## \*\* PUBLIC DISCLOSURE COPY \*\*

## **Return of Organization Exempt From Income Tax**

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

2019

OMB No. 1545-0047

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

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

Open to Public Inspection

Form 990 (Rev. January 2020) Department of the Treasury Internal Revenue Service

 Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2019 calendar year, or tax year beginning D Employer identification number Check if C Name of organization COLUMBUS METROPOLITAN LIBRARY FOUNDATION Address change 31-1692755 Name F Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial Room/suite 614-849-1053 96 S. GRANT AVE Final return/ 5,742,195. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return Amended COLUMBUS, OH 43215 F Name and address of principal officer: BARBARA DERROW Yes X No for subordinates? Applica-H(b) Are all subordinates included? pending Yes SAME AS C ABOVE If "No," attach a list. (see instructions) (insert no.) 4947(a)(1) or Tax-exempt status: X 501(c)(3) 501(c) ( H(c) Group exemption number J Website: ► WWW.COLUMBUSLIBRARYFOUNDATION.ORG Year of formation: 1999 M State of legal domicile: OH Form of organization: X Corporation Trust Association Part I Summary 1 Briefly describe the organization's mission or most significant activities: BUILDING RESOURCES FOR THE SOLE PURPOSE OF ADVANCING THE MISSION OF COLUMBUS METROPOLITAN LIBRARY. Governance 2 Check this box 
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) 18 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 ø 5 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 20 6 6 Total number of volunteers (estimate if necessary) ....... 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, line 39 **Current Year** Prior Year 5,686,081. 2,068,471. 8 Contributions and grants (Part VIII, line 1h) 0. 0. 9 Program service revenue (Part VIII, line 2g) 11,167. 6,674. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -175,350. -120,504. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 1,899,795. 5,576,744. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,214,809. 1,559,937. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) ..... 109,652. b Total fundraising expenses (Part IX, column (D), line 25) 276,834. 251,358. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,491,643. 811,295. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 88,500. 3,085,101. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year OF 817,498. 7,692,570. Assets 20 Total assets (Part X, line 16) 806,142. 740,545. 21 Total liabilities (Part X, line 26) 11,011,356. 6,952,025. 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | 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. Date Signature of officer Sign BARBARA DERROW, PRESIDENT Type or print name and title Preparer's signature Print/Type preparer's name P01225377 05/20/20 NATOSHA DILLEY NATOSHA DILLEY Paid Firm's EIN ▶ 31-0800053 HACKETT & CO. Firm's name CLARK, SCHAEFER, Preparer

SUITE 400

Firm's address 4449 EASTON WAY,

COLUMBUS, OH 43219

Use Only

Phone no. 614-885-2208

	90 (2019) COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 2
orm 9	90 (2019) COLUMBUS METROPOLITAN HIBRARI FOORDITION  III Statement of Program Service Accomplishments
Part	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: BUILDING RESOURCES FOR THE SOLE PURPOSE OF ADVANCING THE MISSION OF
1	THE COLUMBUS METROPOLITAN LIBRARY FOR GENERATIONS TO COME.
-	THE COLUMBOS METROPOLITAN DIDICATE TOTAL
-	
^	Did the organization undertake any significant program services during the year which were not listed on the
2	Did the organization undertake any significant program services during the year which were the services during the year which were the services and the year which were the services and the year which were the year which years and year which were the year which years and year which years are the year which years and year which years are the year which years are the year which were the year which years are the year
	will describe these resuscencies on Schedule O
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No
	15 IIV II describe these changes on Schedule O
120	The superior is a program conjugate accomplishments for each of its three largest program services, as measured by expenses.
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	0 00 4 000
	THE COLUMNIC METROPOLITAN LIBRARY FOUNDATION PROVIDES FINANCIAL SOFTORT
	TOD THE TIPDARY CORPARED MEEDS AND HIGHEST PRIORITIES INCOME
	GENEROUS GIFTS. EVERY DAY COLUMBUS METROPOLITAN LIBRARY PROVIDES VITAL
	SERVICES TO THE CENTRAL OHIO COMMUNITY, LIKE HOMEWORK HELP FOR
	STUDENTS, EARLY LITERACY SKILL TRAINING FOR CHILDREN AND RESUME
	SERVICES FOR JOBSEEKERS. THE NEED FOR THE LIBRARY HAS NEVER BEEN
	GREATER AND GIFTS TO THE FOUNDATION ENSURE THAT OUR PROGRAMS AND
	SERVICES WILL CONTINUE TO BE AVAILABLE FOR FREE TO ALL WHO WALK INTO
	EACH OF OUR 23 LOCATIONS. ONE OF THE TOP PRIORITIES HAS AND CONTINUES TO BE A COMPREHENSIVE CAMPAIGN TO SUPPORT THE COLUMBUS METROPOLITAN
	TO BE A COMPREHENSIVE CAMPAIGN TO SUPPORT THE COLUMNS THE PHASE II BUILDING PROJECTS.
	LIBRARY'S GREATEST NEEDS INCLUDING THE FIRST IT DOILD THE THASE IT
	(a. ) (Favenue \$) (Revenue \$)
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	) (-
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
1	
9	
9	
(A)	(Describe on Schodule (1)
4d	Other program services (Describe on Schedule O.)  (Expenses \$ including grants of \$ ) (Revenue \$ )
	2 234 809.
4e	Total program service expenses Form 990 (2019

