990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2024 Open to Public

Department of the Treasury Internal Revenue Service Inspection Go to www.irs.gov/Form990 for instructions and the latest information. For the 2024 calendar year, or tax year beginning and ending D Employer identification number C Name of organization Check if applicable: Address change JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) 303-403-5075 10790 W. 50TH AVE SUITE 200 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code WHEAT RIDGE CO 80033 832,845 G Gross receipts\$ Amended return Name and address of principal officer: **H(a)** Is this a group return for subordinates? Application pending JO SCHANTZ 10790 W. 50TH AVE #200 **H(b)** Are all subordinates included? If "No," attach a list. See instructions WHEAT RIDGE CO 80033 **X** 501(c)(3) 501(c) ( 4947(a)(1) or 527 ) (insert no.) Tax-exempt status: WWW.JEFFCOLIBRARYFOUNDATION.ORG Website: H(c) Group exemption number X Corporation Trust Year of formation: 1969 Form of organization: Association CO M State of legal domicile: Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 13 5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 8 5 6 Total number of volunteers (estimate if necessary) 200 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 311,449 178,833 Revenue 9 Program service revenue (Part VIII, line 2g) 0 34,901 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 34,979 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 392,449 471,046 606,261 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 817,396 105,808 193,635 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 276,788 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 82,886 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 331,952 372,655 714,548 878,518 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) -61,122 -108,28719 Revenue less expenses. Subtract line 18 from line 12 . Beginning of Current Year End of Year 5 1,088,435 1,011,064 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 373,250 338,803 ĕĕ 22 Net assets or fund balances. Subtract line 21 from line 20 . . 715,185 672,261 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sian JO SCHANTZ Here EXECUTIVE DIRECTOR Type or print name and title Preparer's name Preparer's signature Check Paid LORI B. BAUER, CPA LORI B. BAUER, CPA 10/07/25 self-employed P01260252 **Preparer** PROFESSIONAL GROUP 20-8019714 Firm's name Firm's EIN **Use Only** 10303 E DRY CREEK RD STE 400 303-771-0123 ENGLEWOOD, CO 80112

May the IRS discuss this return with the preparer shown above? See instructions

Form 990 (2024) JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313 Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II X 4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 Х assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 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 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV X 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 X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI X 11a 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 X 11b 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 X d 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 X 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 Х 13 Did the organization maintain an office, employees, or agents outside of the United States? X 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Х If "Yes," complete Schedule G, Part III. 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a

**b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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 .

X

20b

21

Form 990 (2024) **JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313** 

Part IV Checklist of Required Schedules (continued)

|          |  |              | 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           |         | X           |
| 23       | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the   | L _          |         |             |
|          | organization's current and former officers, directors, trustees, key employees, and highest compensated  | $\mathbf{N}$ |         | ۱           |
|          | employees? If "Yes," complete Schedule J   | 23           |         | X           |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than  |              |         |             |
|          | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b  |              |         |             |
|          | through 24d and complete Schedule K. If "No," go to line 25a   | 24a          |         | X           |
| D        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  | 24b          |         | $\vdash$    |
| С        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year  | 24-          |         |             |
|          | to defease any tax-exempt bonds?   | 24c          |         | $\vdash$    |
| d<br>25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  | 24d          |         | $\vdash$    |
| 25a      | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit   | 250          |         | x           |
| <b>h</b> | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  | 25a          |         |             |
| b        | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior   |              |         |             |
|          | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?   | 25b          |         | x           |
| 26       | If "Yes," complete Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current   | 250          |         |             |
| 26       |  |              |         |             |
|          | 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           |         | x           |
| 27       | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key  | 20           |         | 1           |
| LI       | 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 "Vas." complete Schedule I. Part III   | 27           |         | x           |
| 28       | Was the organization a party to a business transaction with one of the following parties? (See the Schedule  | 21           |         |             |
| 20       | 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? <i>If</i>  |              |         |             |
| -        | "Voo." complete Schoolyle I. Part IV   | 28a          |         | X           |
| b        | A family member of any individual described in line 2862 If "Vee" complete Schoolyle L. Part IV  | 28b          |         | X           |
| c        | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If   | 200          |         | <del></del> |
| •        | "Ves." complete Schedule I Part IV   | 28c          |         | X           |
| 29       | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  | 29           |         | X           |
| 30       | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified   |              |         |             |
|          | conservation contributions? If "Yes," complete Schedule M  | 30           |         | x           |
| 31       | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   | 31           |         | х           |
| 32       | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"  |              |         |             |
|          | complete Schedule N, Part II   | 32           |         | x           |
| 33       | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations   |              |         |             |
|          | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  | 33           |         | x           |
| 34       | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,   |              |         |             |
|          | or IV, and Part V, line 1  | 34           | х       |             |
| 35a      | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a          |         | Х           |
| 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           |         | X           |
| 37       | Did the organization conduct more than 5% of its activities through an entity that is not a related organization   |              |         |             |
|          | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI   | 37           |         | X           |
| 38       | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and   |              |         |             |
|          | 19? Note: All Form 990 filers are required to complete Schedule O.   | 38           | X       |             |
| Pa       | art V Statements Regarding Other IRS Filings and Tax Compliance  |              |         |             |
|          | Check if Schedule O contains a response or note to any line in this Part V   | <u> </u>     | <u></u> |             |
|          | 1 1  |              | Yes     | No          |
| 1a       | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 11 11   |              |         |             |
| b        | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0   |              |         |             |
| С        | Did the organization comply with backup withholding rules for reportable payments to vendors and   |              |         |             |
|          | reportable gaming (gambling) winnings to prize winners?  | 1c           | X       |             |

| Pa       | art V Statements Regarding Other IRS Filings and Tax Compliance (continued)   |            | Yes | No |
|----------|---|------------|-----|----|
| 2a       | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax   |            |     |    |
|          | Statements, filed for the calendar year ending with or within the year covered by this return   |            |     |    |
| b        | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | 2b         | Х   |    |
| 3a       | Did the organization have unrelated business gross income of \$1,000 or more during the year?   | 3a_        |     | X  |
| b        | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | 3b         |     |    |
| 4a       | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,   | V          |     |    |
|          | a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  | 4a         |     | X  |
| b        | If "Yes," enter the name of the foreign country   |            |     |    |
|          | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |     |    |
| 5a       | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?   | 5a         |     | X  |
| b        | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | 5b         |     | X  |
| С        | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | 5c         |     |    |
| 6a       | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the  |            |     |    |
|          | organization solicit any contributions that were not tax deductible as charitable contributions?  | 6a         |     | X  |
| b        | If "Yes," did the organization include with every solicitation an express statement that such contributions or  | ١          |     |    |
| _        | gifts were not tax deductible?  | 6b         |     |    |
| 7        | Organizations that may receive deductible contributions under section 170(c).   |            |     |    |
| а        | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods   | 70         |     | х  |
| _        | and services provided to the payor?   | 7a         |     |    |
| b        | If "Yes," did the organization notify the donor of the value of the goods or services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   | 7b         |     |    |
| С        |   | 70         |     | х  |
| d        | required to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year 7d   | 7c         |     |    |
| e        | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | 7e         |     | х  |
| f        | Did the consciention during the constraint of first the constraint of the state of | 7f         |     | X  |
| g        | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | 7g         |     |    |
| h        | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | 7h         |     |    |
| 8        | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the  |            |     |    |
|          | sponsoring organization have excess business holdings at any time during the year?  | 8          |     |    |
| 9        | Sponsoring organizations maintaining donor advised funds.   |            |     |    |
| а        | Did the sponsoring organization make any taxable distributions under section 4966?  | 9a         |     |    |
| b        | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | 9b         |     |    |
| 10       | Section 501(c)(7) organizations. Enter:   |            |     |    |
| а        | Initiation fees and capital contributions included on Part VIII, line 12  |            |     |    |
| b        | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   |            |     |    |
| 11       | Section 501(c)(12) organizations. Enter:  |            |     |    |
| а        | Gross income from members or shareholders 11a   |            |     |    |
| b        | Gross income from other sources. (Do not net amounts due or paid to other sources   |            |     |    |
|          | against amounts due or received from them.)   |            |     |    |
| 12a      | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  | 12a        |     |    |
| b        | If "Yes," enter the amount of tax-exempt interest received or accrued during the year   |            |     |    |
| 13       | Section 501(c)(29) qualified nonprofit health insurance issuers.  |            |     |    |
| а        | Is the organization licensed to issue qualified health plans in more than one state?  | 13a        |     |    |
| _        | Note: See the instructions for additional information the organization must report on Schedule O.   |            |     |    |
| b        | Enter the amount of reserves the organization is required to maintain by the states in which  |            |     |    |
|          | the organization is licensed to issue qualified health plans  |            |     |    |
| C<br>140 | Enter the amount of reserves on hand  Did the exemptation receive any normants for indeer tapping continue during the tay year?   | 140        |     | Х  |
| 14a      | Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | 14a<br>14b |     |    |
| b<br>15  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or   | 140        |     |    |
| 13       |   | 15         |     | х  |
|          | excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  | "          |     | -2 |
| 16       | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?   | 16         |     | Х  |
| . •      | If "Yes," complete Form 4720, Schedule O.   | .,         |     |    |
| 17       | Section 501(c)(21) organizations. Did the trust, any disqualified or other person, engage in any activities   |            |     |    |
|          | that would result in the imposition of an excise tax under section 4951, 4952, or 4953?   | 17         |     |    |
|          | If "Yes," complete Form 6069.   |            |     |    |

Form 990 (2024) JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313 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 1a Enter the number of voting members of the governing body at the end of the tax year 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. Enter the number of voting members included on line 1a, above, who are independent ..... 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Х any other officer, director, trustee, or key employee? 3 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? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 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? X 6 7a 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? Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b X 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 ....... Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 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," X describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Did the organization have a written document retention and destruction policy? Х 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 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? ..... Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Section 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. X Own website X 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 the public during the tax year.

THE ORGANIZATION 10790 W. 50TH AVE. STE 200 WHEAT RIDGE CO 80033

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

303-403-5075

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

| (A)<br>Name and title | (B) Average hours per week  | box                            | Position (do not check more than one box, unless person is both an officer and a director/trustee) |         |              | is both<br>or/truste         | an<br>ee) | ( <b>D</b> )  Reportable compensation from the   | <b>(E)</b> Reportable compensation from related | (F) Estimated amount of other compensation            |
|-----------------------|---|--------------------------------|--|---------|--------------|------------------------------|-----------|--|---|---|
|                       | (list any<br>hours for<br>related<br>organizations<br>below<br>dotted line) | Individual trustee or director | Institutional trustee  | Officer | Key employee | Highest compensated employee | Former    | organization (W-2/<br>1099-MISC/<br>1099-NEC) organizations (W-2/<br>1099-MISC/<br>1099-NEC) |   | from the<br>organization and<br>related organizations |
| (1) DEBORAH DEAL      |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           | _  | _   | _   |
| PRESIDENT             | 0.00  | X                              |  | X       |              |                              |           | 0  | 0   | 0   |
| (2) RON BENSON        |   |                                |  |         |              |                              |           |  |   |   |
| VICE-PRESIDENT        | 1.00  | x                              |  | x       |              |                              |           | 0  | 0   | 0   |
| (3) CLEO ARELLANO     |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  |   |   |
| SECRETARY             | 0.00  | X                              |  | X       |              |                              |           | 0  | 0   | 0   |
| (4) LINDA FLEMING     |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  |   |   |
| TREASURER             | 0.00  | X                              |  | X       |              |                              |           | 0  | 0   | 0   |
| (5) NEAL BROWNE       |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  |   |   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | 0   |
| (6) KIRBY EDWARDS     |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  |   |   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | 0   |
| (7) DANA HARRIS       |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  |   |   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | 0   |
| (8) TYRENNY HIDY      |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           | _  | _   | _   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | 0   |
| (9) RICHARD KEHMEIER  |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  | _   |   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | 0   |
| (10) JEANNIE MANN     |   |                                |  |         |              |                              |           |  |   |   |
|                       | 1.00  |                                |  |         |              |                              |           |  | _   |   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | 0   |
| (11) ALLI MUELLER     | 1 00  |                                |  |         |              |                              |           |  |   |   |
| <u></u>               | 1.00  |                                |  |         |              |                              |           |  | _   |   |
| DIRECTOR              | 0.00  | X                              |  |         |              |                              |           | 0  | 0   | <u>0</u>  |

