Form **990**

(Rev. January 2020)

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Α	For the	2019 calen	dar year, or tax year beginning $10/01$, 2019, and ending	g 9/30		, 2020
В	Check if a		C , 2515, and onani			ification number
		ess change	The Friends of the Oakland Public			
	\vdash	e change	Library		-2553	
	\vdash	l return	721 Washington Street		phone numb	
	H		Oakland, CA 94607-3924	51	0-444	-0473
	Н	eturn/terminated	,			
	\vdash	nded return			s receipts	
	Appli	cation pending	Vacuit Au preincill	H(a) Is this a group re		103
_			Same As C Above	H(b) Are all subordina If "No," attach a l	tes included	d? Yes No
I	Tax-exe	empt status:	X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	ii ivo, attacii a i	ist. (See in	structions)
J	Webs	ite: ► ww	w.fopl.org	H(c) Group exemption	number >	
K	Form of	organization:	X Corporation Trust Association Other L Year of formation			egal domicile: CA
Pa	art I	Summar		1570	State of it	egar dorniche. CA
	1 B		be the organization's mission or most significant activities:To advance	the role	of th	o Oakland
d		ublic L	ibrary as a vital community resource and as an	institutio	or cri	tigal to the
Activities & Governance	c	ulture,	education and welfare of our diverse community		<u> </u>	cical to the
rna	_			ī		
ove	2 CI	heck this bo	ox ► if the organization discontinued its operations or disposed of more	re than 25% of it	s net as	
ŏ	3 N	umber of vo	oting members of the governing body (Part VI, line 1a)		3	17
•ŏ	4 N	umber of ind	dependent voting members of the governing body (Part VI, line 1b)		4	14
itie	5 To	otal number	of individuals employed in calendar year 2019 (Part V. line 2a)		5	1
ξį	6 To	otal number	of volunteers (estimate if necessary)		6	80
Ă		otal unrelate	ed business revenue from Part VIII, column (C), line 12		7a	0.
	b Ne	et unrelated	business taxable income from Form 990-T, line 39		7b	0.
				Prior Yea	r	Current Year
Ф	8 C	ontributions	and grants (Part VIII, line 1h)	190,	086.	229,849.
Revenue	9 Pr	ogram serv	ice revenue (Part VIII, line 2g)			
eve	10 In	vestment in	come (Part VIII, column (A), lines 3, 4, and 7d)		952.	12,341.
Œ	11 Ot	ther revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		400.	-4,485.
	12 To	tal revenue	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	226,		237,705.
	13 Gr	ants and si	milar amounts paid (Part IX, column (A), lines 1-3)	209,		29,125.
	14 Be	enefits paid	to or for members (Part IX, column (A), line 4)			
			er compensation, employee benefits (Part IX, column (A), lines 5-10)			
Expenses			fundraising fees (Part IX, column (A), line 11e)			,
nec			ing expenses (Part IX, column (D), line 25) ►			
EX						
	17 Ot	ner expense	es (Part IX, column (A), lines 11a-11d, 11f-24e).	12,	092.	11,617.
	18 To	itai expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)	221,	232.	40,742.
	19 Re	evenue less	expenses. Subtract line 18 from line 12	5,	206.	196,963.
Net Assets or Fund Balances				Beginning of Curre	nt Year	End of Year
sset 3alai	20 To	tal assets (Part X, line 16)	835,	740.	927,518.
A Pu	21 To		s (Part X, line 26)	644,	439.	539,254.
			fund balances. Subtract line 21 from line 20	191,	301.	388,264.
Pa	rt II	Signature	e Block		0011	000/2011
Unde	r penalties	of perjury, I ded	clare that I have examined this return, including accompanying schedules and statements, and to the rerection of the contraction of the contractio	e hest of my knowledg	e and helie	of it is true correct and
comp	Diete. Decia	ration of prepar	er (other than officer) is based on all information of which preparer has any knowledge.	is seek of my knowledg	go and bone	si, it is true, correct, and
		-				
Sig He	ın	Signature	e of officer	Date		
Hei	re	Juli	e Waldhah	Treasurer		
		Type or	orint name and title	Cabarer		
		Print/Type pre	eparer's name Preparer's signature Date	Check	if P	TIN
Pai	d	Michael	l Fontanello Michael Fontanello	,	」" │	
Pre	parer	Firm's name	Fontanello, Duffield & Otake, LLP	self-employ	yeu F	01471027
	Only	Firm's addres	44 Montgomery Street, Suite 1305		- ^-	1 400 45 4
	-	344,00	San Francisco, CA 94104	Firm's EIN		1420474
May	the IRS	discuss this	s return with the preparer shown above? (see instructions)	Phone no.	(415)	
BAA	For Pa	nerwork Pa	eduction Act Notice, see the separate instructions			Yes X No
			SUBJURIO ALL MINICE SEE THE CONSYSTA INCOMINE			

