt bond pro				
	5 Royalties.				
		Personal	CONTRACTOR OF THE PARTY OF THE	TOWNS THE STATE OF	
	6 a Gross rents				
	b Less: rental expenses				William St.
	c Rental income or (loss)	TO LINE STEEL THE	IS THE SHOP		
	d Net rental income or (loss)	>			
	(i) Securities (ii)) Other			
	7 a Gross amount from sales of assets other than inventory				
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)		The state of the s		
	d Net gain or (loss)	±11 ± 1 1-1.7		ALCOHOLD BY AND AND	
Other Revenue	8 a Gross income from fundraising events (not including. \$ of contributions reported on line 1c).				
ď	See Part IV, line 18 a				
<u>a</u>	b Less: direct expenses b	24 H 249 T C 4 + 1			And Harrison
8	c Net income or (loss) from fundraising events	4 (1904-1904 P)			
	9 a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities	rate tast 1			
	10 a Gross sales of inventory, less returns and allowances a 13	7.00			
		38,769. 05,193.			
	c Net income or (loss) from sales of inventory		33,576.		
		ess Code	33,370.		OF THE STREET, SAILS
	11a				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	12 Total revenue. See instructions.		33,576.	0	5,410

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 (A). Check if Schedule O contains a response or note to any line in this Part IX..... (D) (B) Do not include amounts reported on lines Management and Fundraising Total expenses Program service 6b, 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations and domestic governments. 284,491 See Part IV, line 21..... 284,491 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members.... Compensation of current officers, directors, 0. 0 0 0 trustees, and key employees..... Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described 0 0. in section 4958(c)(3)(B)..... 0 0 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)..... Other employee benefits..... 10 Payroll taxes..... 11 Fees for services (non-employees): a Management b Legal.... 3.672 c Accounting..... 3,672 d Lobbying..... e Professional fundraising services. See Part IV, line 17. . . g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.). 1,392 1.392 Advertising and promotion 12 61. 61. 13 Office expenses..... 14 Information technology..... Royalties.... 15 Occupancy 16 17 Payments of travel or entertainment 18 expenses for any federal, state, or local public officials..... 19 Conferences, conventions, and meetings.... 20 Interest..... Payments to affiliates..... Depreciation, depletion, and amortization . . . 22 740 740 Insurance: Other expenses, Itemize expenses not 24 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.)..... 1,717 2,467 4.184 a Printing and Publications __ 2,358 2.358 b Postage and Shipping____ 420 Meeting Expense 420 118 118 d Internet Expense e All other expenses. 297,436. 286,208. 11,228. 0. 25 Total functional expenses. Add lines 1 through 24e . . . 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 ► |X| if following SOP 98-2 (ASC 958-720)