Part IV | Checklist of Required Schedules No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ..... X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 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 X 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 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 X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments X 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 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 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ....... 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII ..... b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to X 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III ..... X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ...... 20b 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 ....

Eorm	990 (2019) COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692	755	Pa	ge 4
Par	V Checklist of Required Schedules (continued)			
	Onodition of the part of the p		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Dart IV column (A) line 22 If "Voc " complete Schedule   Parts   and	22	_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	0200201		v
	On handle (c)	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		2/	**
	Cahadula V. If "No. " go to line 25g	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tay-exempt honds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
252	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		X
26	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			
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
07	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
27	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
28	instructions, for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	PARIS 10X	2000	
а	A current or former officer, director, trustee, key employee, creator or touries, or observations	28a		X
	"Yes," complete Schedule L, Part IV  A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
b	A family member of any individual described in line 20a? If "Yes, complete scribed in lines 28a or 28b? If			
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		X
	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If Yes, complete scriedle in Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		The same	
30		30		X
	contributions? If "Yes," complete Schedule M	31		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its flet assets: If Fes, complete	32		X
	Schedule N, Part II			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35 a	Did the organization have a controlled entity within the meaning of section 312(5)(10).			
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exemption of the organization make any transfers to an exemption of the organization of	36		X
	If "Yes," complete Schedule R, Part V, line 2			
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		X
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	0,		T-
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X	1
	Note: All Form 990 filers are required to complete Schedule O	30	21	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	1/- 1/-		163	140
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Ħ	1	

	Check if Schedule O contains a response of note to any line in this reactive	E)			Yes	No		
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	11					
h	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	tb 0						
	Did the organization comply with backup withholding rules for reportable payments to vendors and re- (gambling) winnings to prize winners?	organization comply with backup withholding rules for reportable payments to vendors and reportable gaming						
2012-0119	11.20.20			Form	990	(2019		

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Form 990 (2019) COLUMBUS METROPOLITAN LIBRARY FOUNDATION
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) 31-1692755 Yes No