			50,	TEEA0102L 07/31/19			Form 9	
(E	expenses \$ otal program service exp	inc	cluding grants	s of \$ 935.) (F	Revenue \$)	
- 4 d Ot	ther program services (I	Describe on Scheo	dule O)					
_								
_								
_								
-								
_								
4 c (C	Code:) (Exp	enses \$		including grants of	\$) (Revenue	\$	
-								
_								
_								
_								
_		vices expens						
а	activities offer for program serv	red by the (Oakland_H	Public Librar	y. Allocat	e ½ of newslet	ter expe	nses
	Code:)(Exp Newsletter to in	nform member		including grants of FOPI's activ) (Revenue		
_								
_								
_								
_								
-								
-	,							
	Grants to the O	penses \$akland_Publ	29,125. ic_Libra:	including grants of ry to support	reading,	0,125.)(Revenue literacy and o	s other pro	gra
					^			
0	Describe the organization Section 501(c)(3) and 50 and revenue, if any, for e	i (c)(4) organizatio	ons are requi	red to report the amo	s three largest pount of grants a	program services, as nand allocations to other	neasured by ex	xpens pens
3 D	Did the organization cea: f "Yes," describe these ch	se conducting, or anges on Schedule	make significe O.	ant changes in how	it conducts, any	y program services?	Yes	X
lf	f "Yes," describe these ne	w services on Sche	edule O.				Yes	X
	Did the organization under							
(community.							
-	To advance the as an instituti	<u>role of the</u> on critical	Oakland to the	<u>Public Libra</u> culture, educ	ry_as_a_v ation and	ital community welfare of ou	resource	an
	Briefly describe the orga	nization's mission	1:					
	Check if Schedule	Program Servi	nonse or not	o to any line in this !	Port III			

			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	140
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3		3		Х
4		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		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		Х
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		9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
â	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
ł	b 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
(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	I 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	Х	
6	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
	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		Х
12 a	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	12a		Х
Ł	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	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.			
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.	14b		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
17				70000
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.	17	+	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 962, 16 (Voc.)		+	
20a	Complete Schedule G, Part III. Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.	19 20a	+	X X
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.	21	Х	
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Form 990 (2019) The Friends of the Oakland Public Part IV Checklist of Required Schedules (continued)

	22	Did the exceptable was the defect of		Yes	No
	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.	22		Х
		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? <i>If 'Yes,' complete Schedule J.</i>	23		Х
	24 a	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		Х
	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
		Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
		any tax-exempt bonds? I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24c		
			24d		
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
		Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.	25b		Х
		Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II	26		Х
	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
		Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
	а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		Х
	b	A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		X
		A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV.	28c		Х
	29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
		Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
;	31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L	31		X
	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.	32		Х
;	33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
;	34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34		Х
;	35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
;	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
3	37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
	38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
F	art	Statements Regarding Other IRS Filings and Tax Compliance			
_		Check if Schedule O contains a response or note to any line in this Part V			
	1 2	Enter the number reported in Pay 2 of Form 1995 False 9 11 11		Yes	No
	b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 22 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0			
	c	Did the organization comply with backup withholding rules for reportable accurate to an above 1 b			
_		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
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Form 990 (2019) The Friends of the Oakland Public

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		140	Yes	No
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 2a 1 1		.,	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) a Did the organization have unrelated business gross income of \$1,000 or more during the year?			V
	b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0.	3 a		X
		3 b		
4	a 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
	b If 'Yes,' enter the name of the foreign country▶	40		71
	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	5052 20	X
	b 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		
6	a 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).	OD		
	a 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	$\overline{}$	
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	70		Λ
	e 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?	7 f		X
,	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 q		
-	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7 h		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
-	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b	\neg	
10	Section 501(c)(7) organizations. Enter:			
ě	a Initiation fees and capital contributions included on Part VIII, line 12	TANK TO		
-	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 b			
11	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
ŀ	against amounts due or received from them.)			
12 8	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ŀ	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b		N 4"	MA
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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 /			
1.4	Enter the amount of reserves on hand			
148	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
1-	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		Х
	If 'Yes,' see instructions and file Form 4720, Schedule N.	112		7
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
AA	If 'Yes,' complete Form 4720, Schedule O.			
-17	TEEA0105L 07/31/19	Form !	990 (2	2019)

Form 990 (2019) The Friends of the Oakland Public 94-2553734 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 17 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent ... 14 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 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... X Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 Did the organization have members or stockholders? See Schedule 0...... X 6 7 a 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..... X 7 a **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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8 a **b** Each committee with authority to act on behalf of the governing body?..... X 8 h 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 on Schedule O..... 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a X b 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?.... 10b 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 **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13..... Χ 12a 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..... 120 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 14 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? X 15 a **b** Other officers or key employees of the organization. 15b X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... X 16a b 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?.... 16 b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ CASection 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records ▶

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

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.

See instructions for the order in which to list the persons above.