rar	1	Dalance Sheet	, ver	1 100 pt and 10 100 pt			
		Check if Schedule O contains a response or note to	any line i	n this Part X		-10 20 MI	
					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing	Y KOROL KONOROVO NA	A A BACK KIN PORT BORN AND RE	14,455.	1	12,196.
	2	Savings and temporary cash investments			398,839.	2	822,156.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		44 24 PRO 120 PER VIII		4	
		Loans and other receivables from current and former		. [7	A STATE OF THE SECOND
	5	trustees, key employees, and highest compensated e	mployees.	Complete			
		Part II of Schedule L	i da kara erra e	garan resu sa san ran e		5	
	6	Loans and other receivables from other disqualified p section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c) beneficiary organizations (see instructions). Complete		6			
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use			8		
As	9	Prepaid expenses and deterred charges	AND THE RE	OF POOR NOT KNOW YOUR XOCKER	1,130.	9	1,730.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D				Maria F	
				7,559.			
	b	Less: accumulated depreciation	10 b	7,559.		10 c	
	11	Investments - publicly traded securities		11			
- 1	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11.		14			
	14	Intangible assets	Character to the transfer	110 422	15	55,558.	
	15	Other assets. See Part IV, line 11			110,432.	16	891,640.
_	16	Total assets. Add lines 1 through 15 (must equal line Accounts payable and accrued expenses.	34)	(EX) EX (EX) 22 EX (EX)	524,856. 4,389.	17	7,514.
	17	Grants payable			333,691.	18	696,431.
	18 19	Deferred revenue	ana naanaa baa wax xaasaa wax		333,031.	19	00071001
	20	Tax-exempt bond liabilities.				20	
S	21	Escrow or custodial account liability. Complete Part	IV of Sche	dule D		21	
Liabilities	22	Loans and other payables to current and former offic	ers directo	ors trustees.		Managar	
iq		key employees, highest compensated employees, an Complete Part II of Schedule L	d disqualif	ied persons.		22	The state of the state of the state of
Ë		Secured mortgages and notes payable to unrelated t	hird partice			23	
	23	Unsecured notes and loans payable to unrelated third				24	
	24						
	25	Other liabilities (including federal income tax, payabl and other liabilities not included on lines 17-24). Con	nplete Part	X of Schedule D.	4,628.	25	1,600.
	26	Total liabilities. Add lines 17 through 25			342,708.	26	705,545.
S		Organizations that follow SFAS 117 (ASC 958), check he lines 27 through 29, and lines 33 and 34.	ere ► X	and complete			
ĕ	27	Unrestricted net assets	CASE C DESCRIPCIÓ	8000000 C000 690 8000 D000 F	61,339.	27	66,086.
ala	28	Temporarily restricted net assets			120,809.	28	120,009.
B	29	Permanently restricted net assets				29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), c					
<u>-</u>		and complete lines 30 through 34.				20	
ts	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equip				31	
As	32	Retained earnings, endowment, accumulated income			100 115	32	100 000
Net	33	Total net assets or fund balances			182,148.		186,095. 891,640.
DA	34	Total liabilities and net assets/fund balances		(400000 100 1 40004000 100 10 10 10 10 10 10 10 10 10 10 10	524,856.	34	Form 990 (2017

Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	30	1,3	83.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	7,4	36.
3	Revenue less expenses. Subtract line 2 from line 1	3		3,9	47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	18	2,1	48.
5	Net unrealized gains (losses) on investments.	5			
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	18	36,0	95.
Par	t XII Financial Statements and Reporting				
251,19616	Check if Schedule O contains a response or note to any line in this Part XII.	TANKE TRUES OF LANGE	. Daratarati	9292 2929	П
	Check it Scriedule O contains a response of note to any line in this rest kind.			Yes	
7	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 O.		Ya.		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	TOTAL PROPERTY.	2 a		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewe separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	- 1			
Ŀ	Were the organization's financial statements audited by an independent accountant?	K8588 555 5	2 b		X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both: Separate basis Both consolidated and separate basis	te			
					THE SQU
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	10 13 13 13 E	2 c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	OCH KOOK K.K. K.K.	3 a		Х
Ł	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.	t 	3 b		
BAA			Form	990	(2017)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization The Friends of the Oakland Public 94-2553734 Library Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 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).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's Δ name, city, and state: 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.) 5 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% 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 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 12 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..... g Provide the following information about the supported organization(s). (vi) Amount of other (iii) Type of organization (described on lines 1-10 (v) Amount of monetary (iv) is the (i) Name of supported organization organization listed in your governing document? support (see instructions) support (see instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E) Total

Part II 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.)

Sect	ion A. Public Support						
Caler begir	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	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 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						
Sect	tion B. Total Support					7	
Cale: begir	ndar year (or fiscal year nning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc. (see in	nstructions)		pagarana menangkan		
13	First five years. If the Form 990 is organization, check this box and	for the organization	on's first, second, th	nird, fourth, or fifth	tax year as a section	on 501(c)(3)	DETERMINAL E
Sec	tion C. Computation of Pu	blic Support l	Percentage				
14	Public support percentage for 2	017 (line 6, colum	nn (f) divided by li	ne 11, column (f)		14	%
15	M M M ME						
	33-1/3% support test—2017. If it and stop here. The organization	i qualifies as a pu	ablicty supported o	ryanization	OF REAL PROPERTY OF THE PARTY.	to the trade the state of the state of the	
	33-1/3% support test—2016. If the and stop here. The organization	i qualifies as a pi	ublicly supported t	organization	yed named told typical fi		
	10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the facts- s-and-circumstan	-and-circumstance ices' test. The org	anization qualifies	s as a publicly sup	pported organization	Diseases the r
b	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts nd-circumstances	-and-circumstance ' test. The organiz	es' test, check this ation qualifies as	s box and stop ne a publicly suppor	ted organization	VI now the
18	Private foundation. If the organ	ization did not ch	eck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see ins	tructions.
BAA					Sc	hedule A (Form 99	0 or 990-EZ) 2017

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.)