1994 10/07/2025 11:50 AM Form 990 (2024) **JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313** 

| Part VII  | Section A. Officers   | , Directors, Trus                     | stees                          | s, Ke                 | y Er    | nplo          | yees,                        | , an  | d Highest Compensated I          | Employees (continued)                   |                                       |                        |                  |
|-----------|---|---------------------------------------|--------------------------------|-----------------------|---------|---------------|------------------------------|-------|----------------------------------|---|---------------------------------------|------------------------|------------------|
|           |   |                                       |                                |                       |         | C)            |                              |       |                                  |   |                                       |                        |                  |
|           | (A)   | (B)                                   | (d                             | o not o               |         | ition<br>more | than or                      | ne    | (D)                              | (E)                                     |                                       | (F)                    |                  |
| ı         | Name and title  | Average hours                         |                                |                       |         |               | s both<br>or/truste          |       | Reportable compensation          | Reportable compensation                 | Est                                   | imated an              |                  |
|           |   | per week                              |                                |                       |         |               |                              | ,     | from the                         | from related                            | с                                     | ompensati              | ion              |
|           |   | (list any hours for                   | Individual trustee or director | Institutional trustee | Officer | Key employee  | Highest compensated employee | orme  | organization (W-2/<br>1099-MISC/ | organizations (W-2/<br>1099-MISC/       | or                                    | from the<br>ganization |                  |
|           | PIIN  | related                               | ector                          | tiona                 |         | mplo          | ee co                        | Ť     | 1099-NEC)                        | 1099-NEC)                               |                                       | ed organiz             |                  |
|           | I UV  | organizations<br>below                | truste                         | tru                   |         | yee           | mpen                         |       |                                  |   |                                       | У                      |                  |
|           |   | dotted line)                          | %                              | stee                  |         |               | sated                        |       |                                  |   | 1                                     |                        |                  |
| (12) N    | ATHAN RICHTE  | ₹R                                    |                                |                       |         |               | 1                            |       |                                  |   |                                       |                        |                  |
| (12)      |   | 1.00                                  |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| DIRECTOR  |   | 0.00                                  | x                              |                       |         |               |                              |       | 0                                | 0                                       |                                       |                        | 0                |
|           | IM ROGERS   | 0.00                                  |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (13)      |   | 1.00                                  |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| DIRECTOR  |   | 0.00                                  | x                              |                       |         |               |                              |       | 0                                | 0                                       |                                       |                        | 0                |
| (14) J(   | SCHANTZ   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (14)      |   | 40.00                                 |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| EXECUTIV  | E DIRECTOR  | 0.00                                  |                                |                       | X       |               |                              |       | 103,883                          | 0                                       |                                       | 1                      | 1,933            |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (15)      |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (16)      |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (17)      |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (40)      |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (18)      |   | .                                     |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (10)      |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| (19)      |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| 4b Ooders | -•  |                                       |                                |                       |         |               |                              |       | 103,883                          |   |                                       | 1                      | 1,933            |
|           | al<br>om continuation shee  |                                       |                                |                       |         |               |                              |       | 103,663                          |   |                                       | <u> </u>               | 1,933            |
|           | add lines 1b and 1c)  | •                                     |                                |                       |         |               |                              |       | 103,883                          |   |                                       | 1                      | 1,933            |
|           |   |                                       |                                |                       |         |               |                              |       | rho received more than \$100     | ).000 of                                |                                       |                        | ± / / / /        |
|           | ole compensation from t   | -                                     |                                | 1                     |         | 0.00          | abo.                         | ٠,    | 10001104 4.1010 4.101            | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                                       |                        |                  |
|           |   | -                                     |                                |                       |         |               |                              |       |                                  |   |                                       | )                      | es No            |
| 3 Did the | organization list any for   | mer officer, direc                    | tor, t                         | ruste                 | e, ke   | ey er         | mploy                        | ee,   | or highest compensated           |   |                                       | ,                      | x                |
| employ    | ee on line 1a <i>? IT "Yes," (</i><br>, individual listed on line | complete Scriedu.<br>1a is the sum of | e Ji                           | ior si<br>ortabl      | ıcn II  | naivi<br>mne  | <i>auai</i><br>neatio        |       | nd other compensation from       | the                                     | · · · · · · · · · · · · · · · · · · · | 3                      |                  |
|           |   |                                       |                                |                       |         |               |                              |       | plete Schedule J for such        | uic                                     |                                       |                        |                  |
| individu  | al  |                                       |                                |                       |         |               |                              |       |                                  |   |                                       | 4                      | X                |
| 5 Did any | person listed on line 1a  | a receive or accru                    | e co                           | mper                  | nsatio  | on fro        | om ar                        | ny ui | nrelated organization or indiv   |   |                                       | _                      | 37               |
| •         |   |                                       | s," cc                         | omple                 | ete S   | ched          | dule J                       | tor   | such person                      |   |                                       | 5                      | X                |
|           | dependent Contractor  |                                       | coto                           | ا ندر                 | 000     | dood          | 0004                         | roct- | ors that received more than      | \$100,000 of                            |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       | rear ending with or within the   |   |                                       |                        |                  |
| •         |   | (A)<br>I business address             |                                |                       |         |               |                              |       | Descript                         | (B)<br>ion of services                  |                                       | Comr                   | (C)<br>pensation |
|           | Warne and   | Dusiness address                      |                                |                       |         |               |                              |       | Везирі                           | ion of screecs                          |                                       | Comp                   | CHSUIOH          |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                | _                     | _       |               |                              | L     |                                  |   |                                       |                        |                  |
| -         |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           | <u> </u>  |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
|           |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       |                        |                  |
| 2 Total n | umber of independent co   | ontractors (includi                   | ng b                           | ut no                 | t limi  | ted           | to tho                       | se li | sted above) who                  |   |                                       |                        |                  |
|           | d more than \$100,000 o   | r compensation f                      | rom                            | the o                 | rgan    | ızatio        | on                           |       |                                  | 0                                       |                                       | F                      | 990 (2024)       |
| DAA       |   |                                       |                                |                       |         |               |                              |       |                                  |   |                                       | ⊢orm                   | JJU (2024)       |

### Form 990 (2024) JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313

| Pa  | irt V |   |                    | <b>i Revenue</b><br>edule O cont | ains a    | a respo  | nse or note   | to any line in th    | is Part VIII                           |                                      |  |
|---|-------|---|--------------------|----------------------------------|-----------|----------|---------------|----------------------|--|--------------------------------------|--|
|   |       |   |                    |                                  |           |          |               | (A)<br>Total revenue | (B) Related or exempt function revenue | (C)<br>Unrelated<br>business revenue | (D) Revenue excluded from tax under sections 512-514 |
|   |       |   |                    |                                  |           |          |               | 4.1                  |  |                                      |  |
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a    | Federated campa                                     | aigns <sub>.</sub> |                                  | 1a        |          | gn            |                      |  |                                      |  |
| 3ra<br>our  | b     | Membership dues                                     |                    |                                  | 1b        |          |               |                      |  |                                      | / <b>V</b>   |
| s, (<br>Am  | С     | Fundraising even                                    |                    |                                  | 1c        |          | 6,554         |                      |  |                                      | J  |
| 3if   | d     | Related organizat                                   | tions .            |                                  | 1d        |          |               |                      |  |                                      |  |
| s,<br>imil  | е     | Government grants (co                               | ontributio         | ns)                              | 1e        |          |               |                      |  |                                      |  |
| ion   | f     | All other contributions,                            | gifts, gra         | nts,                             | 1f        |          | 304,895       |                      |  |                                      |  |
| but   | a     | and similar amounts not<br>Noncash contributions in |                    |                                  | 11        |          | 304,693       |                      |  |                                      |  |
| a di  | 9     | lines 1a-1f   |                    |                                  | 1g        | \$       | 21,954        |                      |  |                                      |  |
| a<br>S  | h     | Total. Add lines 1                                  | 1a–1f              |                                  |           |          |               | 311,449              |  |                                      |  |
|   |       |   |                    |                                  |           |          | Business Code |                      |  |                                      |  |
| به  | 2a    |   |                    |                                  |           |          |               |                      |  |                                      |  |
| Š   | b     |   |                    |                                  |           |          |               |                      |  |                                      |  |
| Se  | С     |   |                    |                                  |           |          |               |                      |  |                                      |  |
| Ram   | d     |   |                    |                                  |           |          |               |                      |  |                                      |  |
| Program Service<br>Revenue                              | е     |   |                    |                                  |           |          |               |                      |  |                                      |  |
| Ъ   | f     | All other program                                   |                    |                                  |           |          |               |                      |  |                                      |  |
|   | g     | Total. Add lines 2                                  | 2a-2f              |                                  |           |          |               |                      |  |                                      |  |
|   | 3     | Investment incom                                    | e (inc             | luding dividends                 | , intere  | st, and  |               |                      |  |                                      |  |
|   |       | other similar amo                                   | unts)              |                                  |           |          |               | 34,901               |  |                                      | 34,901   |
|   | 4     | Income from inves                                   | stmen              | t of tax-exempt b                | ond p     | roceeds  |               |                      |  |                                      |  |
|   | 5     | Royalties   |                    |                                  |           |          |               |                      |  |                                      |  |
|   |       |   |                    | (i) Real                         |           | (ii)     | Personal      |                      |  |                                      |  |
|   | 6a    | Gross rents   | 6a                 |                                  |           |          |               |                      |  |                                      |  |
|   | b     | Less: rental expenses                               | 6b                 |                                  |           |          |               |                      |  |                                      |  |
|   | С     |   | 6с                 |                                  |           |          |               |                      |  |                                      |  |
|   | d     | Net rental income                                   | or (lo             | ss)                              |           | <u></u>  |               |                      |  |                                      |  |
|   | /a    | Gross amount from sales of assets                   |                    | (i) Securities                   | 3         | (ii      | i) Other      |                      |  |                                      |  |
|   |       | other than inventory                                | 7a                 |                                  |           |          |               |                      |  |                                      |  |
| ne  | b     | Less: cost or other                                 |                    |                                  |           |          |               |                      |  |                                      |  |
| Revenue   |       | basis and sales exps.                               | 7b                 |                                  |           |          |               |                      |  |                                      |  |
| Re  |       | Gain or (loss)                                      | 7с                 |                                  |           |          |               |                      |  |                                      |  |
| Other   | d     | Net gain or (loss)                                  |                    |                                  | . <u></u> | <u> </u> |               |                      |  |                                      |  |
| ᅙ   | 8a    | Gross income from                                   |                    | 3                                |           |          |               |                      |  |                                      |  |
|   |       | (not including \$_                                  |                    | 6,554                            |           |          |               |                      |  |                                      |  |
|   |       | of contributions repo                               |                    | n line                           |           |          |               |                      |  |                                      |  |
|   |       | 1c). See Part IV, line                              |                    |                                  | 8a        |          | 274,437       |                      |  |                                      |  |
|   |       | Less: direct exper                                  |                    |                                  | 8b        |          |               |                      |  |                                      |  |
|   |       | Net income or (lo                                   |                    | _                                | vents .   |          |               | 274,437              |  |                                      | 274,437  |
|   | 9a    | Gross income from                                   | -                  | -                                |           |          |               |                      |  |                                      |  |
|   |       | activities. See Par                                 |                    |                                  | 9a        |          |               |                      |  |                                      |  |
|   |       | Less: direct exper                                  |                    |                                  | 9b        |          |               |                      |  |                                      |  |
|   |       | Net income or (lo                                   |                    |                                  | ties      |          |               |                      |  |                                      |  |
|   | 10a   | Gross sales of inv                                  |                    |                                  |           |          |               |                      |  |                                      |  |
|   |       | returns and allowa                                  |                    |                                  | 10a       |          | 209,426       |                      |  |                                      |  |
|   |       | Less: cost of good                                  |                    |                                  | 10b       |          | 15,449        | 100.055              |  |                                      | 100.0==  |
|   | С     | Net income or (lo                                   | ss) fro            | m sales of inver                 | ntory     |          |               | 193,977              |  |                                      | 193,977  |
| S   |       |   |                    |                                  |           |          | Business Code | 0.633                | 0.633                                  |                                      |  |
| ne en   | 11a   | MISCELLANEO   | US                 |                                  |           |          |               | 2,632                | 2,632                                  |                                      |  |
| llan  | b     |   |                    |                                  |           |          |               |                      |  |                                      | -  |
| Miscellaneous<br>Revenue                                | C .   |   |                    |                                  |           |          |               |                      |  |                                      |  |
| Ē   | d     | All other revenue                                   |                    |                                  |           |          | L             | 2 622                |  |                                      |  |
|   |       | Total Revenue.                                      |                    |                                  |           |          |               | 2,632<br>817,396     | 2,632                                  | 0                                    | 503,315  |
|   | 16    | I VIAI TEVETTUE. ?                                  | 7 <u>66 11)</u>    | อแนบแบบเอ                        |           |          |               | U - 1 1 2 2 0 1      | 2,032                                  |                                      | ,  |