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

		Т		(C))		,	linone omoon, an oot	.,	
(A) Name and title	(B) Average hours per	tha	n one s both dir	(do no box, no an or ector	not ch unles officer trust		son	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	ect	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Winifred Walters	2									
Co-Treasurer		X		X				0.	0.	0.
_(2) Ynez Arce	2									
Vice President	0	X		X				0.	0.	0.
_(3)_Julie_Waldman										
Co-Treasurer	0	X		X				0.	0.	0.
(4) M.C. Abbott	1_									
Director	0	X						0.	0.	0.
_(5)_Stephen_Cole	1									
Director	0	X						0.	0.	0.
(6) Ronile Lahti	1								2	
Director	0	X						0.	0.	0.
(7) Genevieve_Katz	1_									
Director	0	X						0.	0.	0.
(8) Pooneh Koohyar	1_									
Director	0	X						0.	0.	0.
(9) Michael J. Dalton	1									
Director	0	X						0.	0.	0.
(10) Corey Hatcher	1									
Director	0	X						0.	0.	0.
(11) Rebecca Pfiffner	1_									
Director	0	Χ						0.	0.	0.
(12) Sheila McCormick	11									
Director	0	X						0.	0.	0.
(13) Elizabeth Falkner	11									
Director	0	Χ						0.	0.	0.
(14) Kathryn Sterbenc										
President	0	X		Х				0.	0.	0.

	_	_			••,	uiii	a riigilost con	ipensated Emp	ioyee	5 (CUIII	mueu)
Average hours per week (list any hours for related organiza	offi	cer a	Pos check ess pond a	sition more erson direct	e than is bot or/trus	th an stee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	comp the a	of other ensation organiza nd relate	from ition
below dotted line)	ustee	trustee		ee	pensated						
1	Х						0.	0.			0.
2	X		Х				0.	0.			0 .
1	Х						0.	0.			0.
						>	0.	0 -			0.
						•	0.	0.			0.
						•	0.	0.			0.
to those li	sted a	abov	e) w	/ho r	eceiv	/ed i	more than \$100,000	of reportable comp	ensatio	n	
or, truste	e, ke	y en	nplo	vee	. or l	hiah	est compensated	emplovee	Jan 1	Yes	No
reportable	al	nnei	 neat	ion		othe	er compensation f		. 3		X
r than \$15	50,00	0? /	If 'Y	es,'	com	plet	e Schedule J for		. 4		X
compens complet	e Sc	n fro hedu	om a ule .	any <i>J for</i>	unrel suc	lated h pe	d organization or i	ndividual	. 5		X
sated indesation for t	pend he ca	lent lend	con lar y	trac ear	tors endir	that	received more th	an \$100,000 of anization's tax year.		G.	
ess							(B)		(C) ensatio	n
						+					
		1									
ut not limit	ed to	thos	se lis	sted	abov	e) w	ho received more t	han			
	Average hours per week (list any hours for related organiza tions below dotted line) 1 0 2 0 1 0 - 1 0 0 - 2 0 0 - 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Average hours per week (list any hours for related organiza tions below dotted line)	Average hours per week (list any hours for related organiza - tions below dotted line) -1	Average hours per week (list any hours for related organize line)	Average hours per week (list any hours for related organiza - tions below dotted line) -1	Average hours per week (list any hours for related organiza - tions below dotted line)	Average hours per week (list any hours for related organiza - tions below dotted line)	Average hours per week (Ist arry) hours related organization (Ist arry) hours related for an interpretation of the color o	Average hours per week (list arg.) and the program officer and a director/trustee) and the program officer and a director/trustee) and the program of the pr	Average per position (do not chrose person is both an obligation person is	Average hours per the control of the