Sect	ion A. Public Support						
	ar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include	100.007	105 070	200 024	162 264	262 207	1 000 004
	any 'unusual grants.')	190,227.	185,072.	280,934. 101,527.	162,364.	262,397. 138,769.	1,080,994. 599,681.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.	124,000.	117,720.	101/327.	110,000.	2007 1001	0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.			_			0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from	315,087.	302,792.	382,461.	279,169.	401,166. 84,000.	1,680,675. 352,283.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13	83,333.	45,025.	119,925.	20,000.		·
	for the year	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	83,333.	45,025.	119,925.	20,000.	84,000.	352,283.
8	Public support. (Subtract line 7c from line 6.)						1,328,392.
Sec	tion B. Total Support						40.7
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	315,087.	302,792.	382,461.	279,169.	401,166.	1,680,675.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable	123.	220.	980.	1,619.	5,410.	8,352.
	income (less section 511 taxes) from businesses acquired after June 30, 1975	400	000	200	1 (10	5,410.	0. 8,352.
11	Add lines 10a and 10b	123.	220.	980.	1,619.	5,410.	0.
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
	Total support. (Add lines 9, 10c, 11, and 12.)	315,210.	303,012.	383,441.	280,788.	406,576.	
	First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop here	75 1 2 1 K 2 K 2 K 2 1 K 2 K 2 K 2 K 2 K 2	a, thira, fourth, c	or muritax year as	a section 50 (c)	9) ▶ ∐
3ec	Public support percentage for 20	17 (line 8, column	(f) divided by lin	e 13, column (f)			78.65 %
	Public support percentage from 2						78.85 %
	tion D. Computation of Inv						
17	Investment income percentage for	or 2017 (line 10c.	column (f) divided	d by line 13, colu	ımn (f))	17	0.49 %
18	Investment income percentage f	rom 2016 Schedu	le A, Part III, line	17			0.19 %
19a	33-1/3% support tests—2017. If is not more than 33-1/3%, check	he organization d	id not check the b	ox on line 14, a	nd line 15 is more	than 33-1/3%, ar	nd line 17
	33-1/3% support tests-2016. If the line 18 is not more than 33-1/3%	he organization d	id not check a boa and stop here. The	x on line 14 or line or con line or con line in a contraction of the c	ne 19a, and line 1 ualifies as a public	6 is more than 33 ly supported orga	3-1/3%, and anization ►
20	Private foundation. If the organization	zation did not che	ck a box on line 1	4, 19a, or 19b, o			200 or 990 F7) 2017

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 F. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete	Pa	rt v.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
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		1 15
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	64.2	TE,
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .	9c		ACCOUNT.
	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Schedule A (Form 990 or 990-EZ) 2017 The Friends of the Oakland Public Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the 11a governing body of a supported organization? 11b b A family member of a person described in (a) above? 11c 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. Section 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, 1 applied to such powers during the tax year. 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 2 supporting organization. Section C. Type II Supporting Organizations Yes No 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 1 supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 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 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in (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 3 in this regard. Section E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. a The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Yes No Activities Test. Answer (a) and (b) below. a 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 2a substantially all of its activities. 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 2h organization's involvement. 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 each of the supported organizations? Provide details in **Part VI**. 3a b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard. 3b

	Type III Non Eyestianally Interreted 500(a)(3) Sympostics Over			53734	Page
ine.	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	t on No	v. 20, 1970 (explain ir t complete Sections A	Part VI). See through E.	
Sec	tion A — Adjusted Net Income		(A) Prior Year	(B) Curren (option	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8			
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	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			
- t	Average monthly cash balances	1b			
-	Fair market value of other non-exempt-use assets	1c			
	Total (add lines 1a, 1b, and 1c)	1d			
•	Discount claimed for blockage or other factors (explain in detail in Part VI):		YOU STRANGE		
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sec	tion C – Distributable Amount			Current \	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3.	4			
_ 5	ncome tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	F		
7	Check here if the current year is the organization's first as a non-functionally inte	grated	Type III supporting ord	ganization	