22	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	0			4
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		
2	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				v
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
h	If "Yes " has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b	$\overline{}$	
42	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	over, a		1	
44	financial account in a foreign country (such as a bank account, securities account, or other financial account	?	4a		X
la.	If "Vec " enter the name of the foreign country				
р	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	(FBAR).			
F-	is the analysis a prohibited tay shelter transaction at any time during the tax year?		5a		X
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	-	X
b	16 "Vee" to line 5e or 5h, did the organization file Form 8886-T?		5c		
C	the second of th	ization solicit			
6a	any contributions that were not tax deductible as charitable contributions?	A	6a		X
	any contributions that were not tax decided as sharkable contributions or if "Yes," did the organization include with every solicitation an express statement that such contributions or	gifts 🧆			
b	were not tax deductible?	A	6b		
	Organizations that may receive deductible contributions under section 170(c).				
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pr	ovided to the payor?	7a	X	
a	" " " " " " " " " " " " " " " " " " "		7b	X	
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was requ	ired			
C	to file Form 8282?		7c		X
	7d		Sec.		
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	?	7e		X
е	Did the organization receive any funds, directly of indirectly, to pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
f	to the property did the organization file Form 885	99 as required?	7g	N/	A
g		a Form 1098-C?	7h	N/	A
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
8	sponsoring organizations maintaining dollar advised lands. Did a dollar devised lands sponsoring organization have excess business holdings at any time during the year?	N/A	8		
_	sponsoring organization have excess business holdings at any time stating the year.				
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a		
a	and the second s	N/A	9b		
b	Section 501(c)(7) organizations. Enter:				
10	N/A 10a				2000
a	- 1 ded as Ferme 000 Doct VIII line 12 for public use of club facilities				
b	Section 501(c)(12) organizations. Enter:				
11	Gross income from members or shareholders N/A 11a				
h	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12:	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		
,C	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?	N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
ŀ	Enter the amount of reserves the organization is required to maintain by the states in which the				
187	organization is licensed to issue qualified health plans		-		
0	Enter the amount of reserves on hand			+	77
14:	a Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes " has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration	or			7.7
	excess parachute payment(s) during the year?		15		X
-	If "Yes," see instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.		4-	00	0 (0040
			For	m ss	0 (2019

COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

	Check if Schedule O contains a response or note to any line in this Part VI				**********	***	A
ecti	on A. Governing Body and Management					Yes	No
		1a	1	18		165	IVC
a F	Enter the number of voting members of the governing body at the end of the tax year	la					
1	If there are material differences in voting rights among members of the governing body, or if the governing						
t	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	416		18			
b	Enter the number of voting members included on line 1a, above, who are independent	1b	- Albani	10			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any otner		- 1		2
	officer divertor trustee or key employee?				2		
3	Did the organization delegate control over management duties customarily performed by or under the	e direc	t supervision		_ /		7
	of officers, directors, trustees, or key employees to a management company or other person?				3	-	2
	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?		4		_
5	Did the organization made any organization become aware during the year of a significant diversion of the organization's ass	sets?			5		2
•	Did the organization have members or stockholders?				6		-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ag	point	one or				,
					7a		_2
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, so	tockh	olders, or				١,
	name of the than the governing hody?				7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by th	ne following:				
•	The governing body?				8a	X	_
a	Each committee with authority to act on behalf of the governing body?				8b	X	
, D	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the				
9	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		
act	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
CUI	TOTI D. 1 CHOICE (This Section B requests information about points)					Yes	1
0-	Did the organization have local chapters, branches, or affiliates?				10a		
ua	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapter	s, affiliates,				
р	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy befo	ore filing the f	form?	11a	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
b	Did the organization have a written conflict of interest policy? If "No," go to line 13		000000000000000000000000000000000000000		12a	X	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to co	nflicts?		12b	X	L
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	'Yes."	describe				
C	in Schedule O how this was done				12c	X	
	in Schedule O how this was done				13	X	
13	Did the organization have a written whistleblower policy?				14	X	
14							
15	Did the process for determining compensation of the following persons include a review and approve	)					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official				15a		
a	The organization's CEO, Executive Director, or top management official				15b		8
b	Other officers or key employees of the organization						Τ
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ement	with a		-		1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				16a		
	taxable entity during the year?	ate its	participation	1			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	anizati	on's				L
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	anizati	Oli S		16b		
	exempt status with respect to such arrangements?				100		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE		OO T (Castion	E01/a\/2	le only	lieve	ah
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990,	and 9	90-1 (Section	1301(0)(3	)S Offiny	avan	ab
18							
18	for public inspection. Indicate how you made these available. Check all that apply.						
18	V Ours usheits Another's website X Upon request Other (explain	ain on	Schedule ()	adia	d finan	leiol	
18 19	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or the control of the control	ain on conflic	schedule ()) t of interest p	policy, an	d finar	cial	
	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or totoments available to the public during the tax year.	conflic	t of interest p		d finar	icial	
	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's beginning.	conflic	t of interest p		d finar	cial	
19	X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or the control of the control	conflic	t of interest p		d finar	cial	