		Check if Schedule O contains	a resp	onse or note to any		I		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 1	a Federated campaigns	1 a					
ons, Gifts, Grants Similar Amounts		b Membership dues	1 b					
s, G		c Fundraising events	1 c					
ar		d Related organizations	1 d					
s, C		e Government grants (contributions)	1 e					
S. S.	1	f All other contributions, gifts, grants, and				THE STATE OF THE S		
outi her		similar amounts not included above	1 f	229,849.				
はな	9	g Noncash contributions included in lines 1a-1f	1 g					
Contribution and Other	1	h Total. Add lines 1a-1f			222 242			
	+		· · · · · · · ·	Business Code	229,849.			
eun	2 2	a	-	Dusiness code	MULTINES NO. 10 TO			
3eV		a 						
ce	;							
Z	Ι,	4						
Š	`							
Irar	,	All other program service revenue						
Program Service Revenue				>				
п.		Total. Add lines 2a-2f						
	3	Investment income (including divid other similar amounts)	ends, in	terest, and	10 241			10.011
	4	Income from investment of tax-e			12,341.			12,341.
	5	Royalties						
	_	(i) R		(ii) Personal				
	6.2	a Gross rents 6a	Cui	(ii) i ersonal				
		Less: rental expenses 6b		-				
		Rental income or (loss) 6c						
		Net rental income or (loss)		>	是	KALEDIO AL MONO		
	1							
	7 a	a Gross amount from (i) Security Sales of assets	intes	(ii) Other				
		other than inventory 7a						
	b	Less: cost or other basis and sales expenses 7b						
		Gain or (loss)					自己的 人名英格兰	
Other Revenue	8 a	of contributions reported on line 1c).	-					
F		See Part IV, line 18	8a					
the		Less: direct expenses	8 b				4.5	
δ	С	: Net income or (loss) from fundra	ising ev	vents►				
		Gross income from gaming activities. See Part IV, line 19	9 a			72.72		
		Less: direct expenses	9 b					
	С	Net income or (loss) from gamin	g activit	ies		A .		
		Gross sales of inventory, less returns and allowances Less: cost of goods sold	10a	94,946.				
		_	10Ь	99,431.	21、2016年1月1日 1日 1			
-	С	Net income or (loss) from sales of	inven		-4,485.	-4,485.		
3	11 2			Business Code	E PROPERTY OF STATE OF			
3	h							
e e								
Ze Z	11 a b c d	All other revenue						
_								
		Total revenue See instructions						50000000000000000000000000000000000000
RΔΔ	12	Total revenue. See instructions		• • • • • • • • • • • • • • • • • • • •	237,705.	-4,485.	0.	12,341.

	Check if Schedule O contains a re	sponse or note to any	line in this Part IX		
Do 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	organizations and domestic governments. See Part IV, line 21.	29,125.	29,125.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22		23/1201		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5		0	0		
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7		0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11					
	a Management			X-12 L	
	b Legal				
	c Accounting.	3,784.		2 704	
	d Lobbying.	3,704.		3,784.	
	e Professional fundraising services. See Part IV, line 17				
	f Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule 0.).				
12	Advertising and promotion	100.		100.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	621.		621.	
20	Interest			021.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	865.		865.	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			003.	
a	Printing and Publications	4,235.	1,810.	2,425.	
t	Postage and Shipping	1,897.	1,010.	1,897.	
c	Internet Expense	115.		115.	
c	'			113.	
	All other expenses	(
	Total functional expenses. Add lines 1 through 24e	40,742.	30,935.	9,807.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► X if following SOP 98-2 (ASC 958-720).		33,333.	2,007.	0.
BAA		TEFA0110L 07/3	1/10		Form 990 (2019)

Part X Balance Sheet

_		Check if Schedule O contains a response or note t	o any line	e in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			11,995.	1	55,433.
	2	Savings and temporary cash investments			766,872.	2	598,056.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantia controlled entity or family member of any of these pe	ner officer I contribu	, director, tor, or 35%		5	
	6	Loans and other receivables from other disqualified p					
Assets		section 4958(f)(1)), and persons described in section	4958(c)(3	RVR)		6	
	7	Notes and loans receivable, net			-		
	8	Inventories for sale or use.				7	
	9	Prepaid expenses and deferred charges			4 400	8	
	_		1 1		1,130.	9	1,130.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	7 550			
	ŀ	b Less: accumulated depreciation	7,559.				
	11	Investments — publicly traded securities		7,559.		10 c	
	12	Investments – other securities. See Part IV, line 11.				11	
	13	Investments – program-related. See Part IV, line 11.				12	
	14	Integrible assets				13	
	15	Intangible assets			14		
	16	Other assets. See Part IV, line 11		55,743.	15	272,899.	
	10	Total assets. Add lines 1 through 15 (must equal line		835,740.	16	927,518.	
	17	Accounts payable and accrued expenses			31,606.	17	15,014.
	18	Grants payable			612,580.	18	523,916.
	19	Deferred revenue				19	•
	20	Tax-exempt bond liabilities				20	
ie.	21	Escrow or custodial account liability. Complete Part I				21	
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	itor or 25	:0/		22	
-1	23	Secured mortgages and notes payable to unrelated th	ird partie	s		23	
	24	Unsecured notes and loans payable to unrelated third	parties		· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com	s to relate	ed third parties, t X of Schedule D.	253.	25	324.
	26	Total liabilities. Add lines 17 through 25			644,439.	26	539,254.
nces		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	X				
aa	27				71,292.	27	388,264.
8	28	Net assets with donor restrictions			120,009.	28	
Net Assets or Fund Balance		Organizations that do not follow FASB ASC 958, checand complete lines 29 through 33.	ck here ►				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equipm	ent fund			30	
188	31	Retained earnings, endowment, accumulated income,	or other t	funds		31	
T T	32	Total net assets or fund balances			191,301.	32	300 264
Ž	33	Total liabilities and net assets/fund balances			835,740.	33	388,264.
					033,740.	33	927,518.