(see instructions). BAA

Schedule A (Form 990 or 990-EZ) 2017

94-2553734

Part	V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	itions (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	rposes		
	Amounts paid to perform activity that directly furthers exempt purposes of income from activity	f supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
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.			
	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	The second second second		
2	Underdistributions, if any, for years prior to 2017 (reasonable 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 STATE OF
а	Applied to underdistributions of prior years			APART OF AMERICA
	Applied to 2017 distributable amount			
	Remainder, Subtract lines 4a and 4b from 4.		THE REAL PROPERTY OF	
	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:			
а	Excess from 2013			
b	Excess from 2014	AS A PERSON OF THE PARTY OF THE		
С	Excess from 2015			
d	Excess from 2016			

BAA

e Excess from 2017.....

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

Department of the Treasury Internal Revenue Service

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

2017

Employer identification number

Name o	fthe organization The Friends of t	he Oakland Public	Employer identification number
	Library	ne dakiana rabite	94-2553734
Organ	nization type (check one):		
Filers		Section:	
	990 or 990-EZ	\overline{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 priv	ate foundation
		501(c)(3) taxable private foundation	
Check	if your organization is covered by the General	ral Rule or a Special Rule.	
Note.	Only a section 501(c)(7), (8), or (10) or	ganization can check boxes for both the General Rule and a S	Special Rule. See instructions.
Gene	ral Rule		
VE	or an organization filing Form 990, 990-l	EZ, or 990-PF that received, during the year, contributions total lete Parts I and II. See instructions for determining a contribu-	aling \$5,000 or more (in money or utor's total contributions.
Spec	ial Rules		
	nder continue $E00(a)(1)$ and $170(b)(1)(A)(y)$	501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% supply, that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, the year, total contributions of the greater of (1) \$5,000 or (2) 990-EZ, line 1. Complete Parts I and II.	lba, or lbb, and mai
	uring the year total contributions of mor	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received e than \$1,000 <i>exclusively</i> for religious, charitable, scientific, lito children or animals. Complete Parts I, II, and III.	from any one contributor, iterary, or educational
d \$	uring the year, contributions exclusively 1,000. If this box is checked, enter here	501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received for religious, charitable, etc., purposes, but no such contributions that were received during the year for any of the parts unless the General Rule applies to this organishle, etc., contributions totaling \$5,000 or more during the year	ions totaled more than an <i>exclusively</i> religious, nization beca <u>u</u> se
0 1		y the General Rule and/or the Special Rules doesn't file Sche line 2, of its Form 990; or check the box on line H of its Form ne filing requirements of Schedule B (Form 990, 990-EZ, or 99	dule B (Form 990, 990-F7, or

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2017

Open to Public Inspection

Schedule C (Form 990 or 990-EZ) 2017

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Go to at www.irs.gov/Form990 for instructions and the latest information

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts 1-A and B. Do not complete Part 1-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• S	ection	501(c)(4), (5), or (6) or	rganizations: Complete Part III.			
Name (of organ	ization The Frie	nds of the Oakland Public		Employer identifica	
		Library			94-255373	
			ganization is exempt under section			ation.
	(see i	instructions for definition	organization's direct and indirect political c n of 'political campaign activities')		See Part	₩ %
			penditures (see instructions)			
			campaign activities (see instructions)		EXCE EXECUSES EXICA BOX 5004 BOX 5000	
Par	I-B	Complete if the or	ganization is exempt under section	on 501(c)(3).		
1	Enter	the amount of any exc	ganization is exempt under section is exampled the section of the description of the section of	section 4955	Þ ş	0.
2	Enter	the amount of any exc	ise tax incurred by organization managers	under section 4955 .		0.
3	If the	organization incurred a	section 4955 tax, did it file Form 4720 for	this year?	rrayawa narata ranki kase	Yes No
4 a	Was a	a correction made?	101 KONEDOK CHOLKOGONE KONEONE KINA KUSENELENE ETE FERTE F.E.F.			Yes No
		s,' describe in Part IV.				
Par	I-C	Complete if the or	ganization is exempt under section	on 501(c), except	section 501(c)(3).	
1	Enter	the amount directly exp	pended by the filing organization for section	n 527 exempt functio	n activities ▶\$	
2	Enter functi	the amount of the filing of	rganization's funds contributed to other organ	izations for section 527	exempt ►\$	
3	Total line 1	exempt function expended	ditures. Add lines 1 and 2. Enter here and	on Form 1120-POL,	.,,., . \$	
			Form 1120-POL for this year?			
5	amou	nt of political contribution	and employer identification number (EIN) s. For each organization listed, enter the all s received that were promptly and directly del I action committee (PAC). If additional spa	ivered to a separate po	litical organization, such	as a separate
		(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds, if none, enter-0.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C	(Form 990 or	990-EZ) 2017	The	Friends	of	the	Oakland	Public
	The second second							