Part IX Statement of Functional Expenses

| Secti  | on 501(c)(3) and 501(c)(4) organizations must com<br>Check if Schedule O contains a respons      |                |                          | column (A).                     | X                    |
|--------|--|----------------|--------------------------|---------------------------------|----------------------|
| Do r   | not include amounts reported on lines 6b, 7b,  | (A)            | (B)                      | (C)                             | (D)                  |
|        | b, and 10b of Part VIII.   | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1      |  | nch            | OTIOK                    | general expenses                | SAPERIOSS            |
| -      | and domestic governments. See Part IV, line 21   | 193,635        | 193,635                  |                                 |                      |
| 2      | Grants and other assistance to domestic  |                |                          |                                 |                      |
|        | individuals. See Part IV, line 22  |                |                          |                                 |                      |
| 3      | Grants and other assistance to foreign   |                |                          |                                 |                      |
|        | organizations, foreign governments, and  |                |                          |                                 |                      |
|        | foreign individuals. See Part IV, lines 15 and 16  |                |                          |                                 |                      |
| 4      | Benefits paid to or for members  |                |                          |                                 |                      |
| 5      | Compensation of current officers, directors,   |                |                          |                                 |                      |
|        | trustees, and key employees  | 115,816        | 70,675                   | 24,159                          | 20,982               |
| 6      | Compensation not included above to disqualified  |                |                          |                                 |                      |
|        | persons (as defined under section 4958(f)(1)) and  |                |                          |                                 |                      |
|        | persons described in section 4958(c)(3)(B)   |                |                          |                                 |                      |
| 7      | Other salaries and wages   | 152,971        | 94,131                   | 30,814                          | 28,026               |
| 8      | Pension plan accruals and contributions (include   |                |                          |                                 |                      |
|        | section 401(k) and 403(b) employer contributions)  | 2,920          | 1,652                    | 791                             | 477                  |
| 9      | Other employee benefits  | 19,423         | 10,988                   | 5,262                           | 3,173                |
| 10     | Payroll taxes  | 21,098         | 11,935                   | 5,716                           | 3,447                |
| 11     | Fees for services (nonemployees):  |                |                          |                                 |                      |
| а      | Management   |                |                          |                                 |                      |
| b      | Legal  |                |                          |                                 |                      |
| С      | Accounting   |                |                          |                                 |                      |
| d      | Lobbying   |                |                          |                                 |                      |
| е      | Professional fundraising services. See Part IV, line 17  |                |                          |                                 |                      |
| f      | Investment management fees   |                |                          |                                 |                      |
| g      | Other. (If line 11g amount exceeds 10% of line 25, column  | 110 000        | -4 0.51                  | 50 450                          | 0 - 40               |
|        | (A), amount, list line 11g expenses on Schedule O.)  | 119,090        | 54,061                   | 62,469                          | 2,560                |
| 12     | Advertising and promotion  | 9,015          | 7,403                    | 320                             | 1,292                |
| 13     | Office expenses  | 41,712         | 32,068                   | 7,312                           | 2,332                |
| 14     | Information technology   | 25,869         | 13,047                   | 8,938                           | 3,884                |
| 15     | Royalties  | 05.400         | 60 100                   | 11 256                          | 12.054               |
| 16     | Occupancy  | 87,408         | 62,198                   | 11,356                          | 13,854               |
| 17     | Travel   | 5,697          | 4,994                    | 658                             | 45                   |
| 18     | Payments of travel or entertainment expenses   |                |                          |                                 |                      |
|        | for any federal, state, or local public officials  | 20 704         | 27 220                   | 677                             | 1 707                |
| 19     | Conferences, conventions, and meetings   | 39,704         | 37,320                   | 677                             | 1,707                |
| 20     | Interest   | 3,935          |                          | 3,935                           |                      |
| 21     | Payments to affiliates   | 2,295          |                          | 2,295                           |                      |
| 22     | Depreciation, depletion, and amortization  | 2,295          |                          | 2,295                           |                      |
| 23     | Insurance Other expenses Itemize expenses not severed  |                |                          |                                 |                      |
| 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.)  |                |                          |                                 |                      |
| _      | MISCELLANEOUS  | 17,565         | 5,224                    | 11,368                          | 973                  |
| a<br>b | BANK SERVICE CHARGES   | 12,406         | 11,647                   | 750                             | 9                    |
| C      | DUES & SUBSCRIPTIONS   | 7,959          | 2,764                    | 5,070                           | 125                  |
| d      |  | ,,,,,,         | 2,,01                    | 3,0,0                           |                      |
| e      | All other expenses   |                |                          |                                 |                      |
| 25     | Total functional expenses. Add lines 1 through 24e   | 878,518        | 613,742                  | 181,890                         | 82,886               |
| 26     | Joint costs. Complete this line only if the  | 0.0,010        | V=0,712                  |                                 |                      |
|        | organization reported in column (B) joint costs  |                |                          |                                 |                      |
|        | from a combined educational campaign and fundraising solicitation. Check here if                 |                |                          |                                 |                      |
|        | following SOP 98-2 (ASC 958-720)   |                |                          |                                 |                      |

Part X Balance Sheet

| Part 1                   | X Balance Sheet Check if Schedule O contains a response or not   | te to any line ir | n this Part X |                          |        |                 |
|--------------------------|--|-------------------|---------------|--------------------------|--------|-----------------|
|                          |  |                   |               | (A)<br>Beginning of year |        | (B) End of year |
| 1                        | Cash—non-interest-bearing Savings and temporary cash investments |                   | 4             | 202,834                  | 1      | 96,752          |
| 2                        | Savings and temporary cash investments                           | Ch                | ACTIO         | 154,959                  | 2      | 85,009          |
| 3                        | Pledges and grants receivable, net                               |                   |               | 19,692                   | 3      | 2,000           |
| 4                        | Accounts receivable, net   |                   |               |                          | 4      | 3,000           |
| 5                        | Loans and other receivables from any current or former           |                   |               |                          |        |                 |
|                          | trustee, key employee, creator or founder, substantial           | contributor, or   | 35%           |                          |        |                 |
|                          | controlled entity or family member of any of these pers          |                   |               |                          | 5      |                 |
| 6                        | Loans and other receivables from other disqualified pe           |                   |               |                          |        |                 |
| σ l                      | under section 4958(f)(1)), and persons described in s            |                   | 6             |                          |        |                 |
| Assets 7                 | Notes and loans receivable, net                                  |                   | 7             |                          |        |                 |
| 8   کّ                   | Inventories for sale or use                                      |                   |               | 6,569                    | 8      | 6,334           |
| 9                        | Dranaid avacases and deferred charges                            |                   |               | 6,594                    | 9      | 6,903           |
| 10a                      | Land, buildings, and equipment: cost or other                    |                   |               |                          |        |                 |
|                          | basis. Complete Part VI of Schedule D                            | 10a               | 7,510         |                          |        |                 |
| b                        | Less: accumulated depreciation                                   | 1                 | 2,295         |                          | 10c    | 5,215           |
| 11                       | Investments—publicly traded securities                           |                   |               |                          | 11     |                 |
| 12                       | Investments—other securities. See Part IV, line 11               |                   |               | 678,100                  | 12     | 706,698         |
| 13                       | Investments—program-related. See Part IV, line 11                |                   | 13            |                          |        |                 |
| 14                       | Intangible assets  |                   | 19,687        | 14                       | 99,153 |                 |
| 15                       | Other assets. See Part IV, line 11                               |                   |               |                          | 15     |                 |
| 16                       | Total assets. Add lines 1 through 15 (must equal line            |                   |               | 1,088,435                | 16     | 1,011,064       |
| 17                       | Accounts payable and accrued expenses                            |                   |               | 207,883                  | 17     | 97,892          |
| 18                       | Grants payable   |                   | 18            |                          |        |                 |
| 19                       | Deferred revenue   | 19                |               |                          |        |                 |
| 20                       | Tax-exempt bond liabilities                                      |                   | 20            |                          |        |                 |
| 21                       | Escrow or custodial account liability. Complete Part IV          |                   | 21            |                          |        |                 |
| ທ 22                     | Loans and other payables to any current or former off            |                   |               |                          |        |                 |
| Liabilities              | trustee, key employee, creator or founder, substantial           | contributor, or   | 35%           |                          |        |                 |
| api                      | controlled entity or family member of any of these pers          |                   |               |                          | 22     |                 |
| □   <sub>23</sub>        | Secured mortgages and notes payable to unrelated th              | ird parties       |               |                          | 23     |                 |
| 24                       | Unsecured notes and loans payable to unrelated third             | nortice           |               | 144,392                  | 24     | 140,635         |
| 25                       | Other liabilities (including federal income tax, payables        | to related thir   | d             |                          |        |                 |
|                          | parties, and other liabilities not included on lines 17-24       | 1). Complete Pa   | art X         |                          |        |                 |
|                          | of Schedule D  |                   |               | 20,975                   | 25     | 100,276         |
| 26                       | Total liabilities. Add lines 17 through 25                       |                   |               | 373,250                  | 26     | 338,803         |
|                          | Organizations that follow FASB ASC 958, check h                  | nere X            |               |                          |        |                 |
| S S                      | and complete lines 27, 28, 32, and 33.                           |                   |               |                          |        |                 |
| 82   Balances<br>27   28 | Net assets without donor restrictions                            |                   |               | 17,393                   | 27     | -46,437         |
| <u>rg</u> 28             | Net assets with donor restrictions                               |                   |               | 697,792                  | 28     | 718,698         |
| Fund                     | Organizations that do not follow FASB ASC 958, or                | check here        |               |                          |        |                 |
|                          | and complete lines 29 through 33.                                |                   |               |                          |        |                 |
| ර් 29                    | Capital stock or trust principal, or current funds               |                   | 29            |                          |        |                 |
| 30 gg                    | Paid-in or capital surplus, or land, building, or equipme        |                   |               |                          | 30     |                 |
| Assets or 30 31          | Retained earnings, endowment, accumulated income,                | or other funds    |               |                          | 31     |                 |
| 절 32                     |  |                   |               | 715,185                  | 32     | 672,261         |
| 2 33                     | Total liabilities and net assets/fund balances                   |                   |               | 1,088,435                | 33     | 1,011,064       |

Form **990** (2024)

| FOIII | 1990 (2024) DEFFERSON COUNTI DIBRART FOUNDATION 25-7023315  |         |        | Гa            | ge IZ |
|-------|---|---------|--------|---------------|-------|
| Pa    | art XI Reconciliation of Net Assets   |         |        |               | _     |
|       | Check if Schedule O contains a response or note to any line in this Part XI   | <u></u> | <br>   |               | X     |
| 1     | Total revenue (must equal Part VIII, column (A), line 12)   | 1       |        | L7,3          |       |
| 2     | Total expenses (must equal Part IX, column (A), line 25)  | 2       | 8'     | 78 <b>,</b> ! | 518   |
| 3     | Revenue less expenses. Subtract line 2 from line 1  | 3       | -      | 51,           | 122   |
| 4     | Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4       | 7:     | 15,1          | 185   |
| 5     | Net unrealized gains (losses) on investments  | 5       | V      |               |       |
| 6     | Donated services and use of facilities  | 6       |        |               |       |
| 7     | Investment expenses   | 7       |        |               |       |
| 8     | Prior period adjustments  | 8       |        |               |       |
| 9     | Other changes in net assets or fund balances (explain on Schedule O)  | 9       |        | 18,I          | 198   |
| 10    | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line  |         |        |               |       |
|       | 32, column (B))   | 10      | 6'     | 72,2          | 261   |
| Pa    | art XII Financial Statements and Reporting  |         |        |               | _     |
|       | Check if Schedule O contains a response or note to any line in this Part XII  |         | <br>   |               |       |
|       |   |         |        | Yes           | No    |
| 1     | Accounting method used to prepare the Form 990: Cash X Accrual Other  |         |        |               |       |
|       | If the organization changed its method of accounting from a prior year or checked "Other," explain on   |         |        |               |       |
|       | Schedule O.   |         |        |               |       |
| 2a    | Were the organization's financial statements compiled or reviewed by an independent accountant?   |         | <br>2a |               | X     |
|       | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or  |         |        |               |       |
|       | reviewed on a separate basis, consolidated basis, or both.  |         |        |               |       |
|       | Separate basis Consolidated basis Both consolidated and separate basis  |         |        |               |       |
| b     | Were the organization's financial statements audited by an independent accountant?  |         | <br>2b | X             |       |
|       | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a                                       |         |        |               |       |
|       | separate basis, consolidated basis, or both.  |         |        |               |       |
|       | X Separate basis  |         |        |               |       |
| С     | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of                                |         |        |               |       |
|       | the audit, review, or compilation of its financial statements and selection of an independent accountant?                                     |         | <br>2c | X             |       |
|       | If the organization changed either its oversight process or selection process during the tax year, explain on                                 |         |        |               |       |
|       | Schedule O.   |         |        |               |       |
| 3a    | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the                               |         |        |               |       |
|       | Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   |         | <br>3a |               |       |
| b     | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the                                  |         |        |               |       |
|       | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits                                       |         | <br>3b |               |       |

Form **990** (2024)

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2024

Open to Public Inspection

Name of the organization Employer identification numbe JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313 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.) 1 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 7 X described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 9 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 10 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 June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 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 on lines 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 II, Type III, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of listed in your governing organization (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Total

Schedule A (Form 990) 2024

JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313

Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec   | tion A. Public Support  |                        |                        |                       |                            |                 |           |
|-------|---|------------------------|------------------------|-----------------------|----------------------------|-----------------|-----------|
| Caler | ndar year (or fiscal year beginning in)   | (a) 2020               | <b>(b)</b> 2021        | (c) 2022              | (d) 2023                   | <b>(e)</b> 2024 | (f) Total |
| 1     | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  | 286,178                | 433,779                | 197,635               | 178,833                    | 311,449         | 1,407,874 |
| 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   | 75,614                 | 75,250                 | 50,160                | 55,437                     | 55,330          | 311,791   |
| 4     | Total. Add lines 1 through 3  | 361,792                | 509,029                | 247,795               | 234,270                    | 366,779         | 1,719,665 |
| 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) |                        |                        |                       |                            |                 | 50,811    |
| 6     | Public support. Subtract line 5 from line 4   |                        |                        |                       |                            |                 |           |
| Sec   | etion B. Total Support  |                        |                        |                       |                            |                 | 1,668,854 |
|       | ndar year (or fiscal year beginning in)   | (a) 2020               | <b>(b)</b> 2021        | (c) 2022              | (d) 2023                   | <b>(e)</b> 2024 | (f) Total |
| 7     | Amounts from line 4   | 361,792                | 509,029                | 247,795               | 234,270                    | 366,779         | 1,719,665 |
| 8     | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources   | 10,899                 | 841                    | 36,941                | 34,979                     | 34,901          | 118,561   |
| 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.)   |                        |                        | 298                   | 1,534                      | 2,632           | 4,464     |
| 11    | Total support. Add lines 7 through 10   |                        |                        |                       |                            |                 | 1,842,690 |
| 12    | Gross receipts from related activities, etc. (s   | see instructions)      |                        |                       |                            | 12              | 1,755,468 |
| 13    | First 5 years. If the Form 990 is for the org   | anization's first, sec | cond, third, fourth, c | r fifth tax year as a | section 501(c)(3)          |                 |           |
|       | organization, check this box and stop here  |                        |                        |                       |                            |                 |           |
| Sec   | tion C. Computation of Public S   |                        |                        |                       |                            |                 |           |
| 14    | Public support percentage for 2024 (line 6, or  | column (f), divided b  | y line 11, column      | (f))                  |                            | 14              | 90.57%    |
| 15    | Public support percentage from 2023 Sched   |                        |                        |                       |                            | 15              | 90.57%    |
| 16a   | 33 1/3% support test — 2024. If the organi  | zation did not check   | the box on line 13     | , and line 14 is 33   | 1/3% or more, chec         | k this          |           |
|       | box and stop here. The organization qualified   |                        |                        |                       |                            |                 | X         |
| b     | 33 1/3% support test — 2023. If the organi  | zation did not check   | a box on line 13 c     | r 16a, and line 15 is | s 33 1/3% or more,         | check           |           |
|       | this box and <b>stop here.</b> The organization qu  |                        |                        |                       |                            |                 | L         |
| 17a   | 10%-facts-and-circumstances test — 202  | 24. If the organizatio | n did not check a b    | ox on line 13, 16a,   | or 16b, and line 14        | is              |           |
|       | 10% or more, and if the organization meets  |                        |                        | •                     | •                          |                 |           |
|       | Part VI how the organization meets the fact organization  |                        | <u>-</u>               | ·                     |                            |                 |           |
| b     | 10%-facts-and-circumstances test — 202  | 23. If the organizatio | n did not check a b    | ox on line 13, 16a,   | 16b, or 17a, and lin       | ie              |           |
|       | 15 is 10% or more, and if the organization r  | neets the facts-and-   | circumstances test     | , check this box and  | d <b>stop here.</b> Explai | n               |           |
|       | in Part VI how the organization meets the fa<br>organization  |                        | •                      | •                     |                            |                 | Г         |
| 18    | Private foundation. If the organization did   |                        |                        |                       |                            |                 |           |
| . •   | instructions  |                        |                        |                       |                            |                 | [         |