	990 (2019) The Friends of the Oakland Public 94-	2553734		Pa	age 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1 7	otal revenue (must equal Part VIII, column (A), line 12)	1			705.
2 1	otal expenses (must equal Part IX, column (A), line 25)	2			742.
3 F	Revenue less expenses. Subtract line 2 from line 1	3			963.
4 N	let assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			301.
5 N	let unrealized gains (losses) on investments.	5		JI, .	501.
6 D	Conated services and use of facilities	6			
7 li	nvestment expenses	7			
8 F	Prior period adjustments	8			
9 0	Other changes in net assets or fund balances (explain on Schedule O)	9			
10 N	et assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32)				0.
C	olumn (B))	10	3	88.2	264.
Part 2	XII Financial Statements and Reporting	,		00/2	
	Check if Schedule O contains a response or note to any line in this Part XII.				П
				Yes	No
1 A	ccounting method used to prepare the Form 990: Cash X Accrual Other			- 1	
lf ir	the organization changed its method of accounting from a prior year or checked 'Other,' explain Schedule O.				
2 a V	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If	'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed parate basis, consolidated basis, or both:				7.
	Separate basis Consolidated basis Both consolidated and separate basis	-			
b W	/ere the organization's financial statements audited by an independent accountant?		2 b		Х
If	'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separasis, consolidated basis, or both:	te	20		1
	Separate basis Consolidated basis Both consolidated and separate basis				
c If	'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, view, or compilation of its financial statements and selection of an independent accountant?		2 c		
lf	the organization changed either its oversight process or selection process during the tax year, explain Schedule O.				
3 a As	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single udit Act and OMB Circular A-133?	ľ	3 a		X
b If	'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Sa		Λ
or	audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		
BAA	TEEA0112L 01/21/20		Form	990 (2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2019

Open to Public Inspection

The Friends of the Oakland Public Employer identification number Library 94-2553734 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). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 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 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in least 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (iv) Is the organization listed in your governing (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) document? Yes No (A) (B) (C) (D) (E)

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.)

Sec	ction A. Public Support			o complete i art i	,					
Cale	endar year (or fiscal year inning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')									
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.									
3	The value of services or facilities furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3									
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)									
6	Public support. Subtract line 5 from line 4									
Sec	tion B. Total Support									
Cale begi	endar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.)									
	Total support. Add lines 7 through 10									
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12				
13	First five years. If the Form 990 is organization, check this box and	for the organization stop here	n's first, second, thi	rd, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶∏			
	tion C. Computation of Pul									
14	Public support percentage for 20	19 (line 6, column	n (f) divided by lin	e 11, column (f)))		%			
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14			15	%			
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization di qualifies as a put	d not check the bolicly supported or	ox on line 13, an ganization	d line 14 is 33-1/3	% or more, check	this box			
b	b 33-1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization									
1 7 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'									
	10%-facts-and-circumstances te or more, and if the organization rorganization meets the 'facts-and	fleets the facts-a f-circumstances' t	est. The organiza	test, check this	box and stop her a publicly supporte	e. Explain in Part ' ed organization	VI how the ▶ □			
18	Private foundation. If the organiz	ation did not che	ck a box on line 1	3, 16a, 16b, 17a	, or 17b, check thi	s box and see inst	ructions ►			
ΒΔΔ										

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	11.)	

Sec	ction A. Public Support					N. Committee			
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	and membership fees					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,		
	received. (Do not include any 'unusual grants.')	280,934.	162,364.	262,397.	190,086.	229,849.	1,125,630.		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3		101,527.	116,805.	138,769.	140,869.	94,946.	592,916.		
	or business under section 513.						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.		
6	Total. Add lines 1 through 5	382,461.	279,169.	401,166.	330,955.	324,795.	1,718,546.		
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	110 005							
h	Amounts included on lines 2	119,925.	20,000.	81,000.	10,000.	19,000.	249,925.		
	and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0.	0.	0.	0.		0		
С	Add lines 7a and 7b	119,925.	20,000.	81,000.	10,000.	0.	0.		
8	Public support. (Subtract line	119,925.	20,000.	01,000.	10,000.	19,000.	249,925.		
Sec	7c from line 6.)						1,468,621.		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(a) 2010	/0 T-1-1		
	Amounts from line 6	382,461.	279,169.			(e) 2019	(f) Total		
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from	302,401.	279,169.	401,166.	330,955.	324,795.	1,718,546.		
	similar sources	980.	1,619.	5,410.	11,952.	12,341.	32,302.		
	Add lines 10a and 10b	980.	1,619.	5,410.	11,952.	12,341.	32,302.		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						0.		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.		
13	Total support. (Add lines 9, 10c, 11, and 12.)	383,441.	280,788.	406,576.	342,907.	337,136.	1,750,848.		
14	First five years. If the Form 990 is organization, check this box and	s for the organizat	ion's first second	third fourth or	fifth toy year as		\		
Sec	tion C. Computation of Pub	lic Support Pe	ercentage						
15	Public support percentage for 201	9 (line 8, column	(f), divided by line	e 13, column (f))		15	83.88 %		
16	16 Public support percentage from 2018 Schedule A, Part III, line 15								
Sec	tion D. Computation of Inve	stment Incom	e Percentage						
17	1/1 1 Q/ %								
18	Investment income percentage from	om 2018 Schedule	A, Part III, line 1	7		18	1 10 %		
	33-1/3% support tests—2019. If the is not more than 33-1/3%, check	ne organization did this box and stop	not check the bo	ox on line 14, and	l line 15 is more t	han 33-1/3%, and	l line 17 ► 🔽		
b	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%,	e organization did	not check a hov	on line 14 or line	10a and line 16	in more than 22 1	1/20/		
20	Private foundation. If the organiza	ation did not check	k a box on line 14	. 19a. or 19b. ch	nnes as a publicly	supported organ	ization		
BAA			TEE 404031 0	7/02/10	Son ting box and s	see manuchons			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