## 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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A) Name and title	(B) Average hours per week	box, offic	not ch	s per	mare son i	than c s both r/trust	an	(D) Reportable compensation from	Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
1) STEPHEN SMITH RESIDENT	1.00	Х		X				0.	0.	0
2) BARBARA DERROW ICE PRESIDENT	1.00	х		х				0.	0.	0
3) JORDAN MILLER REASURER	1.00	x		х				0.	0.	0
4) CHARLES FRAAS ECRETARY	1.00	X	1	x				0.	0.	0
5) JEFFREY LYTTLE	1.00	х	1	х				0.	0.	0
6) BARBARA SIEMER	1.00	х						0.	0.	0
7) RYAN SWINCICKI	1.00	х						0.	0.	0
(8) TIMOTHY FABER BOARD MEMBER	1.00	х						0.	0.	0
(9) RENEE SHUMATE BOARD MEMBER	1.00	Х						0.	0.	C
(10) MELANIE DEASCENTIS BOARD MEMBER	1.00	х						0.	0.	(
(11) ADAM BRANDT BOARD MEMBER	1.00	х						0.	0.	(
(12) DEEDEE GLIMCHER BOARD MEMBER	1.00	X						0.	0.	(
(13) BOB CARROLL BOARD MEMBER	1.00	X						0.	0.	(
14) KATIE CHATAS SOARD MEMBER	1.00	х						0.	0.	(
(15) KEVIN REEVES BOARD MEMBER	1.00	x						0.	0.	(
(16) CORDE WESTWATER ROBINSON BOARD MEMBER	1.00	x						0.	0.	
(17) JENNIFER MASSANOVA BOARD MEMBER	1.00	X						0.	0.	Form <b>990</b> (20

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Form 990 (2019)

Part	VII Section A. Officers, Directors, Tru	stees, Key Emp	loye	ees,	and	Hig	hes	t Co	mpensated Employee	s (continued)		700000	
	(A)	(B) (C)							(D)	(⊨)		(F)	
	Name and title	Average	(do		Posi		than o	ne	Reportable	Reportable		Estimate	
		hours per	box	unles	ss per	son is	s both	an	compensation	compensation from related		amount	ا0ا
		(list any		e ai	u a u	6010	7,000	00,	from the	organizations	,	compensa	tion
		hours for	directi				p		organization	(W-2/1099-MISC)		from th	е
		related	9e or	stee			nsate		(W-2/1099-MISC)			organizat	
		organizations	trust	nal tru		оуее	omp6					and relat	
		below	Individual trustee or director	nstitutional trustee	193	Key employee	Highest compensated employee	Former				organizati	OHS
		line)	Ind	Inst	Officer	Key	Hig	For					
(18)	BILL REMIAS	1.00								0		No.	0.
BOARI	MEMBER		X				_		0.	U	•	1	0.
(19)	JIM MARTIN	16.00							0.	0			0.
CFO,	CMLF		-		X			-	0.	J	•		
			1										
		_	-	-	-		-				$\top$		
										A p			
-													
			-			-	+	-					
			1	_	_	_	$\vdash$				+		
-			-										
				_				•	0.		).		0.
1b	Subtotal Total from continuation sheets to Part	VII Section A		1		•••••			0.	(	).		0.
С	Total (add lines 1b and 1c)	VII, Section A		,		À	7	-	0.	(	).		0.
	Total number of individuals (including bu	t not limited to t	nose	list	ed a	bov	e) wt	no re	eceived more than \$100	,000 of reportable			87
2	compensation from the organization				7								0
	compensation from the organization			Marie Control	100000		1,1					Yes	No
3	Did the organization list any former office	er, director, trus	tee,	key	emp	oloye	ee, o	r hig	ghest compensated emp	oloyee on			
0	line 192 If "Vac " complete Schedule I fo	or such individual	Ö								.	3	X
4	For any individual listed on line 1a, is the	sum of reportat	ole c	omp	ens	atio	n and	d ot	her compensation from	the organization			v
	and related organizations greater than \$	150.000? If "Yes	. " C	omp	lete	Sch	nedul	le J	for such individual			4	Х
5	Did any person listed on line 1a receive	or accrue compe	nsa	tion	from	an	y uni	relat	ed organization or indiv	idual for services		5	x
	rendered to the organization? If "Yes." o	complete Schedu	le J	for s	such	per	rson						
Sec	tion B. Independent Contractors  Complete this table for your five highest		don	and	ont o	ont	racto	are t	hat received more than	\$100,000 of compe	nsati	on from	
1	the organization. Report compensation	for the calendar	vear	end	ina	with	or w	vithir	n the organization's tax	year.			
_	the organization. Report compensation (A)	or the calendar	year	GITO	inig		0		(B)			(C)	
	Name and busin	ess address	N	ION	E				Description of	services	Co	mpensati	on
-													
1							_						
_				100				No. 10					
2	Total number of independent contracto	rs (including but	not	limit	ed to	o the	ose I	iste	d above) who received i	nore than			
	\$100,000 of compensation from the organic	ganization					U					Form 990	(2019