### 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.)

| Sec      | tion A. Public Support   | quality under t         | ine tests listed         | below, please | complete Part     | 11.)            |   |
|----------|--|-------------------------|--------------------------|---------------|-------------------|-----------------|---|
|          | ndar year (or fiscal year beginning in)  | (a) 2020                | <b>(b)</b> 2021          | (c) 2022      | (d) 2023          | <b>(e)</b> 2024 | (f) Total                               |
| 1        | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   | ins                     | soe                      | CTIO          | n                 | <b>700</b>      |   |
| 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 |                         |                          |               |                   |                 | <i>y</i>                                |
| 3        | Gross receipts from activities that are not an unrelated trade or business under section 513   |                         |                          |               |                   |                 |   |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                         |                          |               |                   |                 |   |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                         |                          |               |                   |                 |   |
| 6        | Total. Add lines 1 through 5   |                         |                          |               |                   |                 |   |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                         |                          |               |                   |                 |   |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year           |                         |                          |               |                   |                 |   |
| с<br>8   | Add lines 7a and 7b  Public support. (Subtract line 7c from  |                         |                          |               |                   |                 |   |
| 500      | tion B. Total Support  |                         |                          |               |                   |                 |   |
|          | ndar year (or fiscal year beginning in)  | (a) 2020                | (b) 2021                 | (a) 2022      | (4) 2022          | (a) 2024        | (f) Total                               |
| 9        | Amounts from line 6  | (a) 2020                | <b>(b)</b> 2021          | (c) 2022      | (d) 2023          | <b>(e)</b> 2024 | (f) Total                               |
|          |  |                         |                          |               |                   |                 |   |
| 10a      | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  |                         |                          |               |                   |                 |   |
| b        | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                         |                          |               |                   |                 |   |
| С        | Add lines 10a and 10b  |                         |                          |               |                   |                 |   |
| 11       | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on  |                         |                          |               |                   |                 |   |
| 12       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  |                         |                          |               |                   |                 |   |
| 13       | Total support. (Add lines 9, 10c, 11, and 12.)   |                         |                          |               |                   |                 |   |
| 14       | First 5 years. If the Form 990 is for the org  | janization's first, sec |                          |               |                   | •               | ·                                       |
| <u></u>  | organization, check this box and stop here   |                         |                          |               |                   |                 |   |
|          | tion C. Computation of Public S  |                         |                          | <b>(f</b> ))  |                   | 15              | 0/                                      |
| 15<br>16 | Public support percentage for 2024 (line 8, or Public support percentage from 2023 Sched   | Jule A Part III line    | by line 13, column<br>15 | (1))          |                   | 16              | %<br>%                                  |
|          | etion D. Computation of Investment   |                         |                          |               |                   |                 | I 70                                    |
| 17       | Investment income percentage for 2024 (line  |                         |                          | column (f))   |                   | 17              | %                                       |
| 18       | Investment income percentage from 2023   | Schedule A. Part II     | II. line 17              |               |                   | 18              | %                                       |
| 19a      | 33 1/3% support tests — 2024. If the organ   | nization did not che    | ck the box on line       |               | ore than 33 1/3%. | and line        | , |
|          | 17 is not more than 33 1/3%, check this box  |                         |                          |               |                   |                 |   |
| b        | 33 1/3% support tests — 2023. If the organ   |                         | -                        |               |                   |                 |   |
|          | line 18 is not more than 33 1/3%, check this   |                         |                          |               |                   |                 |   |
| 20       | Private foundation. If the organization did  |                         | =                        |               |                   |                 |   |

Schedule A (Form 990) 2024

Page 4

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

|     |         | Voc      | NI-       |
|-----|---------|----------|-----------|
|     |         | Yes      | No        |
|     |         |          |           |
| _   | 1       |          |           |
|     |         |          |           |
|     |         |          |           |
|     | 2       |          |           |
|     |         |          |           |
|     | 3a      |          |           |
|     |         |          |           |
|     | 3b      |          |           |
|     |         |          |           |
|     | 3с      |          |           |
|     |         |          |           |
|     | 4a      |          |           |
|     |         |          |           |
|     | 4b      |          |           |
|     | 40      |          |           |
|     |         |          |           |
|     |         |          |           |
|     | 4c      |          |           |
|     |         |          |           |
|     |         |          |           |
|     |         |          |           |
|     | F       |          |           |
|     | 5a      |          |           |
|     | 5b      |          |           |
|     | 5c      |          |           |
|     |         |          |           |
|     |         |          |           |
|     |         |          |           |
|     | 6       |          |           |
|     |         |          |           |
|     | 7       |          |           |
|     |         |          |           |
|     | 8       |          |           |
|     |         |          |           |
|     |         |          |           |
|     | 9a      |          |           |
|     | 0.5     |          |           |
|     | 9b      |          |           |
|     | 9с      |          |           |
|     |         |          |           |
|     |         |          |           |
|     | 10a     |          |           |
|     |         |          |           |
| C-' | 10b     | Λ /Γα /  | 200) 2004 |
| ocn | eaule / | u (Loll) | 990) 2024 |

| _      |   |     |     |    |
|--------|---|-----|-----|----|
| Par    | t IV Supporting Organizations (continued)   |     |     |    |
|        |   |     | Yes | No |
| 11     | Has the organization accepted a gift or contribution from any of the following persons?   |     |     |    |
| а      | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and  |     |     |    |
|        | 11c below, the governing body of a supported organization?  | 11a |     |    |
| b      | A family member of a person described on line 11a above?  | 11b |     |    |
| С      | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,  |     | /   |    |
|        | provide detail in Part VI.  | 11c |     |    |
| Secti  | ion B. Type I Supporting Organizations  |     |     |    |
|        | , , , , , , , , , , , , , , , , , , ,   |     | Yes | No |
| 1      | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or  |     |     |    |
| -      | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,   |     |     |    |
|        | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)   |     |     |    |
|        | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported  |     |     |    |
|        | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the  |     |     |    |
|        |   | 4   |     |    |
| 2      | 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,  |     |     |    |
| Cooti  | supervised, or controlled the supporting organization.  | 2   |     |    |
| Sect   | ion 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   |     |    |
| Sect   | ion 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 on line 2, above, did the organization's supported organizations have   |     |     |    |
| •      | a significant voice in the organization's investment policies and in directing the use of the organization's  |     |     |    |
|        | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's  |     |     |    |
|        | supported organizations played in this regard.  | 3   |     |    |
| Secti  | ion E. Type III Functionally Integrated Supporting Organizations  |     |     |    |
| 1      | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).   |     |     |    |
| '<br>a | The organization satisfied the Activities Test. Complete line 2 below.  |     |     |    |
| b      | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>  |     |     |    |
| С      | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruction  | s). |     |    |
| 2      | Activities Test Anguar lines 2s and 2h halow  |     | Yes | No |
| 2      | Activities Test. Answer lines 2a and 2b below.  |     |     |    |
| а      | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify |     |     |    |
|        | those supported organizations and explain how these activities directly furthered their exempt purposes,  |     |     |    |
|        | how the organization was responsive to each of its supported organizations, and how the organization determined   | 2a  |     |    |
|        | that these activities constituted substantially all of its activities.  |     |     |    |
| b      | Did the activities described on line 2a, above, constitute activities that, but for the organization's  |     |     |    |
|        | involvement, one or more of the organization's supported organization(s) would have been engaged in? If   |     |     |    |
|        | "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.                                       | 2b  |     |    |
|        | nave engaged in these activities but for the organizations involved left.   |     |     |    |
| 3      | Parent of Supported Organizations. Answer lines 3a and 3b below.  |     |     |    |
| а      | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or   | 3a  |     |    |
|        | trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.  | Ju  |     |    |
| b      | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each   |     |     |    |

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O                               | rganiz    | ations                | 1 age 0                        |
|--|-----------|-----------------------|--------------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov.  |           |                       |                                |
| instructions. All other Type III non-functionally integrated supporting organizations must of    | complete  | Sections A through E. |                                |
| Section A – Adjusted Net Income  |           | (A) Prior Year        | (B) Current Year<br>(optional) |
| 1 Net short-term capital gain  | 1         |                       |                                |
| 2 Recoveries of prior-year distributions   | 2         |                       | UV                             |
| 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         |                       |                                |
| Section 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        |                       |                                |
| <b>b</b> Average monthly cash balances   | 1b        |                       |                                |
| c Fair market value of other non-exempt-use assets   | 1c        |                       |                                |
| d Total (add lines 1a, 1b, and 1c)   | 1d        |                       |                                |
| e Discount claimed for blockage or other factors   |           |                       |                                |
| (explain in detail in Part VI):  |           |                       |                                |
| 2 Acquisition indebtedness applicable to non-exempt-use assets                                   | 2         |                       |                                |
| 3 Subtract line 2 from line 1d.  | 3         |                       |                                |
| 4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,                    |           |                       |                                |
| see instructions).   | 4         |                       |                                |
| 5 Net value of non-exempt-use assets (subtract line 4 from line 3)                               | 5         |                       |                                |
| 6 Multiply line 5 by 0.035.  | 6         |                       |                                |
| 7 Recoveries of prior-year distributions   | 7         |                       |                                |
| 8 Minimum Asset Amount (add line 7 to line 6)  | 8         |                       |                                |
| Section C – Distributable Amount   |           |                       | Current Year                   |
| 1 Adjusted net income for prior year (from Section A, line 8, column A)                          | 1         |                       |                                |
| 2 Enter 0.85 of line 1.  | 2         |                       |                                |
| 3 Minimum asset amount for prior year (from Section B, line 8, column A)                         | 3         |                       |                                |
| 4 Enter greater of line 2 or line 3.   | 4         |                       |                                |
| 5 Income tax imposed in prior year   | 5         |                       |                                |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to                           |           |                       |                                |
| emergency temporary reduction (see instructions).  | 6         |                       |                                |
| 7 Check here if the current year is the organization's first as a non-functionally integrated Ty | pe III su | pporting organization |                                |

Schedule A (Form 990) 2024

(see instructions).

|       | le A (Form 990) 2024 <b>JEFFERSON COUNTY I</b>                               |                      |                    | 29313       | Page <b>7</b> |
|-------|--|----------------------|--------------------|-------------|---------------|
| Par   | t V Type III Non-Functionally Integrated 509(a)(3)                           | Supporting Organiz   | ations (continued) |             |               |
| Secti | on D – Distributions   |                      |                    | Current Y   | ear           |
| 1     | Amounts paid to supported organizations to accomplish exempt purposes        |                      |                    | 1           |               |
| 2     | Amounts paid to perform activity that directly furthers exempt purposes of   | supported            |                    |             |               |
|       | organizations, in excess of income from activity                             |                      |                    | 2           |               |
| 3     | Administrative expenses paid to accomplish exempt purposes of supporte       | d organizations      |                    | 3           |               |
| 4     | Amounts paid to acquire exempt-use assets                                    |                      |                    | 4           |               |
| 5     | Qualified set-aside amounts (prior IRS approval required—provide details     | in Part VI)          |                    | 5           |               |
| 6     | Other distributions (describe in Part VI). See instructions.                 |                      |                    | 6           |               |
| 7     | Total annual distributions. Add lines 1 through 6.                           |                      |                    | 7           |               |
| 8     | Distributions to attentive supported organizations to which the organization | is responsive        |                    |             |               |
|       | (provide details in Part VI). See instructions.                              |                      |                    | 8           |               |
| 9     | Distributable amount for 2024 from Section C, line 6                         |                      |                    | 9           |               |
| 10    | Line 8 amount divided by line 9 amount                                       |                      |                    | 10          |               |
|       |  | (i)                  | (ii)               | (iii)       |               |
| Secti | on E - Distribution Allocations (see instructions)                           | Excess Distributions | Underdistributions | Distributal | ble           |
|       |  |                      | Pre-2024           | Amount for  | 2024          |
| 1     | Distributable amount for 2024 from Section C, line 6                         |                      |                    |             |               |
| 2     | Underdistributions, if any, for years prior to 2024                          |                      |                    |             |               |
|       | (reasonable cause required-explain in Part VI). See                          |                      |                    |             |               |
|       | instructions.  |                      |                    |             |               |
| 3     | Excess distributions carryover, if any, to 2024                              |                      |                    |             |               |
| a     | From 2019  |                      |                    |             |               |
| b     | From 2020  |                      |                    |             |               |
| c     | From 2021  |                      |                    |             |               |
| d     | From 2022  |                      |                    |             |               |
| е     | From 2023  |                      |                    |             |               |
| f     | Total of lines 3a through 3e   |                      |                    |             |               |
| g     | Applied to underdistributions of prior years                                 |                      |                    |             |               |
| h     | Applied to 2024 distributable amount   |                      |                    |             |               |
| i     | Carryover from 2019 not applied (see instructions)                           |                      |                    |             |               |
| j     | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.                       |                      |                    |             |               |
| 4     | Distributions for 2024 from  |                      |                    |             |               |
|       | Section D, line 7: \$  |                      |                    |             |               |
| а     | Applied to underdistributions of prior years                                 |                      |                    |             |               |
| b     | Applied to 2024 distributable amount   |                      |                    |             |               |
| С     | Remainder. Subtract lines 4a and 4b from line 4.                             |                      |                    |             |               |
| 5     | Remaining underdistributions for years prior to 2024, if                     |                      |                    |             |               |
|       | any. Subtract lines 3g and 4a from line 2. For result                        |                      |                    |             |               |
|       | greater than zero, explain in Part VI. See instructions.                     |                      |                    |             |               |
| 6     | Remaining underdistributions for 2024. Subtract lines 3h                     |                      |                    |             |               |
|       | and 4b from line 1. For result greater than zero, explain in                 |                      |                    |             |               |
|       | Part VI. See instructions.   |                      |                    |             |               |
| 7     | Excess distributions carryover to 2025. Add lines 3j                         |                      |                    |             |               |
|       | and 4c.  |                      |                    |             |               |
| 8     | Breakdown of line 7:   |                      |                    |             |               |
| a     | Excess from 2020   |                      |                    |             |               |
|       | Excess from 2021   |                      |                    |             |               |
|       | Excess from 2022   |                      |                    |             |               |
|       | Excess from 2023   |                      |                    |             |               |
|       | Excess from 2024   |                      |                    |             |               |