1 Are all of the organization's supported organizations isled by name in the organization's governing documents? If No, 'describe in Part V his the supported organizations are designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 2 Did the organization has very supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part V how the organization determined that the supported organization was described in section 509(a)(1) or (2)? If 'Yes,' explain in Part V how the organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' experime in Part V when and how the organization make the determination make the determination make the determination make the determination of the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part V what controls the organization put in place to ensure such use. 4a Was any supported organization not organized in the United States ('toreign supported organization')? If 'Yes' and If you checked 12 or '12 bin Part I, answer (9) and (c) below. 5 Did the organization support any foreign supported organization had such control and discretion despite being controlled organization supported organization was used exclusively for section 170(c)(2)(B) purposes. 5 Did the organization support any foreign supported organizations and the supported organization supported organization and susted such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 6 Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(d)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to the supported organization solicity in the supported organization solicity in the support				Yes	No
solicity of (2) if res, explain in Part VI how the organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below. 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 501(c)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination. C Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(8) purposes? If 'Yes,' explain in Part VI what controls the organization supported organization?' If 'Yes' and if you checked '12a or 12b in Part I, answer (b) and (c) below. B Did the organization and illuminate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI what controls and supported organization discretion deciding whether to make grants to the foreign supported organization in the organization supported organization and support to the foreign supported organization was used exclusively for section 170(c)(2)(8) purposes? C Did the organization support any foreign supported organization that does not have an IRS determination under sections 510(c)(3) and 59(c)(1) or 207 '1 '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) purposes. 5a Did the organization add, substitute, or removed any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable), Also, provide detail in Part VI, including (it the manes and Elfn numbers of the supported organizations organizing document). b Type I or Type I only, Was any added or substituted supported organization part of a class already designated in the organization or organizing document. The organization is organization for the provide and organization is control? C Substitutions only. Was the substitution the result of an event	1	IT NO, describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe	1		
Bid the organization confirm that each supported organization qualified under section 501 (c) (4), (5), or (6) and satisfied the public support tests under section 509(a) (2)? If "Yes," describe in Part VI when and how the organization made the determination. c Did the organization ensure that all support to such organizations was used exclusively for section 170(c) (2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. A Was any supported organization not organizated in the United States (foreign supported organization?? If "Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below. b Did the organization have ultimate control and discretion in deciding whether to make grains to the foreign supported organization? If "Yes' explain in Part VI what controls and such control and discretion despite being controlled or supervised by or in connection with its 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 under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization under sections 501(c)(3)(a) and 509(a)(a) or (2)? If "Yes, and the supported organization organization from the supported organizations organizations and controlled organizations	2	509(a)(1) or (2)? If Yes, explain in Part VI how the organization determined that the supported organization was	2		
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b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	1 0 a	contain Type if Supporting Organizations, and all Type III non-functionally integrated supporting organizations)? If type I	102		
	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.)			

	emporanis organizations (continued)			
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		(N)
	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.	11c		
Se	ction B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
ŀ	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see its	nstruct	ions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
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 substantially all of its activities.			
L		2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers did to			
	and dapported digamizations: I Tovide details in Part VI.	3 a		
	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		
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-	edule A (Form 990 or 990-EZ) 2019 The Friends of the Oakland Pub	lic	94-25	53734 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizati	ions	
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Sec	ction A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	A Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
(d Total (add lines 1a, 1b, and 1c)	1d		
	e Discount claimed for blockage or other factors (explain in detail in Part VI):			
_ 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	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally inte (see instructions).	egrated 7	Type III supporting org	anization
BAA			Schedule A (Fo	rm 990 or 990-EZ) 2019

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	3
Sec	tion D – Distributions	Current Year
_ 1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported 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.	
_ 7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
		Bharata Ma
		REMEDIAL SALE
	2.04.20	
	Excess Distributions	Excess Distributions Pre-2019 Underdistributions Pre-2019