		Check if Schedule O contains a response or r	note to any line	in this Part VIII	(B)	(C)	(D)
				(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
5 5	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues 1b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5 0		Fundraising events 1c	668,381.				
IL A	d	Related organizations 1d					
s, G	е	Government grants (contributions) 1e		100	100		
Sign	f	All other contributions, gifts, grants, and					100000
the st		offinial amounts for more seemed and the	5,017,700.			San	
E O	g	Noncash contributions included in lines 1a-1f	1,798,385.				
SE	h	Total. Add lines 1a-1f		5,686,081.			
		В	Susiness Code	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM			
e e	2 a					A	
e Z	b						
o Se	c						
ran 3ev	d					-	
Program Service Revenue	е						
-		All other program service revenue			Control of the Control		0.05
-		Total. Add lines 2a-2f	and	*			
	3	Investment income (including dividends, interest,		7,032.			7,032.
		other similar amounts) Income from investment of tax-exempt bond pro-					
	4		_				
	5	Royalties (i) Real	(ii) Personal				7777
	C -		(.,		100 mm		
	6 a	Gross rents 6a Less: rental expenses 6b				The state of the s	100000000000000000000000000000000000000
		Rental income or (loss) 6c				LANGE TO SERVICE STREET	Arter Coll.
		Net rental income or (loss)		//			
		Gross amount from sales of (i) Securities	(ii) Other		100		
	, a	assets other than inventory 7a 7,082.			And the second second	The second second	
	h	Less: cost or other basis				-	and the same of th
e		and sales expenses 7b 2,947.				Total Control	1000
eni	С	Gain or (loss) 7c 4,135.	/				
Re	d	Net gain or (loss)	<b>&gt;</b>	4,135.			4,135.
ther Revenue	8 a	Gross income from fundraising events (not				300	2.2000
#		including \$ 668,381. of				222	
		contributions reported on line 1c). See				Mary III	1000
		Part IV, line 18	42,000.				
		Less: direct expenses 8b	162,504.	120 E04		04.00	-120,504.
		Net income or (loss) from fundraising events		-120,504.			220,000
	9 a	Gross income from gaming activities. See			Carlotte Carlot	Salahin Para	Section 1997
		Part IV, line 19					The state of the
		Less: direct expenses 9b	<b>•</b>				
	700000	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns					
1		and allowances 10a					
		Less: cost of goods sold 10b					
_	C	Net income or (loss) from sales of inventory	Business Code				
IS			Dadiness Code				
scellaneous	11 a						
llan	b	9					A CONTRACTOR OF THE PERSON NAMED IN CONT
Se	٥	All all and a second		-			( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )

12 Total revenue. See instructions 932009 01-20-20

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5,576,744.