Schedule A (Form 990) 2024

JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313 Schedule A (Form 990) 2024 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.) OTHER INCOME DETAIL PART

DAA Schedule A (Form 990) 2024

# Schedule B (Form 990) (Rev. December 2024))

(Rev. December 2024))
Department of the Treasury
Internal Revenue Service

### **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

**JEFFERSON** 

LIBRARY

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

COUNTY

Employer identification number

Schedule B (Form 990) (Rev. 12-2024)

23-7029313

| Organization type (check one):   |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|
| Filers of:   | Section:   |  |  |  |  |  |  |  |
| Form 990 or 990-EZ   | X 501(c)( 3 ) (enter number) organization  |  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation   |  |  |  |  |  |  |  |
|  | 527 political organization   |  |  |  |  |  |  |  |
| Form 990-PF  | 501(c)(3) exempt private foundation  |  |  |  |  |  |  |  |
|  | 4947(a)(1) nonexempt charitable trust treated as a private foundation  |  |  |  |  |  |  |  |
|  | 501(c)(3) taxable private foundation   |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  | vered by the <b>General Rule</b> or a <b>Special Rule</b> . (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See  |  |  |  |  |  |  |  |
| General Rule   |  |  |  |  |  |  |  |  |
|  | g Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining a libutions.   |  |  |  |  |  |  |  |
| Special Rules  |  |  |  |  |  |  |  |  |
| regulations under section 16b, and that received for (2) 2% of the amount on For an organization descontributor, during the y  | <ul> <li>For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.</li> <li>For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific,</li> </ul> |  |  |  |  |  |  |  |
| •  | ourposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ead of the contributor name and address), II, and III.   |  |  |  |  |  |  |  |
| contributor, during the y<br>contributions totaled mo<br>during the year for an e<br>General Rule applies t  | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year   |  |  |  |  |  |  |  |
| Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it nust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990). |  |  |  |  |  |  |  |  |

JEFFERSON COUNTY LIBRARY FOUNDATION

Employer identification number 23-7029313

| Part I     | Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. |                                |  |  |  |  |  |  |
|------------|--|--------------------------------|--|--|--|--|--|--|
| (a)<br>No. | (b) Name, address, and ZIP + 4   | (c) Total contributions        | (d) Type of contribution   |  |  |  |  |  |
| .1         | i done irropec   | \$ 17,400                      | Person Payroll Noncash (Complete Part II for noncash contributions.)   |  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions        | (d) Type of contribution   |  |  |  |  |  |
| 2          |  | \$ 9,000                       | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |  |  |  |
| (a)        | (b)  | (c)                            | (d)  |  |  |  |  |  |
| No.        | Name, address, and ZIP + 4   | Total contributions            | Type of contribution   |  |  |  |  |  |
| 3          |  | \$ 10,000                      | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |  |  |  |
| (a)        | (b)  | (c)                            | (d)  |  |  |  |  |  |
| No         | Name, address, and ZIP + 4   | Total contributions  \$ 10,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |  |  |  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c) Total contributions        | (d)<br>Type of contribution  |  |  |  |  |  |
| 5          |  | \$ 50,000                      | Person X Payroll Noncash (Complete Part II for noncash contributions.) |  |  |  |  |  |
| (a)        | (b)  | (c)                            | (d)  |  |  |  |  |  |
| No.        | Name, address, and ZIP + 4   | Total contributions            | Type of contribution   |  |  |  |  |  |
|            |  | \$                             | Person Payroll Noncash (Complete Part II for noncash contributions.)   |  |  |  |  |  |

### SCHEDULE C (Form 990)

### **Political Campaign and Lobbying Activities**

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

2024
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nome   | e of organization  |                                    |                    | Employer identif                           | ication number (EIN)                               |
|--------|--|------------------------------------|--------------------|--|--|
| INAIII | JEFFERSON COUNTY LIE   | ארדיגרוווווזים עסגסי               | 7                  | 23-70293                                   | , ,  |
| Pai    | t I-A Complete if the organization is exem                               |                                    |                    |  |  |
| 1      | Provide a description of the organization's direct and indirect          | <u> </u>                           |                    |  |  |
| •      | definition of "political campaign activities."                           | political campaign activities in 1 | art IV. Goo mordon | 710 TO                                     |  |
| 2      | Political campaign activity expenditures. See instructions               |                                    |                    | \$   |  |
| 3      | Volunteer hours for political campaign activities. See instruction       |                                    |                    |  |  |
|        | t I-B Complete if the organization is exen                               |                                    |                    |  |  |
| 1      | Enter the amount of any excise tax incurred by the organization          | -                                  |                    | \$   |  |
| 2      | Enter the amount of any excise tax incurred by organization m            | nanagers under section 4955        |                    | \$   |  |
| 3      | If the organization incurred a section 4955 tax, did it file Form        | 4720 for this year?                |                    |  | Yes No   |
| 4a     | Was a correction made?   |                                    |                    |  |  |
|        | If "Yes," describe in Part IV.   |                                    |                    |  |  |
| Pai    | t I-C Complete if the organization is exen                               | npt under section 501(d            | c), except sect    | ion 501(c)(3).                             |  |
| 1      | Enter the amount directly expended by the filing organization            | for section 527 exempt function    |                    |  |  |
|        | activities   |                                    |                    | \$   |  |
| 2      | Enter the amount of the filing organization's funds contributed          | •                                  |                    |  |  |
|        | 527 exempt function activities   |                                    |                    | \$   |  |
| 3      | Total exempt function expenditures. Add lines 1 and 2. Enter             | ·                                  |                    |  |  |
|        | line 17b   |                                    |                    | \$   |  |
| 4      | Did the filing organization file Form 1120-POL for this year? $_{\rm .}$ |                                    |                    |  | Yes No   |
| 5      | Enter the names, addresses, and EINs of all section 527 political        | =                                  |                    |  |  |
|        | For each organization listed, enter the amount paid from the f           | 0 0                                |                    | •  |  |
|        | contributions received that were promptly and directly delivered         |                                    |                    |  |  |
|        | segregated fund or a political action committee (PAC). If addit          |                                    |                    | V.   |  |
|        | (a) Name   | (b) Address                        | (c) EIN            | (d) Amount paid from filing organization's | (e) Amount of political contributions received and |
|        |  |                                    |                    | funds. If none, enter -0                   | promptly and directly                              |
|        |  |                                    |                    | ,    | delivered to a separate                            |
|        |  |                                    |                    |  | political organization.<br>If none, enter -0       |
| (1)    |  |                                    |                    |  |  |
| (')    |  |                                    |                    |  |  |
| (2)    |  |                                    |                    |  |  |
| (-)    |  |                                    |                    |  |  |
| (3)    |  |                                    |                    |  |  |
| (-)    |  |                                    |                    |  |  |
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| (5)    |  |                                    |                    |  |  |
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| (6)    |  |                                    |                    | · · · · · · · · · · · · · · · · · · ·      |  |
|        |  |                                    |                    |  |  |

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

Schedule C (Form 990) 2024

| 994 1 | 0/07/2025 11:50 AM  |                      |  |                  |         |                                  |                  |                |
|-------|---|----------------------|--|------------------|---------|----------------------------------|------------------|----------------|
| Sche  | edule C (Form 990) 2024 <b>JEFFER</b>   | SON COUNT            | Y LIBRARY E  | OUNDATIO         | N :     | 23-7029313                       | 3                | Page 2         |
| Pa    | rt II-A Complete if the organiza section 501(h)).   | ation is exemp       | t under section  | 501(c)(3) and    | d filed | l Form 5768 (e                   | election u       | nder           |
| A     | Check if the filing organization b  | elongs to an affi    | liated group (and lis  | st in Part IV ea | ach aff | iliated group me                 | mber's nam       | ne, address    |
|       | EIN, expenses, and shar   |                      |  |                  |         |                                  |                  |                |
| В     | Check if the filing organization of   | checked box A a      | nd "limited control"   | provisions app   | ly.     |                                  |                  |                |
|       | Limits on Lobb<br>(The term "expenditures" m  |                      |  |                  | orga    | (a) Filing<br>anization's totals | (b) Aff<br>group |                |
| 1a    | Total lobbying expenditures to influence public   | opinion (grassroots  | lobbying)  |                  |         | 0                                |                  |                |
| k     | 3 1   |                      |  |                  |         | 0                                |                  |                |
| c     | Total lobbying expenditures (add lines 1a and   | 1b)                  |  |                  |         | 0                                |                  |                |
| C     | Other exempt purpose expenditures   |                      |  |                  |         | 613,742                          |                  |                |
| e     | Total exempt purpose expenditures (add lines  | 1c and 1d)           |  |                  |         | 613,742                          |                  |                |
| 1     | <ul> <li>Lobbying nontaxable amount. Enter the amoun<br/>columns.</li> </ul>              | t from the following | table in both  |                  |         | 117,061                          |                  |                |
|       | IF the amount on line 1e, column (a) or (b), is:  | THEN the lobbyin     | g nontaxable amount is   | :                |         |                                  |                  |                |
|       | not over \$500,000  | 20% of the amoun     | t on line 1e.  |                  |         |                                  |                  |                |
|       | over \$500,000 but not over \$1,000,000   | \$100,000 plus 15%   | 6 of the excess over \$50  | 0,000.           |         |                                  |                  |                |
|       | over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10%   | % of the excess over \$1,0   | 000,000.         |         |                                  |                  |                |
|       | over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5%    | of the excess over \$1,50  | 00,000.          |         |                                  |                  |                |
|       | over \$17,000,000   | \$1,000,000.         |  |                  |         |                                  |                  |                |
| ç     | Grassroots nontaxable amount (enter 25% of I  | ine 1f)              |  |                  |         | 29,265                           |                  |                |
| r     | Subtract line 1g from line 1a. If zero or less, er  | nter -0-             |  |                  |         | 0                                |                  |                |
|       | Subtract line 1f from line 1c. If zero or less, en  | ter -0-              |  | L                |         | 0                                |                  |                |
|       | If there is an amount other than zero on either reporting section 4911 tax for this year? | •                    | o .  |                  |         |                                  | Ye               | es No          |
|       | (Some organizations that made Se  | a section 501(h)     | ng Period Under S<br>) election do not han<br>nstructions for line | ave to comple    | te all  | of the five colur                | nns below.       | ·              |
|       | Ļob   | bying Expenditu      | res During 4-Year  | Averaging P      | eriod   |                                  |                  |                |
|       | Calendar year (or fiscal year beginning in)   | <b>(a)</b> 2021      | <b>(b)</b> 2022  | (c) 2023         |         | <b>(d)</b> 2024                  | (e)              | <b>)</b> Total |
| 2a    | Lobbying nontaxable amount  | 102,279              | 74,611   | 90               | ,628    | 117,00                           | 51               | 384,579        |

**b** Lobbying ceiling amount (150% of line 2a, column (e)) 576,869 **c** Total lobbying expenditures 0 d Grassroots nontaxable amount 25,570 18,653 22,657 29,265 96,145 e Grassroots ceiling amount 144,218 (150% of line 2d, column (e)) f Grassroots lobbying expenditures 0