94-2553734

Page 2

Part II-A Complete if section 501	the organizati (h)).	on is exempt under se	ction 501(c)(3) and	l filed Form 5768 (e	ection under
A Check ► if the fill	ng organization belo	ongs to an affiliated group (and	list in Part IV each affilia	ated group member's nam	e,
-		and share of excess lobbying			
B Check ▶ ☐ if the fill	ing organization ch	necked box A and 'limited co	ntrol' provisions apply.		
(The term	Limits on Lob 'expenditures' m	bying Expenditures eans amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendi	tures to influence p	public opinion (grass roots lo	bbying)		
b Total lobbying expendi	tures to influence a	a legislative body (direct lobb	ying)		
c Total lobbying expendi	tures (add lines 1a	and 1b)			
		da nasaa nasaasaa nasaa saa saa s			
e Total exempt purpose	expenditures (add	lines 1c and 1d)	SERBER FREEERSCHEIN SOST SOS KONA		
f Lobbying nontaxable a both columns.	mount. Enter the a	mount from the following tal	ole in		
If the amount on line 1e, co	lumn (a) or (b) is:	The lobbying nontaxable	amount is:		
Not over \$500,000		20% of the amount on line 1e.			
Over \$500,000 but not over \$7	1,000,000	\$100,000 plus 15% of the excess	over \$500,000.		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	over \$1,000,000.		
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess of	over \$1,500,000.		
Over \$17,000,000		\$1,000,000.			S. S
		% of line 1f)			
		ess, enter -0			
i Subtract line 1f from lin	ne 1c. If zero or les	ss, enter -0	200 100 K00K 100K 100K 100K 100K 100K		
j If there is an amount oth	er than zero on eith	er line 1h or line 1i, did the org	anization file Form 4720	reporting	
section 4911 tax for thi	s year?	** *** *** *** *** *** *** *** *** ***	Osob krenicka kana kreni ka kona koma	NA KON KA KUSI KATUASI MWA KA 1883	Yes No
(Son		4-Year Averaging Period L hat made a section 501(h) el pelow. See the separate inst	ection do not have to		
	Lot	obying Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					000 000 == 000
RAA				Schedule C (Form	n 990 or 990-EZ) 2017

Schedu	ec(Form 990 or 990-EZ) 2017 The Friends of the Oakland Public	94	-2553	734	Pa	age 3
	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	i Form	5768		
		(a	1)	(t)	
	ich 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description lobbying activity.	Yes	No	Amo	ount	
	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	100		
	Media advertisements?		X			
	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X		10 0	71
f	Grants to other organizations for lobbying purposes?	X			19,2	/ L .
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?		X		10 60 A	-
j	Total. Add lines 1c through 1i				19,2	71.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If 'Yes,' enter the amount of any tax incurred under section 4912					
С	If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		1115/45			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
	section 501(c)(6).					22
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1,350,500,1	VI 27 1 1 1 F	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	racad E		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	prior y	ear?	3	eric w so	
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	Part	III-A, III	ction 50 ne 3, is	01(c)	
	Dues, assessments and similar amounts from members	*:::::::::::::::::::::::::::::::::::	1			
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
	Current year		2 a			
b	Carryover from last year	00 68 KB	2 b			
c	Total	303-456-696	2 c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	11777	3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	18 TO 87 T TO 8	4			
5	Taxable amount of lobbying and political expenditures (see instructions)	0.800.50	5			
1.00	t IV Supplemental Information					
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	up list)); Part II	A, lines	1 and	

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

The Friends of the Oakland Public Library supported a local measure that will increase funding for the Oakland Public Library.