e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons	(A)	(B)	(C)	(D) Fundraising
7b, 8b, 9	nclude amounts reported on lines 6b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
	ints and other assistance to domestic organizations	0 014 000	0 014 000		
	domestic governments. See Part IV, line 21	2,214,809.	2,214,809.		
2 Gra	ants and other assistance to domestic				
ind	lividuals. See Part IV, line 22			1000	
3 Gra	ants and other assistance to foreign		_		
org	ganizations, foreign governments, and foreign				
ind	lividuals. See Part IV, lines 15 and 16				
4 Ber	nefits paid to or for members				
5 Co	impensation of current officers, directors,				
trus	stees, and key employees				4
6 Cor	mpensation not included above to disqualified				
per	sons (as defined under section 4958(f)(1)) and			< 1	
per	sons described in section 4958(c)(3)(B)				
7 Oth	her salaries and wages				
	nsion plan accruals and contributions (include				
sec	ction 401(k) and 403(b) employer contributions)				
9 Oth	her employee benefits				
10 Pa	yroll taxes				
11 Fee	es for services (nonemployees):			00 000	20 000
a Ma	anagement	60,000.	20,000.	20,000.	20,000.
	gal				
	counting				
	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17			0	
f Inv	vestment management fees	9.		9.	
g Ot	ther. (If line 11g amount exceeds 10% of line 25,			105 100	
col	lumn (A) amount, list line 11g expenses on Sch O.)	105,100.		105,100.	
12 Ad	dvertising and promotion				
13 Of	ffice expenses				
14 Inf	formation technology				
15 Ro	oyalties	Amily .			
16 00	ocupancy				
	avel	*			
18 Pa	ayments of travel or entertainment expenses				
	r any federal, state, or local public officials				
19 Cd	onferences, conventions, and meetings				
	terest				
	ayments to affiliates				
22 De	epreciation, depletion, and amortization				
100000	surance				
24 Ot	ther expenses. Itemize expenses not covered				
	nove (List miscellaneous expenses on line 24e. If the 24e amount exceeds 10% of line 25, column (A)				
an	nount, list line 24e expenses on Schedule 0.)	00 150		800.	89,652
	AMPAIGN	90,452.	Control of the contro	9,370.	09,032
	AD DEBT	9,370.		6,366.	
	ANK FEES	6,366.		5,537.	
d 0	THER	5,537.		5,55/.	
	Il other expenses	0 101 516	0 024 000	147 100	109,652
	otal functional expenses. Add lines 1 through 24e	2,491,643.	2,234,809.	147,182.	109,632
26 Jo	oint costs. Complete this line only if the organization				
	ported in column (B) joint costs from a combined				
ed	ducational campaign and fundraising solicitation.				
Ch	neck here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (201

932010 01-20-20

art	X	Balance Sheet  Check if Schedule O contains a response or note to any line in this Part X			
		Check it Schedule O contains a response of note to any interview and	(A) Beginning of year		(B) End of year
Т	-	Cash - non-interest-bearing	974,027.	1	785,611
	1 2	Savings and temporary cash investments		2	
1	2500	Pledges and grants receivable, net	1,057,918.	3	1,451,459
	3	Accounts receivable, net		4	
	4	Loans and other receivables from any current or former officer, director,			
	5	trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
1		Loans and other receivables from other disqualified persons (as defined			
1	6	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	-	Notes and loans receivable, net		7	4
	7	Inventories for sale or use		8	
	8	Prepaid expenses and deferred charges	6,189.	9	23,410
	9	Land, buildings, and equipment: cost or other			
	10a	basis. Complete Part VI of Schedule D			
	h	Less: accumulated depreciation 10b		10c	
		Investments - publicly traded securities	7,091.	11	0
	11	Investments - other securities. See Part IV, line 11		12	
1	12	Investments - program-related. See Part IV, line 11		13	
	13	Intangible assets		14	
	14	Other assets. See Part IV, line 11	5,647,345.	15	9,557,018
	15	Total assets. Add lines 1 through 15 (must equal line 33)	7,692,570.	16	11,817,498
+	16	Accounts payable and accrued expenses	104,290.	17	56,829
	17	Grants payable		18	
	19	Deferred revenue		19	
	100000	Tax-exempt bond liabilities		20	
	20	Escrow or custodial account liability. Complete Part IV of Schedule D	636,255.	21	749,313
	22	Loans and other payables to any current or former officer, director,	医五色素 数据证据		Parallel Salakina (19
2	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilines		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	23	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	740,545.	26	806,142
		Organizations that follow FASB ASC 958, check here			
es		and complete lines 27, 28, 32, and 33.			0.000 653
anc	27	Net assets without donor restrictions	5,507,235.		8,776,653
pa	28	Net assets with donor restrictions	1,444,790.	28	2,234,703
g		Organizations that do not follow FASB ASC 958, check here			
2		and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	44 044 05
et	32	Total net assets or fund balances	6,952,025.	32	11,011,356
-	33	Total liabilities and net assets/fund balances	7,692,570.	33	11,817,498 Form <b>990</b> (20