Schedule C (Form 990) 2024

| Pai   | t II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).   | filed      | l For | rm 576  | 8   |      |    |
|-------|--|------------|-------|---------|-----|------|----|
| For   | each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed  | (a         | 1)    |         | (b) |      |    |
|       | cription of the lobbying activity.   | Yes        | No    |         | Amo | unt  |    |
| 1     | During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:   | J          | 0     | P       | y   |      |    |
|       | Volunteers?  |            |       |         |     |      |    |
|       | Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |            |       |         |     |      |    |
| С     | Media advertisements?  |            |       |         |     |      |    |
| d     | Mailings to members, legislators, or the public?   |            |       |         |     |      |    |
| е     | Publications, or published or broadcast statements?  |            |       |         |     |      |    |
| f     | Grants to other organizations for lobbying purposes?   |            |       |         |     |      |    |
|       | Direct contact with legislators, their staffs, government officials, or a legislative body?  |            |       |         |     |      |    |
|       | Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?   |            |       |         |     |      |    |
| j     | Total. Add lines 1c through 1i   |            |       |         |     |      |    |
| 2a    | Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?  |            |       |         |     |      |    |
|       | If "Yes," enter the amount of any tax incurred under section 4912  |            |       |         |     |      |    |
| С     | If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |            |       |         |     |      |    |
| d     | If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |            |       |         |     |      |    |
| Pa    | Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).   | c)(5),<br> | ors   | section | 1   |      |    |
|       |  |            |       |         |     | Yes  | No |
| 1     | Were substantially all (90% or more) dues received nondeductible by members?   |            |       |         | 1   |      |    |
| 2     | Did the organization make only in-house lobbying expenditures of \$2,000 or less?  |            |       |         | 2   |      |    |
| _3_   | Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?  |            |       |         | 3   |      |    |
| Pa    | ct III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2, are answered "No;" OR (b) Part III-A, lines 1 and 2 and a answered "No;" OR (b) Part III-A, lines 1 and 2 and a answered "No;" OR (b) Part III-A, lines 1 and 2 and a answered "No;" OR (b) Part III-A, lines 1 and 2 and a answered "No;" OR (b) Part III-A, lines 1 and 2 and a answered "No;" OR (b) Part III-A, lines 1 and 2 answered "No;" OR (b) Part III-A, lines 1 and 2 answered "No;" OR (b) Part III-A, lines 1 and 2 answered "No;" OR (b) Part III-A, lines 1 and 2 answered "No;" OR (b) Part III-A, lines 1 answered "No;" OR (b) Part III-A, lines |            |       |         |     | (c)( | ō) |
|       | answered "Yes."  |            |       |         |     |      |    |
| 1     | Dues, assessments, and similar amounts from members  |            | 1     |         |     |      |    |
| 2     | Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).   |            |       |         |     |      |    |
| а     | Current year   |            | 2a    |         |     |      |    |
| b     | Carryover from last year   |            | 2b    |         |     |      |    |
| С     | Total  |            | 2c    |         |     |      |    |
| 3     | Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  |            | 3     |         |     |      |    |
| 4     | If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the   |            |       |         |     |      |    |
|       | excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying   |            |       |         |     |      |    |
|       | and political expenditures next year?  |            | 4     |         |     |      |    |
| _5_   | Taxable amount of lobbying and political expenditures. See instructions  |            | 5     |         |     |      |    |
|       | t IV Supplemental Information  |            |       |         |     |      |    |
|       | de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line  | ies 1      | and   |         |     |      |    |
| 2 (se | e instructions); and Part II-B, line 1. Also, complete this part for any additional information.   |            |       |         |     |      |    |
|       |  |            |       |         |     |      |    |
|       | SCHEDULE C, PART II-A, EXPLANATION OF FOUR YEAR AVERAGING NO LOBBYING IN 2020 - 2024.  |            |       |         |     |      |    |
|       | 10 LODDIING IN 2020 - 2021.  |            |       |         |     |      |    |
|       |  |            |       |         |     |      |    |
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DAA Schedule C (Form 990) 2024

| Schedule C (For | m 990) 2024 | <b>JEFFERSON</b> | COUNTY | LIBRARY     | FOUNDATION | 23-7029313 | Page 4      |
|-----------------|-------------|------------------|--------|-------------|------------|------------|-------------|
| Part IV         |             | Information (co  |        |             |            |            |             |
|                 |             |                  |        |             |            |            |             |
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DAA Schedule C (Form 990) 2024

SCHEDULE D (Form 990) (Rev. December 2024)

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

Open to Public Inspection

| Name   | of the organization  | nployer identification number   |
|--------|--|---------------------------------|
| _      | HUHHINGON COUNTY LENDANY HOUSENAMEN O OLIO IO  | 2 7020212                       |
|        | EFFERSON COUNTY LIBRARY FOUNDATION 2  art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Fund | 3-7029313                       |
| Г      | Complete if the organization answered "Yes" on Form 990, Part IV, line 6.  | counts                          |
|        | (a) Donor advised funds  | (b) Funds and other accounts    |
| 1      | Total number at end of year  |                                 |
| 2      | Aggregate value of contributions to (during year)  |                                 |
| 3      | Aggregate value of grants from (during year)   |                                 |
| 4      | Aggregate value at end of year   |                                 |
| 5      | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised   |                                 |
|        | funds are the organization's property, subject to the organization's exclusive legal control?  | Yes No                          |
| 6      | 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                          |
| Pa     | art II Conservation Easements  |                                 |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 7.  |                                 |
| 1      | Purpose(s) of conservation easements held by the organization (check all that apply).  |                                 |
|        | Preservation of land for public use (for example, recreation or education)  Preservation of a historically impo  |                                 |
|        | Protection of natural habitat  Preservation of a certified historic  | structure                       |
| •      | Preservation of open space   |                                 |
| 2      | Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  | Held at the End of the Tax Year |
| а      | ·  | 2a                              |
| a<br>b | Total number of conservation easements  Total acreage restricted by conservation easements   | 2b                              |
| C      | Number of concentration accomments on a contified historic etructure included on line 20   | 2c                              |
| d      |  | 20                              |
|        | on a historic structure listed in the National Register  | 2d                              |
| 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  |                                 |
| 5      | Does the organization have a written policy regarding the periodic monitoring, inspection, handling of   |                                 |
|        | violations, and enforcement of the conservation easements it holds?  | Yes No                          |
| 6      | Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing   |                                 |
|        | conversation easements during the year   |                                 |
| 7      | Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing   |                                 |
|        | conservation easements during the year   | \$                              |
| 8      | Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)   | П., П.,                         |
| _      | (i) and section 170(h)(4)(B)(ii)?  |                                 |
| 9      | In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and ba   | lance                           |
|        | 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.  |                                 |
| Pa     | art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S   | milar Assets                    |
|        | Complete if the organization answered "Yes" on Form 990, Part IV, line 8.  | a. 7.00010                      |
|        | 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 work  | s of                            |
|        | art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public s   | 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   | •                               |
| 2      | 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.  |                                 |
| а      | Revenue included on Form 990, Part VIII, line 1  | \$                              |
| b      | Assets included in Form 990, Part X  |                                 |

| С  | Term endowment %   |       |     |   |
|----|--|-------|-----|---|
|    | The percentages on lines 2a, 2b, and 2c should equal 100%.   |       |     |   |
| За | Are there endowment funds not in the possession of the organization that are held and administered for the |       |     |   |
|    | organization by:   |       | Yes | N |
|    | (i) Unrelated organizations?   | 3a(i) | X   |   |
|    |  |       |     |   |

(ii) Related organizations? **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

| Part VI | I and | Buildings. | and | Fauinmer | 11 |
|---------|-------|------------|-----|----------|----|
|         |       |            |     |          |    |

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Complete it the organization and receive our restriction cody reality, line real cody reality, line real |                         |                         |                 |                |  |  |  |  |
|--|-------------------------|-------------------------|-----------------|----------------|--|--|--|--|
| Description of property  | (a) Cost or other basis | (b) Cost or other basis | (c) Accumulated | (d) Book value |  |  |  |  |
|  | (investment)            | (other)                 | depreciation    |                |  |  |  |  |
| 1a Land  |                         |                         |                 |                |  |  |  |  |
| <b>b</b> Buildings   |                         |                         |                 |                |  |  |  |  |
| c Leasehold improvements   |                         |                         |                 |                |  |  |  |  |
| <b>d</b> Equipment   |                         | 7,510                   | 2,295           | 5,215          |  |  |  |  |
| e Other  |                         |                         |                 |                |  |  |  |  |
| Total. Add lines 1a through 1e. (Column (d) must equal   | 5,215                   |                         |                 |                |  |  |  |  |

Schedule D (Form 990) (Rev. 12-2024)

| Schedule D (F   | orm 990) (Rev. 12-2024) <b>JEFFERSON COUNTY L</b>               | IBRARY FOUNDAI         | CION 23-702931         | Page 3  |
|-----------------|---|------------------------|------------------------|---|
| Part VII        | Investments - Other Securities                                  |                        |                        |   |
|                 | Complete if the organization answered "Yes" on                  | Form 990, Part IV, lin | e 11b. See Form 990,   | Part X, line 12.                                    |
|                 | (a) Description of security or category                         | (b) Book value         | (c) Method of          |   |
|                 | (including name of security)                                    | _                      | Cost or end-of-year    | ar market value                                     |
| (1) Financial ( |   | ootio                  |                        |   |
|                 | Id equity interests   | 643,010                | MARKET                 | <del>( ) \/                                  </del> |
| ` '             | ENEFICIAL INTEREST IN ASSETS NEFICIAL INTEREST IN ASSETS ROSE C | 63,688                 | MARKET                 | <b>Y</b>  |
| \./             | MEFICIAL INTEREST IN ASSETS ROSE C                              | 05,000                 | MARKET                 |   |
| (B)<br>(C)      |   |                        |                        |   |
| (D)             |   |                        |                        |   |
| (E)             |   |                        |                        |   |
| (F)             |   |                        |                        |   |
| (G)             |   |                        |                        |   |
| (H)             |   |                        |                        |   |
|                 | n (b) must equal Form 990, Part X, line 12, col. (B))           | 706,698                |                        |   |
| Part VIII       | Investments - Program Related                                   |                        |                        |   |
|                 | Complete if the organization answered "Yes" on                  | Form 990, Part IV, lin | e 11c. See Form 990,   | Part X, line 13.                                    |
|                 | (a) Description of investment                                   | (b) Book value         | (c) Method of          | ·   |
|                 |   |                        | Cost or end-of-year    | ar market value                                     |
| (1)             |   |                        |                        |   |
| (2)             |   |                        |                        |   |
| (3)             |   |                        |                        |   |
| (4)             |   |                        |                        |   |
| (5)             |   |                        |                        |   |
| (6)             |   |                        |                        |   |
| (7)             |   |                        |                        |   |
| (8)             |   |                        |                        |   |
| (9)             |   |                        |                        |   |
|                 | n (b) must equal Form 990, Part X, line 13, col. (B))           |                        |                        |   |
| Part IX         | Other Assets  |                        |                        | <b>-</b>  |
| _               | Complete if the organization answered "Yes" on                  | Form 990, Part IV, lin | e 11d. See Form 990,   |   |
|                 | (a) Description   |                        |                        | (b) Book value                                      |
| (1)             |   |                        |                        |   |
| (2)             |   |                        |                        |   |
| (3)             |   |                        |                        |   |
| (4)             |   |                        |                        |   |
| (5)             |   |                        |                        |   |
| (6)             |   |                        |                        |   |
| (7)             |   |                        |                        |   |
| (8)             |   |                        |                        |   |
|                 | n (b) must equal Form 990, Part X, line 15, col. (B))           |                        |                        |   |
| Part X          | Other Liabilities   |                        |                        |   |
| 1 0.11 21       | Complete if the organization answered "Yes" on                  | Form 990. Part IV. lin | e 11e or 11f. See Forn | n 990. Part X.                                      |
|                 | line 25.  |                        |                        |   |
| 1.              | (a) Description of liability                                    |                        |                        | (b) Book value                                      |
|                 | income taxes  |                        |                        |   |
|                 | LIABILITY   |                        |                        | 99,521  |
|                 | DABLE ADVANCE   |                        |                        | 755   |
| (4)             |   |                        |                        |   |
| (5)             |   |                        |                        |   |
| (6)             |   |                        |                        |   |
| (7)             |   |                        |                        |   |
| (8)             |   |                        |                        |   |
| (9)             |   |                        |                        |   |
| _               | n (b) must equal Form 990, Part X, line 25, col. (B))           |                        | <del></del>            | 100,276   |

PART XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER CHANGE IN VALUE OF BENEFICIAL INTEREST

| Schedule D (F | orm 990) (Rev. 12-2 | 2024) JEFFERS    | ON COUNTY  | LIBRARY | FOUNDATION | 23-7029313 | Page 3 |
|---------------|---------------------|------------------|------------|---------|------------|------------|--------|
| Part Alli     | Supplementa         | ii information ( | (conunuea) |         |            |            |        |
|               |                     |                  |            |         |            |            |        |
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|               |                     |                  |            |         |            |            |        |