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Friends of the Oakland Public

Employer identification number

	Library	94-2553734
Part	Organizations Maintaining Donor Advised Funds or Other Similar Fun	nds or Accounts.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line	6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in do are the organization's property, subject to the organization's exclusive legal control?	onor advised funds Yes No
	Did the organization inform all grantees, donors, and donor advisors in writing that grant function charitable purposes and not for the benefit of the donor or donor advisor, or for any other impermissible private benefit?	purpose contenting
Pari	Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
4.	Preservation of land for public use (e.g., recreation or education) Preservation of land for public use (e.g., recreation or education)	of a historically important land area
		of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	m of a conservation easement on the
Z	last day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements.	2a
b	Total acreage restricted by conservation easements	2 b
С	Number of conservation easements on a certified historic structure included in (a)	2c 2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a histo-structure listed in the National Register.	10 1 4 4
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by to tax year ▶	he organization during the
4	Number of states where property subject to conservation easement is located ▶	_
5	Does the organization have a written policy regarding the periodic monitoring, inspection, ha	ndling of violations,
	and enforcement of the conservation easements it holds?	1 1 ES
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing consenses	vation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of se and section 170(h)(4)(B)(ii)?	5 NOT TO THE PARTY OF THE PARTY
9	In Part XIII, describe how the organization reports conservation easements in its revenue and experinclude, if applicable, the text of the footnote to the organization's financial statements that conservation easements.	nse statement, and balance sheet, and describes the organization's accounting for
Par	till Organizations Maintaining Collections of Art, Historical Treasures, or Complete if the organization answered 'Yes' on Form 990, Part IV, line	r Other Similar Assets. e 8.
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reve art, historical treasures, or other similar assets held for public exhibition, education, or research in in Part XIII, the text of the footnote to its financial statements that describes these items.	difference of public service, provide,
ł	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue historical treasures, or other similar assets held for public exhibition, education, or research in furth following amounts relating to these items:	erance of public service, provide the
	(i) Revenue included on Form 990. Part VIII, line 1.	THE REPORT OF THE PARTY STATES
	(ii) Assets included in Form 990, Part X	KARAMA KARAMA SER KARAMATAN
2	If the organization received or held works of art, historical treasures, or other similar assets for final amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	ncial gain, provide the following
ā	Revenue included on Form 990, Part VIII, line 1	EXCEPT FOR SELECT 12
1	Assets included in Form 990, Part X	AN 1994 MATERIA DA 194 PA

Parl	III Organizations Maintaining Colle	ctions of Art, Histor	rical Treasures, or	Otner Similar Asse	ets (continuea)	_
3	Using the organization's acquisition, accession, ar items (check all that apply):	nd other records, check an	y of the following that are	a significant use of its o	ollection	
а	Public exhibition	d Loan o	r exchange programs			
b	Scholarly research	e Other				
С	Preservation for future generations					
4	Provide a description of the organization's collecti Part XIII.	ons and explain how they	further the organization's	exempt purpose in		
5	During the year, did the organization solicit or to be sold to raise funds rather than to be mai	ntained as part of the or	ganization's collection?.	riya waratan wana an wana wa an	Yes No	
Par	line 9, or reported an amount on	nents. Complete if th Form 990, Part X, I	ne organization ans ine 21.	wered 'Yes' on Fo	m 990, Part IV	,
1 a	Is the organization an agent, trustee, custodia on Form 990, Part X?				Yes No	0
b	If 'Yes,' explain the arrangement in Part XIII a	nd complete the followin	g table:			
					Amount	
С	Beginning balance			. 1 c		
d	Additions during the year	NOCESSOR 10001 606050NO 10001 606.80301 805.0	ESASSESSES ESSES EARLESTE	1 d		
е	Distributions during the year	CC 1000 1000 1000 1000 1000 1000 1000 1	- KEARS ERS EES KR. KR. KR. KR.	1 e		
	Ending balance					
	Did the organization include an amount on For				Yes No	0
b	If 'Yes,' explain the arrangement in Part XIII.	Check here if the explana	ation has been provided	i on Part XIII	X 130 1 10 1 10 1 1	
Par	V Endowment Funds. Complete if	the organization ans	swered 'Yes' on For	rm 990, Part IV, lir	ie 10.	
	(a) Current	year (b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bac	k
1 a	Beginning of year balance					
b	Contributions.					
С	Net investment earnings, gains, and losses.			:		
d	Grants or scholarships					
е	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance					
2	Provide the estimated percentage of the curre	nt year end balance (line	e 1g, column (a)) held a	is:		
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ► %					
С	Temporarily restricted endowment ►	96				
	The percentages on lines 2a, 2b, and 2c should e	qual 100%.				
3 a	Are there endowment funds not in the possession organization by:	of the organization that ar	e held and administered	for the	Yes N	lo
	(i) unrelated organizations	gilgga egga gorrana kwa kulinda kwa		COL COL ROPCE EXPRESSOR ROPCE BOSE EXECUTES	3a(i)	
	(ii) related organizations		paranee wara arranana mira simusee so	929 836 9269 835592638 3690000 1000 100	3a(ii)	
b	If 'Yes' on line 3a(ii), are the related organiza	tions listed as required o	n Schedule R?	QVLVIA 16-753 THE BOOK BOOKSON BOOK WA	3b	
	Describe in Part XIII the intended uses of the					
- 0,1	t VI Land, Buildings, and Equipmen					
	Complete if the organization ans	wered 'Yes' on Forn	n 990, Part IV, line	11a. See Form 99	0, Part X, line	10.
-	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value	
1 a	Land					
	Buildings.					
	Leasehold improvements		6,588.	6,588.		0.
	I Equipment		971.	971.		0.
	Other					
	I. Add lines 1a through 1e. (Column (d) must e		olumn (B), line 10c.)	: 200,400, 1000, 100, E30, 100,000 P		0.
BAA				Sched	ule D (Form 990) 20	17