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

3a

X

Form 990 (2019)

Act and OMB Circular A-133?

#### SCHEDULE A

(Form 990 or 990-EZ)

**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.

Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Employer identification number 31-1692755

Part I		Reason for Public Cl	harity Status (A	All organizations must con	nplete this	part.) See	instructions.	
he ora	aniz	ation is not a private foundat	tion because it is: (F	or lines 1 through 12, che	eck only or	ne box.)		
1	7	A church, convention of chur	ches, or association	n of churches described in	section	170(b)(1)	(A)(i).	
0.600	Ħ	A school described in section	n 170/h)/1\/A\/ii). (/	Attach Schedule E (Form	990 or 990	)-EZ).)		
2 _	=	A hospital or a cooperative h	ospital service orga	nization described in sec	tion 170(l	o)(1)(A)(iii)		
3	=	A medical research organizat	tion operated in cor	iunction with a hospital d	escribed in	section	170(b)(1)(A)(iii). Enter the	ne hospital's name,
4			tion operated in eer				A Party	
	7	city, and state: An organization operated for	the benefit of a col	lege or university owned	or operate	d by a gov	ernmental unit described	d in
5				logo of amirorary	*			
and a	-	section 170(b)(1)(A)(iv). (Co A federal, state, or local gove	implete Fart II.)	contal unit described in s	ection 170	)(b)(1)(A)(v	/).	
6	4	A federal, state, or local gove An organization that normally	ernment or governing	etial part of its support fro	m a gover	nmental u	nit or from the general p	ublic described in
7				itiai part of its support its	iii a govo.			
	-	section 170(b)(1)(A)(vi). (Co	mpiete Part II.)	AVAVvil (Complete Part	ш	1		
8	4	A community trust described An agricultural research orga	in section 170(b)(	in anotion 170/h/1/A/in	n., A operate	d in conjur	action with a land-grant of	college
9		An agricultural research orga or university or a non-land-gr	anization described	in section 170(b)(1)(A)(i)	nter the n	ame city	and state of the college	or
			ant college of agric	ulture (see instructions). L	inter the n	a, 5,		
-	-	university:		then 22 1/20/ of its supp	ort from co	antribution	s membership fees, and	gross receipts from
10 X		An organization that normall	y receives: (1) more	than 33 1/3% of its supp	and (2) no.	nore than	33 1/3% of its support fr	om gross investment
		activities related to its exem	pt functions - subject	of to certain exceptions, a	n busines	nois train	ed by the organization at	ter June 30, 1975.
		income and unrelated busine		(less section 511 tax) iron	II DUSINES	ses acquir	ed by the organization as	
_	_	See section 509(a)(2), (Con	nplete Part III.)		ata Soo e	action 50	9(a)(4)	
11	_	An organization organized a	nd operated exclus	ively to test for public sale	norform th	e function	s of or to carry out the r	ourposes of one or
12		An organization organized a	nd operated exclus	ively for the benefit of, to	penonn in	00/2//2)	See section 509(a)(3). O	heck the box in
		more publicly supported org	anizations describe	d in section 509(a)(1) of	and comm	lata lines	12e 12f and 12g.	
		lines 12a through 12d that of	lescribes the type o	r supporting organization	and comp	orted orga	nization(s) typically by o	ivina
а		Type I. A supporting organ	nization operated, s	supervised, or controlled to	majority of	the direct	tors or trustees of the su	pporting
		the supported organizatio	n(s) the power to re	gularly appoint or elect a	majority o	the direct	tors or tradition or time or	PP3
		organization. You must c	omplete Part IV, S	ections A and B.	and the late	aunnarta	d organization(s) by hav	ina
b		Type II. A supporting orga	anization supervised	or controlled in connecti	on with its	supporte	strol or manage the sunn	orted
		control or management of	f the supporting org	anization vested in the sa	me persor	is that cor	ittol or manage the supp	ioi tod
		organization(s). You must	t complete Part IV,	Sections A and C.		inn with o	nd functionally integrate	d with
C		Type III functionally integ	grated. A supporting	ig organization operated i	n connect	on with, a	D and E	a wan,
		its supported organization	n(s) (see instructions	s). You must complete F	art IV, Se	ctions A,	ith its supported organiz	ration(s)
d		Type III non-functionally	integrated. A sup	porting organization opera	ated in cor	bution rea	uirement and an attentiv	veness
		that is not functionally into	egrated. The organi	zation generally must sall	A and D	and Part	V	
	_	requirement (see instructi	ons). You must co	mplete Part IV, Sections	m the IDC	that it is a	Type I Type II Type III	
е		Check this box if the orga	inization received a	written determination iroi	II ule ino	ntion	Type I, Type II, Type III	
		functionally integrated, or		nally integrated supporting	ig organiz	ation.		
f	Ent	er the number of supported of	organizations					
_ g	Pro	vide the following information	(ii) EIN	ed organization(s).  (iii) Type of organization	(iv) Is the orga in your governi	inization listed	(v) Amount of monetary	(vi) Amount of other
		(i) Name of supported organization	(11) E114	(described on lines 1-10	Yes	No No	support (see instructions)	support (see instructions)
		Organization		above (see instructions))	163	140		
	A							
1 4		1	_					
grand and the								
	_							
	_							
	_					100		
Total			1-11 11 1	buetions for Form 900 o	r 990-F7	932021 09	25-19 Schedule A (Fo	rm 990 or 990-EZ) 2019
LHA F	or	Paperwork Reduction Act N	votice, see the inst	Tuctions for Form 990 0	1 330-EZ.	002021 08		