BAA

Schedule A (Form 990 or 990-EZ) 2019

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

Name of the organization The Friends of the Oakland Public

Schedule of Contributors

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

Employer identification number

2019

OMB No. 1545-0047

	Library	
Organization type (check		
Filers of:	Section:	
Form 990 or 990-EZ	\overline{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a priva	ate foundation
Form 990-PF	527 political organization	
	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	oundation
	501(c)(3) taxable private foundation	
Note: Only a section 501(covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Ru	ule and a Special Rule. See instructions.
General Rule		
X For an organization or property) from	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribution any one contributor. Complete Parts I and II. See instructions for determinin	utions totaling \$5,000 or more (in money ig a contributor's total contributions.
Special Rules		
under sections 50 received from ar	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met to 19(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ) may one contributor, during the year, total contributions of the greater of VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.). Part II. line 13, 16a, or 16b, and that
during the year,	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E total contributions of more than \$1,000 <i>exclusively</i> for religious, charitathe prevention of cruelty to children or animals. Complete Parts I, II, a	able, scientific, literary, or educational
\$1,000. If this bo charitable, etc.,	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-E contributions exclusively for religious, charitable, etc., purposes, but not is checked, enter here the total contributions that were received duripurpose. Don't complete any of the parts unless the General Rule appl acclusively religious, charitable, etc., contributions totaling \$5,000 or mo	o such contributions totaled more than ing the year for an <i>exclusively</i> religious, lies to this organization because
Coustions An array		
Gaution: An organization to 990-PF), but it must answered to certify the	hat isn't covered by the General Rule and/or the Special Rules doesn't er 'No' on Part IV, line 2, of its Form 990; or check the box on line H of	file Schedule B (Form 990, 990-EZ, or f its Form 990-EZ or on its Form 990-PF,

Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

The Friends of the Oakland Public

94-2553734

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) Na	4.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Saha	dula B (Form 990, 990 F	7 av 000 PF) (2010)

	B (Form 990, 990-EZ, or 990-PF) (2019)		1 1 Page 4				
Name of organ	nization iends of the Oakland Public		Employer identification number 94-2553734				
		he year from any one contribute ompleting Part III, enter the total o (Enter this information once. See i	cations described in section 501(c)(7), (8), or. Complete columns (a) through (e) and f exclusively religious, charitable, etc.				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	N/A						
	Transferee's name, addres	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, addres	(e) Transfer of gift s and ZIP + 4	Relationship of transferor to transferee				
			Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferse's name and the	(e) Transfer of gift					
	Transferee's name, address	s, and ZIP + 4	Relationship of transferor to transferee				

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service 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

2019

Open to Public Inspection

Name of the organization Employer identification numbe The Friends of the Oakland Public Library 94-2553734 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year..... 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.... No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.... Yes No Conservation Easements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements. 2a 2_b c Number of conservation easements on a certified historic structure included in (a)..... d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easement is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?.... No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 8. 1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1..... (ii) Assets included in Form 990, Part X.... If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1.....

Part III Organizations Mainta	ining Colle	ections o	of Art, Histo	orical Treas	sures, or	Other 9	Similar Ass	ets (c	ontini	ued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	and other re	cords, check a	ny of the follow	ving that mal	ke signifi	cant use of its	collection	n	
a Public exhibition			d Loan	or exchange p	orogram					
b Scholarly research			e Other							
c Preservation for future gener	rations									
4 Provide a description of the organiz Part XIII.		ions and ex	plain how they	further the org	ganization's	exempt p	ourpose in			
5 During the year, did the organiza to be sold to raise funds rather the	ition solicit or han to be ma	receive do	onations of ar s part of the o	t, historical tre	easures, or collection?.	other sii	milar assets	Yes		No
Part IV Escrow and Custodia line 9, or reported an	I Arrangen amount on	nents. Co Form 99	omplete if t 90, Part X,	he organiza Iine 21.	ation ansv	wered	'Yes' on Fo	rm 99	0, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other	intermediary	for contribution	ons or other	assets	not included	Yes	[No
b If 'Yes,' explain the arrangement	in Part XIII a	and comple	ete the following	ng table:					L	
				g talotot				Amoun	t	
c Beginning balance						. 1c		moun		-
d Additions during the year										
e Distributions during the year										
f Ending balance										
2a Did the organization include an a							:-b:!!b.2	1 1/2		7.
										No
b If 'Yes,' explain the arrangement	in Part XIII.	Check here	e if the explan	nation has bee	en provided	on Part	XIII		[
DestV Feet 15 1 0	1 1 16									
Part V Endowment Funds. C			nization an	swered 'Ye	s' on For	<u>m 990,</u>	, Part IV, Iir	ne 10.		
	(a) Current	year	(b) Prior year	(c) Tw	o years back	(d) T	hree years back	(e)	Four year	s back
1 a Beginning of year balance										
b Contributions		1								
c Net investment earnings, gains, and losses	- 1									
d Grants or scholarships						+				
e Other expenditures for facilities and programs										
f Administrative expenses						_				
g End of year balance						+				
2 Provide the estimated percentage	e of the curre	nt vear en	d halance (lin	e 1a column	(a)) hold ac					
a Board designated or quasi-endowme		in year en	9	e rg, coluinin	(a)) Helu as					
b Permanent endowment ►	- %									
c Term endowment ►										
The percentages on lines 2a, 2b, ar	nd 2c should e	qual 100%.								
3 a Are there endowment funds not in the	he possession	of the orga	nization that a	re held and ad	ministered fo	or the				
organization by:									Yes	No
(i) Unrelated organizations								3a(i)		
(ii) Related organizations								3a(ii)		
b If 'Yes' on line 3a(ii), are the rela	ted organizat	ions listed	as required o	n Schedule R	?			3b		
4 Describe in Part XIII the intended	uses of the	organizatio	n's endowme	nt funds.						
Part VI Land, Buildings, and I										
Complete if the organi	zation ans	wered 'Y	es' on Forn	n 990 Part	IV line 1	12 50	e Form 99) Par	+ Y Ii	no 10
Description of property										
Description of property			other basis stment)	(b) Cost or	other	(c) Acc	umulated	(d) E	Book va	alue
1 a Land		(IIIVES	surient)	basis (oth	ier)	depre	eciation			
b Buildings										
c Leasehold improvements										
				6	,588.		6,588.			0.
d Equipment					971.		971.			0.
e Other										
Total. Add lines 1a through 1e. (Column	n (d) must eq	gual Form !	990, Part X, c	olumn (B), lin	e 10c.)					0.
BAA							Schedu	le D (Fo	rm 990	