### **SCHEDULE G** (Form 990)

(Rev. December 2024) Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19; or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| Name of the organization  JEFFERSON COUNTY L  | TRDARV FO                           | כוואדוכ                 | ΔТΤ  | ·ON  | Employer identificati 23-70293   |   |
|---|-------------------------------------|-------------------------|--|--|--|---|
| Part I Fundraising Activities. Complete it Form 990-EZ filers are not required  | the organizat                       | ion a                   | nswe   |  |  |   |
| Indicate whether the organization raised funds through any  |                                     |                         | _  | ck all that apply.                           |  | <del>- y</del>  |
| □ ·   |                                     |                         |  | nment grants                                 |  |   |
|   | f Solicitation                      |                         | -  | -  |  |   |
| c Phone solicitations   | g Special fur                       | _                       |  | -  |  |   |
| d In-person solicitations   | <b>9</b>                            |                         | 9  |  |  |   |
| 2a Did the organization have a written or oral agreement with or key employees listed in Form 990, Part VII) or entity in | any individual (inconnection with p | cluding<br>rofessio     | office   | rs, directors, trustees, ndraising services? |  | Yes No  |
| <b>b</b> If "Yes," list the 10 highest paid individuals or entities (fund   | draisers) pursuant                  | to agre                 | emen   | ts under which the fundra                    | ser is to be   |   |
| compensated at least \$5,000 by the organization.  (i) Name and address of individual or entity (fundraiser)              | (ii) Activity                       | raiser<br>custo<br>cont | d fund-<br>have<br>ody or<br>rol of<br>utions? | (iv) Gross receipts from activity            | (v) Amount paid to<br>(or retained by)<br>fundraiser listed in<br>col. (i) | (vi) Amount paid to<br>(or retained by)<br>organization |
|   |                                     | Yes                     | No   |  |  |   |
| 1   |                                     |                         |  |  |  |   |
| 2   |                                     |                         |  |  |  |   |
| 3   |                                     |                         |  |  |  |   |
|   |                                     |                         |  |  |  |   |
| 4   |                                     |                         |  |  |  |   |
| 5   |                                     |                         |  |  |  |   |
| 6   |                                     |                         |  |  |  |   |
| 7   |                                     |                         |  |  |  |   |
| 8   |                                     |                         |  |  |  |   |
| 9   |                                     |                         |  |  |  |   |
| 10  |                                     |                         |  |  |  |   |
|   |                                     |                         |  |  |  |   |
| Total  3 List all states in which the organization is registered or lice registration or licensing.                       |                                     | tributio                | ns or I  | nas been notified it is exer                 | mpt from   |   |
|   |                                     |                         |  |  |  |   |
|   |                                     |                         |  |  |  |   |
|   |                                     |                         |  |  |  |   |

| Schedule G (Fo | orm 990) (Rev. 12-20 | )24 <b>)J E.F.F.E</b> | ERSON (    | COUNTY      | LIBRARY       | FOUNDA:     | I.TON   | 23-70    | 29313        |        | Pi         | age Z  |
|----------------|----------------------|-----------------------|------------|-------------|---------------|-------------|---------|----------|--------------|--------|------------|--------|
| Part II        | Fundraising          | Events.               | Complete   | if the orga | anization ans | wered "Yes" | on Forn | n 990, P | art IV, line | 18, or | reported   | more   |
|                | than \$15,000        | of fundrai            | icina ovor | t contribut | ione and are  | ce incomo c | on Form | 000 57   | lines 1 and  | 4 6h 1 | ict avanta | - with |

|                 |                               |  | f fundraising event contribut<br>greater than \$5,000.   | iione and grood income on r                |                          |  |
|-----------------|-------------------------------|--|--|--|--------------------------|--|
|                 |                               | grood rocolpie (   | (a) Event #1   | <b>(b)</b> Event #2                        | (c) Other events         |  |
| Φ               |                               | Pub  | USED BOOK SALES (event type)   | (event type)                               | NONE (total number)      | (d) Total events (add col. (a) through col. (c)) |
| Revenue         | 1                             | Gross receipts   | 274,437  | 1  |                          | 274,437  |
|                 |                               | Less: Contributions Gross income (line 1 minus line 2)   | 274,437  |  |                          | 274,437  |
|                 | 4                             | Cash prizes  | ,  |  |                          | ,  |
|                 | 5                             | Noncash prizes   |  |  |                          |  |
| suses           | 6                             | Rent/facility costs  |  |  |                          |  |
| Direct Expenses | 7                             | Food and beverages   |  |  |                          |  |
| Direc           | 8                             | Entertainment  |  |  |                          |  |
|                 | 9                             | Other direct expenses  |  |  |                          |  |
| _               | 11                            | Net income summary. Sub  | stract line 10 from line 3, column (d)   |  |                          | 274,437  |
| Ρ               | art                           |  | piete if the organization ans<br>orm 990-EZ, line 6a.  | swered "Yes" on Form 990,                  | Paπ IV, line 19, or repo | orted more than                                  |
| Ф               |                               |  | (a) Bingo  | (b) Pull tabs/instant                      | 43.00                    | (d) Total gaming (add                            |
| evenu           |                               |  | (a) billigo  | bingo/progressive bingo                    | (c) Other gaming         | col. (a) through col. (c))                       |
| Revenue         | 1                             | Gross revenue  | (a) Dingo  | bingo/progressive bingo                    | (c) Other gaming         |  |
|                 |                               | Cash prizes  | (a) Dirigo   | bingo/progressive bingo                    | (c) Other gaming         |  |
| Expenses        |                               |  | (a) Dirigo   | bingo/progressive bingo                    | (c) Other gaming         |  |
|                 | 3                             | Cash prizes  | (a) Dingo  | bingo/progressive bingo                    | (c) Other gaming         |  |
| Expenses        | 3                             | Cash prizes  Noncash prizes  |  |  |                          |  |
| Expenses        | 3<br>4<br>5                   | Cash prizes  Noncash prizes  Rent/facility costs   | Yes % No   | bingo/progressive bingo  Yes % No          | Yes %                    |  |
| Expenses        | 3<br>4<br>5                   | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor   | Yes % No   | Yes%                                       | Yes %                    |  |
| Expenses        | 3<br>4<br>5<br>6              | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  | Yes % No  Add lines 2 through 5 in column (d)  | Yes %                                      | Yes % No                 |  |
| Direct Expenses | 3 4 5 6 7 8 Entils t          | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the he organization licensed to               | Yes % No  Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, colu organization conducts gaming activ conduct gaming activities in each of     | Yes % No  imn (d)  ities: f these states?  | Yes % No                 | col. (a) through col. (c))                       |
| Direct Expenses | 3 4 5 6 7 8 Entils t          | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the he organization licensed to No," explain: | Yes %  No  Add lines 2 through 5 in column (d)  ary. Subtract line 7 from line 1, colu  organization conducts gaming active conduct gaming activities in each of | Yes % No  imn (d)  itties: f these states? | Yes % No                 | col. (a) through col. (c))                       |
| Direct Expenses | 3 4 5 6 7 8 Ent Is t If "I We | Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses  Volunteer labor  Direct expense summary.  Net gaming income summ  ter the state(s) in which the he organization licensed to No," explain: | Yes % No  Add lines 2 through 5 in column (d) ary. Subtract line 7 from line 1, columorganization conducts gaming activities in each of                          | Yes % No  imn (d)  ities: f these states?  | Yes % No                 | col. (a) through col. (c))                       |

| Sche    | dule G (Form 990) (Rev. 12-2024) JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313                                 |          | Page 3     |
|---------|---|----------|------------|
| 11      | Does the organization conduct gaming activities with nonmembers?  | Ye       | s No       |
| 12      | Is the organization a grantor, beneficiary, or trustee of a trust; or a member of a partnership or other entity |          |            |
|         | formed to administer charitable gaming?   | Ye       | s No       |
| 13      | Indicate the percentage of gaming activity conducted in:  |          |            |
| а       | The organization's facility 13a   |          | <u>%</u>   |
| b       | An outside facility   | ackslash | <u>%</u>   |
| 14      | Enter the name and address of the person who prepares the organization's gaming/special events books and        | У        |            |
|         | records:  |          |            |
|         | Maria   |          |            |
|         | Name  |          |            |
|         | Address   |          |            |
|         |   |          |            |
| 15a     | Does the organization have a contract with a third party from whom the organization receives gaming             |          |            |
|         | revenue?  | Ye       | s 🗌 No     |
| b       | If "Yes," enter the amount of gaming revenue received by the organization \$ and the                            |          |            |
|         | amount of gaming revenue retained by the third party \$   |          |            |
| С       | If "Yes," enter tha name and address of the third party:  |          |            |
|         |   |          |            |
|         | Name  |          |            |
|         | Address   |          |            |
|         | Address   |          |            |
| 16      | Gaming manager information:   |          |            |
| . •     | Carring Hartegor mornation.   |          |            |
|         | Name  |          |            |
|         |   |          |            |
|         | Gaming manager compensation \$  |          |            |
|         |   |          |            |
|         | Description of services provided  |          |            |
|         |   |          |            |
|         | Director/officer  |          |            |
| 17      | Mandatory distributions:  |          |            |
| ı,<br>а | Is the organization required under state law to make charitable distributions from the gaming proceeds to       |          |            |
| u       | retain the state gaming license?  | ☐ Ye     | s No       |
| b       | Enter the amount of distributions required under state law to be distributed to other exempt organizations or   | ш.,      | о <u> </u> |
|         | spent in the organization's own exempt activities during the tax year \$  |          |            |
| Pa      | Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and        | (v); and | <u></u>    |
|         | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional informati         |          |            |
|         | See instructions.   |          |            |
|         |   |          |            |
|         |   |          |            |
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### SCHEDULE I (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

Name of the organization

### 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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| JEFFERSON COUNTY L  | BRARY FOU      | NDATI                                 | ON                          |                                  | $\mathcal{O}$   | 2.                                    | 3-7029313                          |    |
|---|----------------|---------------------------------------|-----------------------------|----------------------------------|---|---------------------------------------|------------------------------------|----|
| Part I General Information on Grants and  | d Assistance   |                                       |                             |                                  |   |                                       |                                    |    |
| <ul> <li>Does the organization maintain records to substantiate the and the selection criteria used to award the grants or assist</li> <li>Describe in Part IV the organization's procedures for monitor</li> </ul> | ance?          |                                       |                             |                                  |   |                                       | X Yes N                            | lo |
| Part II Grants and Other Assistance to De Part IV, line 21, for any recipient that  | omestic Organ  | <b>nizations</b><br>than \$5,         | and Domestic G              |                                  |   |                                       | wered "Yes" on Form 990,           |    |
| 1 (a) Name and address of organization or government  | <b>(b)</b> EIN | (c) IRC<br>section<br>(if applicable) | (d) Amount of cash<br>grant | (e) Amount of noncash assistance | (f) Method of valuation<br>(book, FMV, appraisal,<br>other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |    |
| (1) JEFFERSON COUNTY LIBRARY 10200 W 20TH AVE   | 84 6003080     | GOTT                                  | 102 625                     |                                  |   |                                       | READING PROGRAMS                   |    |
| LAKEWOOD CO 80215 (2)   | 84-6003080     | GOV                                   | 193,635                     |                                  |   |                                       |                                    |    |
| (2)   |                |                                       |                             |                                  |   |                                       |                                    |    |
| (3)   |                |                                       |                             |                                  |   |                                       |                                    |    |
| (4)   |                |                                       |                             |                                  |   |                                       |                                    |    |
|   |                |                                       |                             |                                  |   |                                       |                                    | _  |
| (5)   |                |                                       |                             |                                  |   |                                       |                                    |    |
| (6)   |                |                                       |                             |                                  |   |                                       |                                    |    |
|   |                |                                       |                             |                                  |   |                                       |                                    |    |
| (7)   |                |                                       |                             |                                  |   |                                       |                                    |    |
| (8)   |                |                                       |                             |                                  |   |                                       |                                    | _  |
|   |                |                                       |                             |                                  |   |                                       |                                    |    |
| (9)   |                |                                       |                             |                                  |   |                                       |                                    |    |
| <ul> <li>Enter total number of section 501(c)(3) and government org</li> <li>Enter total number of other organizations listed in the line 1</li> </ul>  |                |                                       |                             |                                  |   |                                       |                                    |    |

| Schedule I (Form 990) (Rev. 12-2024)  | JEFFERSON | COINTY  | T.TRRARY | FOUNDATION  | 23-7029313   |
|---------------------------------------|-----------|---------|----------|-------------|--------------|
| Schedule 1 (FOITH 990) (Rev. 12-2024) |           | COOTATI |          | LOCITORITOR | 23 / 02/31/3 |

| Part III    | Grants and Other Assistance Part III can be duplicated if addit                                | to Domestic Individuational space is needed | als. Complete if the     | organization answere             | ed "Yes" on Form 990, Par                             | t IV, line 22.                        |
|-------------|--|---|--------------------------|----------------------------------|---|---------------------------------------|
|             | (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 |
| 1           | Public   | 111204                                      |                          |                                  | DY  |                                       |
| 2           |  | -   |                          |                                  |   |                                       |
| 3           |  |   |                          |                                  |   |                                       |
| _4          |  |   |                          |                                  |   |                                       |
| _ 5         |  |   |                          |                                  |   |                                       |
| 6           |  |   |                          |                                  |   |                                       |
| Part IV     | Supplemental Information. Pro  | l<br>ovide the information re               | equired in Part I, line  | l<br>e 2; Part III, column (     | l<br>b); and any other addition                       | al information.                       |
| THE<br>JEFF | I, LINE 2 - PROCEDURES ORGANIZATION PROVIDES A ERSON COUNTY PUBLIC LIB ING & VOLUNTEER SUPPORT | AID, ASSISTANCE<br>BRARY; GRANTS A          | AND FINANCI              | AL SUPPORT TO                    |   |                                       |
|             |  |   |                          |                                  |   |                                       |
|             |  |   |                          |                                  |   |                                       |
|             |  |   |                          |                                  |   |                                       |
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|             |  |   |                          |                                  |   |                                       |
|             |  |   |                          |                                  |   |                                       |

## SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

JEFFERSON COUNTY LIBRARY FOUNDATION

Employer identification number 23-7029313

FORM 990 - ORGANIZATION'S MISSION

THE JEFFERSON COUNTY LIBRARY FOUNDATION'S MISSION IS TO SUPPORT AND ENRICH THE CAPABILITIES, RESOURCES AND SERVICES OF THE JEFFERSON COUNTY PUBLIC LIBRARY THROUGH FUNDRAISING AND ADVOCACY EFFORTS THAT BENEFIT OUR DIVERSE COMMUNITY.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT LITERACY AND READING

THE ANNUAL SUMMER READING PROGRAM PROMOTES READING FOR CHILDREN AND TEENS THROUGHOUT THE SUMMER MONTHS SO THEY DON'T LOSE THEIR LITERACY SKILLS - SOMETHING KNOWN IN EDUCATIONAL CIRCLES AS THE "SUMMER SLIDE". THE PROGRAM ALSO ENCOURAGES PARENTS AND OTHER ADULTS TO PARTICIPATE AND SERVE AS READING ROLE MODELS. SCHOOLS ARE ALSO PART OF THE PROGRAM, AND JCLF PROVIDES CASH PRIZES TO FIVE JEFFCO SCHOOLS (RANGING FROM ELEMENTARY TO HIGH SCHOOL) FOR THE STUDENT POPULATION THAT READS THE MOST NUMBER OF MINUTES FURING THE EIGHT-WEEK PROGRAM.