Part VII	Investments - Other Securities.	n/ 000	N/A) Part X line 12
	Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market value
	cription of security or category (including name of security)	(D) Book value	(E) Metilod of Varidation. Cost of end-of-ye	ai illainet value
	cial derivatives.			
	ly-held equity interests			
(3) Other				
(A)				
(B)				
(C) (D)				
(E)				
(F)				
(G)				
(H)				
(l)				
	umn (b) must equal Form 990, Part X, column (B) line 12.) 🕨			
Part VII	I Investments - Program Related.	N1 F 00/	N/A) Part V line 13
	Complete if the organization answered	(b) Book value	(c) Method of valuation: Cost or end-of	vear market value
	(a) Description of investment	(b) Book value	(c) Method of Valdation. Cost of Cha-of	year manter value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
	umn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answered	Wast on Form 90	Dart IV line 11d See Form 990) Part X line 15
	Complete if the organization answered	cription	o, Part IV, line Tru. See Form 350	(b) Book value
(1) Ad	vanced Funds	cripaerr		
	nds Held in Trust			50,461
	ent Deposit			5,097
(4)				
(5)				
(6)				
(7)				
(8)				
(10)				
	Column (b) must equal Form 990, Part X, column (E	3) line 15.)		55,558
Part X	Other Liabilities			
I GIVA	Complete if the organization answered 'Yes' on Fi	orm 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
	(a) Description of liability	(b) Book value		
	deral income taxes	1,6		
	iends- Branch Libraries	1,0		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)	olumn (b) must equal Form 990, Part X, column (B) line 25.).	1,6	00.	
2 Liability	runni (u) must equal rollin 330, rale A, column (b) inte 20.).	-/0		San
	for uncertain tax positions. In Part XIII, provide the text of the fo	otnote to the organization's	financial statements that reports the organization's li	ability for uncertain
tax position	of runcertain tax positions. In Part XIII, provide the text of the for under FIN 48 (ASC 740). Check here if the text of the footnote	otnote to the organization's has been provided in Part X	HE KAR SOME SELECT THE THE PART OF BEGINN THE PART OF	ability for uncertain Lie D (Form 990) 2017