Part VII Investments — Other Securities.	Oakland Publi		3734 Page 3
Complete if the organization answered	Yes' on Form 990	N/A), Part IV, line 11b. See Form 9	90, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D) (E)			
(E) (F)			
(G)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)			
Part VIII Investments - Program Related.		N/A	
Complete if the organization answered (a) Description of investment			
(1)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) Part IX Other Assets.			担任 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
Complete if the organization answered	'Yes' on Form 990	, Part IV, line 11d. See Form 99	0. Part X. line 15.
(a) Des	scription		(b) Book value
(1) Funds Held in Trust			267,802.
(2) Rent Deposit (3)			5,097.
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	>	272,899.
Part X Other Liabilities.			212,099.
Complete if the organization answered 'Yes' on Fo	orm 990, Part IV, line 11	e or 11f. See Form 990, Part X, line 25.	
1. (a) Description (a) Description (b) Federal income taxes	ption of liability		(b) Book value
(2) Friends- Branch Libraries			224
(3)			324.
(4)			
(5)	- 7		
(6)			
(7)			
(9)			
(10)	7		
(11)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.).			324.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fooi	tnote to the organization's fina	ancial statements that reports the organization's lie	ability for uncortain
tax positions under FASB ASC 740. Check here if the text of the footnote has because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the footnote has been also because the control of the control of the footnote has been also been also because the control of t	been provided in Part XIII		

Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per Re	eturn. N/A
Complete if the organization answered 'Yes' on Form 990, F	art 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	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII.)	2 d	
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:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
D IVII D III II (= 1 III II III III III III III III III		
Part XII Reconciliation of Expenses per Audited Financial Statemen	nts With Expenses per l	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F	nts With Expenses per l Part IV, line 12a.	Return. N/A
Part XII Reconciliation of Expenses per Audited Financial Statemer Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F 1 Total expenses and losses per audited financial statements	art IV, line 12a.	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F 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	2a 2b	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F 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.	2a 2b 2c	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F 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.).	2a	Return. N/A
Complete if the organization answered 'Yes' on Form 990, F 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.	art IV, line 12a. 2a 2b 2c 2d	1
Complete if the organization answered 'Yes' on Form 990, F 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.	art IV, line 12a. 2a 2b 2c 2d	1 2 e
Complete if the organization answered 'Yes' on Form 990, F 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.	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, F 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.).	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, F 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.	2a	1 2 e
Complete if the organization answered 'Yes' on Form 990, F 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.).	2a	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.

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Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

OMB No. 1545-0047

2019

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

Open to Public Inspection **Employer identification number** 94-2553734 å

XYes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? The Friends of the Oakland Public Part I General Information on Grants and Assistance Library Name of the organization

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed See Part IV 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

or government		(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Pub]							Literacy, Programs &
(2)	94-6000384 501 (c) (3)	501(c)(3)	29,125.	0			Facilities
(3)							
<u>(4)</u>							
(5)							
(9)							
(a)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	and government or	ganizations listed in	n the line 1 table			A	
2 Eath 1111							

Schedule I (Form 990) (2019)

TEEA3901L 07/10/19

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

Schedule | (Form 990) (2019) 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.

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

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

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

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

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

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

National Library and fixtures, activities such as community outreach programs (e.g., Schedule I (Form 990) (2019)

2019

Schedule I, Part IV - Supplemental Information

Page 3

The Friends of the Oakland Public Library

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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.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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