EARLY CHILDHOOD LITERACY

JCLF HELPS SUPPORT VARIOUS PROGRAMS UNDER THIS UMBRELLA, INCLUDING: RAISE A READER, 1,000 BOOKS BEFORE KINDERGARTEN AND BABIES FIRST BOOKS. RAISE A READER PROVIDES A SERIES OF LIBRARY-SPONSORED EVENTS AND ACTIVITIES THAT ENCOURAGE PARENTS AND CAREGIVERS TO SING, WRITE, READ, PLAY AND TALK ACTIVITIES THAT ENGAGE AND ENCOURAGE CHILDREN TO GAIN ESSENTIAL EARLY 1,000 BOOKS BEFORE KINDERGARTEN IS A YEAR-ROUND PROGRAM LITERACY SKILLS. AND ONE THAT PROMOTES PRE-READING ABILITIES (BY FOR CHILDREN AGES 0-5, HAVING FAMILIES READ TOGETHER) AND ASSISTS PARENTS/CAREGIVERS IN SELECTING APPROPRIATE READING MATERIALS AND IN SERVING AS THEIR CHILD'S FIRST TEACHER. BABIES FIRST BOOKS IS AN EARLY LITERACY PROGRAM AIMED AT NEW AND FIRST-TIME PARENT IN JEFFCO. FREE BOOKS OF NURSERY RHYMES (IN ENGLISH AND SPANISH) ARE DISTRIBUTED VIA HOSPITALS, WIC, HEALTH CLINICS, ETC., WITH A GOAL TO ENCOURAGE READING TO INFANTS AS A WAY TO DEVELOP A CHILD'S COMPREHENSION OF LANGUAGE AND A WAY TO PROMOTE THE SPECIAL BOND BETWEEN PARENTS AND BABIES.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS REVIEWS THE FORM 990 PRIOR TO FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY EACH MEMBER OF THE GOVERNING BODY ANNUALLY SIGNS A CODE OF CONDUCT FORM THAT REINFORCES THE INDEPENDENCE OF MEMBERS OF THE GOVERNING BODY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION OF EMPLOYEES IS BASED ON MERIT AND THE EXISTING PAY SCHEDULE AND DETERMINATION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS COMPENSATION OF EMPLOYEES IS BASED ON MERIT AND THE EXISTING PAY SCHEDULE AND DETERMINATION BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

# SCHEDULE O (Form 990)

(Rev. December 2024)

Department of the Treasury Internal Revenue Service

### 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 Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

| ne or the organization                  |             | RSON CO                               | JNTY LIBR | ARY FOUNI | DATION     |         | 23-7029        | 9313          |
|---|-------------|---------------------------------------|-----------|-----------|------------|---------|----------------|---------------|
| THE 990 IS                              | S AVAIL     | ABLE TO                               | ONLINE G  | IVING WE  | BSITE, ANI | D ALSO  |                |               |
| FORM 990,<br>DESCRIPTIO                 |             | X, LINE                               | 11G - OT  | HER FEES  | FOR SERV   | ICES    |                |               |
| CONTRACT 1                              | TOT/        | PROG SE                               | RVICE     | MGT       | & GENERAL  | <u></u> | FUN            | DRAISING      |
|   | \$          | 54,0                                  | 061       | \$        | 42,580     |         | \$             | 2,560         |
| ACCOUNTING                              | \$          |                                       | 0         | \$        | 19,889     |         | \$             | 0             |
|   | TOTAL<br>\$ | 54,0                                  | 061       | \$        | 62,469     |         | \$             | 2,560         |
| FORM 990,<br>CHANGE IN                  |             |                                       |           |           | S IN NET   | ASSETS  | EXPLANAT<br>\$ | ION<br>18,198 |
| *************************************** |             | · · · · · · · · · · · · · · · · · · · |           |           |            |         |                |               |
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|   |             |                                       |           |           |            |         |                |               |

# SCHEDULE R (Form 990)

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

Name of the organization

**Related Organizations and Unrelated Partnerships** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

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

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

| JEFFERSON COUNTY LIBRARY FOUNDATION   |                           |   |                           |                      | 23-70293                      | 313                         |                               |
|---|---------------------------|---|---------------------------|----------------------|-------------------------------|-----------------------------|-------------------------------|
| Part I Identification of Disregarded Entities. Complete if the  | organization an           | swered "Yes" on                                     | Form 990, Par             | t IV, line 33.       |                               |                             |                               |
| (a) Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity   | (c) Legal domicil or foreign co                     | e (state Tountry)         | (d)<br>otal income E | (e)<br>End-of-year assets     | (f)<br>Direct con<br>entity |                               |
| (1)   |                           |   |                           |                      |                               |                             |                               |
| (2)   |                           |   |                           |                      |                               |                             |                               |
| (3)   |                           |   |                           |                      |                               |                             |                               |
| (4)   |                           |   |                           |                      |                               |                             |                               |
| (5)   |                           |   |                           |                      |                               |                             |                               |
| Part II Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during the | Complete if the tax year. | organization ansv                                   | wered "Yes" or            | Form 990, Part I     | V, line 34, becau             | se it had                   |                               |
| (a) Name, address, and EIN of related organization  | (b)<br>Primary activity   | (c)<br>Legal domicile (state<br>or foreign country) | (d)<br>Exempt Code sectio | (e)                  | (f) Direct controlling entity | Section 8 controlle         | g)<br>512(b)(13)<br>d entity? |
| (1) JEFFERSON COUNTY PUBLIC LIBRARY 10200 W 20TH AVE. 84-6003080  |                           |   |                           | _                    |                               |                             |                               |
| (2) CO 80215  | LIBRARY                   | CO  |                           | 6                    | N/A                           |                             | х                             |
| (3)   |                           |   |                           |                      |                               |                             |                               |
|   |                           |   |                           |                      |                               |                             |                               |
| (4)   |                           |   |                           |                      |                               |                             |                               |
| (5)   |                           |   |                           |                      |                               |                             |                               |
|   |                           |   |                           |                      |                               |                             |                               |

Schedule R (Form 990) (Rev. 12-2024) JEFFERSON COUNTY LIBRARY FOUNDATION 23-7029313

| Part III | Identification of Related Organization because it had one or more related or  | ons Taxable rganizations t    | as a   | Partnership<br>d as a partne                  | Complete if the complete in complete i | he organizat<br>e tax year.                   | ion an | swered "Yes"                           | on F                | orm                            | 990, F          | Part IV, lir   | ne 34                     | ,                          | i ago                               |
|----------|---|-------------------------------|--|---|--|---|--------|--|---------------------|--------------------------------|-----------------|--|---------------------------|----------------------------|-------------------------------------|
|          | (a) Name, address, and EIN of related organization                            |                               | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d) Direct controlling entity                 | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514)  | Share of total income                         | þ      | (g)<br>Share of end-of-<br>year assets | Dis<br>porti<br>all | (h)<br>spro-<br>ionate<br>oc.? | amoun<br>of Sch | (i)<br>e V—UBI<br>t in box 20<br>dedule K-1<br>m 1065) | Genera<br>manag<br>partne | l or Perd<br>ing OWr<br>r? | (k)<br>centage<br>nership           |
| (1)      |   | -                             |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |
| (2)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |
| (3)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |
| (4)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |
| Part IV  | Identification of Related Organization line 34, because it had one or more re | ons Taxable<br>elated organiz | as a<br>zatior   | Corporation s treated as a                    | or Trust. Con<br>a corporation of  | mplete if the<br>or trust during              | organ  | ization answe                          | ered "              | Yes                            | on Fo           | orm 990,   | Part                      | IV,                        |                                     |
|          | (a) Name, address, and EIN of related organization                            | (b) Primary activity          |  | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity  | (e) Type of entity (C corp, S corp, or trust) | Sha    | (f)<br>are of total<br>income          |                     | (g)<br>Share of-year           | of<br>assets    | (h)<br>Percenta<br>owners                              | age                       | Se<br>512(<br>cont<br>en   | (i)<br>ection<br>(b)(13)<br>trolled |
| (1)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           | Yes                        | No                                  |
| (2)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |
| (3)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |
| (4)      |   |                               |  |   |  |   |        |  |                     |                                |                 |  |                           |                            |                                     |

### Part V Transactions With Related Organizations, Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

| rait   | Transactions with Nelated Organizations. Complete if the organization                                  | answered res on r      |                 |                           |            |      |    |  |
|--|--|------------------------|-----------------|---------------------------|------------|------|----|--|
| Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.  |  |                        |                 |                           |            |      | No |  |
|  | the tax year, did the organization engage in any of the following transactions with one or more relate |                        |                 |                           |            |      |    |  |
| a Receipt  | of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity                |                        |                 |                           | 1a         |      | X  |  |
| b Gift, grant, or capital contribution to related organization(s)  |  |                        |                 |                           |            |      |    |  |
| c Gift, grant, or capital contribution from related organization(s)  |  |                        |                 |                           |            |      |    |  |
| d Loans or loan guarantees to or for related organization(s)   |  |                        |                 |                           |            |      |    |  |
| e Loans  | or loan guarantees by related organization(s)  |                        |                 |                           | 1e         |      | х  |  |
| f Dividen  | ds from related organization(s)  |                        |                 |                           | 1f         |      | x  |  |
| n Sale of  | ds from related organization(s)  |                        |                 |                           | 1g         |      | X  |  |
| g Sale of assets to related organization(s)  b Purchase of assets from related organization(s)   |  |                        |                 |                           |            |      |    |  |
| h Purchase of assets from related organization(s)  i Exchange of assets with related organization(s)   |  |                        |                 |                           |            |      |    |  |
| <ul> <li>i Exchange of assets with related organization(s)</li> <li>j Lease of facilities, equipment, or other assets to related organization(s)</li> </ul>  |  |                        |                 |                           |            |      | X  |  |
| , 20000  | or identified, equipment, or other assess to related ergunization(s)                                   |                        |                 |                           | 1j         |      |    |  |
| k lease  | of facilities, equipment, or other assets from related organization(s)                                 |                        |                 |                           | 1k         |      | х  |  |
| <ul> <li>k Lease of facilities, equipment, or other assets from related organization(s)</li> <li>I Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul> |  |                        |                 |                           |            |      |    |  |
| m Performance of services or membership or fundraising solicitations by related organization(s)  |  |                        |                 |                           |            |      |    |  |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  |  |                        |                 |                           |            |      |    |  |
| o Sharing of paid employees with related organization(s)   |  |                        |                 |                           |            |      |    |  |
| 0.10.11.19   | or para omproject man related organization (c)   |                        |                 |                           | 10         |      |    |  |
| <b>p</b> Reimbu  | rsement paid to related organization(s) for expenses   |                        |                 |                           | 1p         |      | x  |  |
| <ul> <li>p Reimbursement paid to related organization(s) for expenses</li> <li>q Reimbursement paid by related organization(s) for expenses</li> </ul>   |  |                        |                 |                           |            |      | x  |  |
| 4  |  |                        |                 |                           | 1q         |      |    |  |
| r Other to   | ransfer of cash or property to related organization(s)   |                        |                 |                           | 1r         |      | х  |  |
| <ul> <li>r Other transfer of cash or property to related organization(s)</li> <li>s Other transfer of cash or property from related organization(s)</li> </ul>   |  |                        |                 |                           |            |      |    |  |
|  | nswer to any of the above is "Yes," see the instructions for information on who must complete this li  |                        |                 |                           | 1          |      |    |  |
|  | (a)  | (b)                    | (c)             | (d)                       |            |      |    |  |
|  | Name of related organization   | Transaction type (a-s) | Amount involved | Method of determining amo | unt involv | ed   |    |  |
|  |  |                        |                 |                           |            |      |    |  |
| (1)  | JEFFERSON COUNTY PUBLIC LIBRARY  | В                      | 193,635         | GRANT AMOUNT              |            |      |    |  |
| (2)  | JEFFERSON COUNTY PUBLIC LIBRARY  | N                      | 88,817          | DONATED SPACE &           | SERV       | ICES |    |  |
| . ,  |  |                        |                 |                           |            |      |    |  |
| (3)  |  |                        |                 |                           |            |      |    |  |
| (4)  |  |                        |                 |                           |            |      |    |  |
|  |  |                        |                 |                           |            |      |    |  |

(5)

(6)

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships. (d) (g) (i) (h) (j) (k) Name, address, and EIN of entity Legal Are all partners Share of Disproportionate Code V-UBI Percentage Primary activity Share of General or total income end-of-year allocations? amount in box 20 managing ownership domicile income (related, of Schedule K-1 assets partner? 501(c)(3) (state or unrelated, excluded (Form 1065) foreign from tax under organizations? country) sections 512-514) Yes No Yes No Yes No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)(11)

|          | Form 990) (Re<br>Supplen | v. 12-2024)<br>nental In | JEFFE<br>formation | <u>:RSON</u><br>n. | COUNTY  | LIBR           | ARY    | FOUNDATION     | 23-70293         | L3 Page 5 |
|----------|--------------------------|--------------------------|--------------------|--------------------|---------|----------------|--------|----------------|------------------|-----------|
| Part VII | Provide                  | additional               | information        | on for re          | sponses | to questic     | ons on | Schedule R. Sc | ee instructions. |           |
|          |                          |                          |                    |                    |         |                |        |                |                  |           |
|          | Pu                       | ıbl                      | iC                 | lr                 | 1SK     | <del>)</del> e | Ci     | tion           | Co               | ру        |
|          |                          |                          |                    |                    |         |                |        |                |                  |           |
| •        |                          |                          |                    |                    |         |                |        |                |                  |           |
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