Schedule	D (Form	990) 2017	The	Friends	of the	Oakland	Public

20.0	10000	-		_	-	120
$Q \Lambda$	-2	Ь,	4	3.	12	Λ

Page 4

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a Net unrealized gains (losses) on investments	
b Donated services and use of facilities	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	
e Add lines 2a through 2d.	2 e
3 Subtract line 2e from line 1.	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1724
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	11,114
c Add lines 4a and 4b	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	
Total expenses and losses per audited financial statements	**** 1
	1
1 Total expenses and losses per audited financial statements	1
Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	. (v
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities	1
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments. 2 b c Other losses 2 c d Other (Describe in Part XIII.) 2 d	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. 2 c	
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. 2 a b Prior year adjustments. 2 b c Other losses 2 c d Other (Describe in Part XIII.) 2 d	2 e
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
1 Total expenses and losses per audited financial statements. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities.	2 e
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 Ab Other (Describe in Part XIII.) 4 Ab	2e 3
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. b Other (Describe in Part XIII.) c Add lines 4a and 4b.	2e 3
1 Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities. b Prior year adjustments. c Other losses. c Other losses. d Other (Describe in Part XIII.) e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 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. 4 Ab Other (Describe in Part XIII.) 4 Ab	2e 3

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.

Schedule D (Form 990) 2017

SCHEDIII F.I		Grants and Oth	ner Assistance t	to Organization	S,		OMB No. 1545-0047
(Form 990)	ð	Governments, ar	overnments, and Individuals in the United States	n the United Sta	ates		2017
	Com	rplete if the organization	Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990.	orm 990, Part IV, line 2 0.	21 or 22.		Open to Public
Department of the Treasury Internal Revenue Service		► Go to www.irs	Go to www.irs.gov/Form990 for the latest information	st information			Inspection
57. 17.	The Friends of the Oakland	nd Public				Employer identification number 94-2553734	ation number 34
Part General In	General Information on Grants and Assistance	istance					
1 Does the organiza	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the creatist or assistance?	amount of the grants or tance?	assistance, the grantees	eligibility for the grants	or assistance, and	100 000 000 000 000 000 000 000 000 000	X Yes
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	oring the use of grant fur	nds in the United States.		See P	See Part IV	
Part II Grants an Form 990,	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye 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	tic Organizations a	lions and Domestic Governments. Complete if the organization answered 'Yes' on ived more than \$5,000. Part II can be duplicated if additional space is needed.	ernments. Comple	ste if the organizat	ion answered 'Y space is needec	es'on d.
1 (a) Name and address of organization or government	dress of organization (b) EIN	(c) IRC section (f 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
(1) Oakland Public Library	Library						Literacy,
125 14th Street							Programs &
Oakland, CA 94612		94-6000384 501(c)(3)	265,200.	0.			Facilities
(2) Protect Oakland Libraries	d Libraries						
			100 01				Support Local
Cakland, CA 94612	1612		13,631.				tax for propary
(6)							
(4)							
(5)							
(9)							
6							
(8)							
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	ent organizations listed	in the line 1 table	THE SECOND CONTRACTOR SECOND SECOND	1955 - 2505 - 25	A	
BAA For Paperwork	BAA For Paperwork Reduction Act Notice, see the Instructions for Form	ctions for Form 990.		TEEA3901L 08/10/17		Schedu	Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) The Friends of the Oakland Public

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.

	call be auplicated if additional space is receded.	20000				
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-						
2					1	
m						
2						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	te the information	required in Part I,	line 2; Part III, co	umn (b); and any othe	r additional information.

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

It is F.O.P.L.'s policy to designate the amount and use of funds to be granted to the

Total amount of grants: Generally equal to current net annual revenues (while

a reserve approximately equal to one year's net revenues)

maintaining

Oakland Public Library consistent with the mission of F.O.P.L. and its by-laws

In general, FOPL funds activities which are above and beyond those Guidelines:

reasonably expected to be funded by the City of Oakland, such as normal operating

FOPL funds purchases of furniture costs including labor costs, books and materials.

and fixtures, activities such as community outreach programs (e.g., National Library

Schedule I (Form 990) (2017)

2017

Schedule I, Part IV - Supplemental Information

Page 3

The Friends of the Oakland Public Library

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S. (continued)

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 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 F.O.P.L., and the F.O.P.L. expenditure policy.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization The Friends of the Oakland Public Library

Employer identification number 94-2553734

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 7a - How Members or Shareholders Elect Governing Body

Members elect persons to fill vacancies on the FOPL board of directors at the annual meeting held each year in November.

Form 990, Part VI, Line 11b - Form 990 Review Process

The board is informed each year of the timeline for preparation and filing of the annual return 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.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Documents available upon request