Schedule A (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						4
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						1
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						<i>)</i>
	furnished by a governmental unit to					100	
	the organization without charge					4	
4	Total. Add lines 1 through 3						
	The portion of total contributions					En Charles	
5	by each person (other than a	The state of the s	in/mo-	A Transaction of the Control of the			
	governmental unit or publicly		-	And the second second			
	supported organization) included		2000				
	on line 1 that exceeds 2% of the					Annual Control	
	amount shown on line 11,					BUTTE TO	
	column (f)		100		-//		
6	Public support. Subtract line 5 from line 4.		The Page	10.20	75.		
Sec	ction B. Total Support				4/		
_	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	12/					
8	Gross income from interest,		- A				
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business		199 1 1				
9	activities, whether or not the		4				
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)		J. Comments				
	mark and the Theorem 10 d					-	
11	Gross receipts from related activities,		ons)		THE REPORT OF THE PROPERTY OF	12	
12		. the everyingtion's	a first second this	d fourth or fifth ta	y year as a section	on 501(c)(3)	
13	organization check this box and sto	n here	5 m 5t, 5555/14;				
Se	organization, check this box and sto ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2019 (	line 6, column (f) d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2018	Schedule A. Part	II, line 14			15	%
16:	a 33 1/3% support test - 2019. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or r	more, check this bo	x and
	ston here. The organization qualifies	as a publicly supp	orted organization	1			
	33 1/3% support test - 2018. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/39	% or more, check th	is box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
47	a 10% -facts-and-circumstances tes	t - 2019. If the ord	ganization did not	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
177	and if the organization meets the "fac	cts-and-circumstan	ces" test. check the	nis box and stop I	nere. Explain in P	art VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization		
	10% -facts-and-circumstances tes	t - 2018. If the on	ganization did not	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
1	more, and if the organization meets t	he "facts-and-circu	imstances" test o	heck this box and	stop here. Expla	in in Part VI how the	е
	organization meets the "facts-and-cir	cumstances" test	The organization	qualifies as a public	cly supported org	anization	
10	and the second section of the section o	on did not check a	box on line 13 16	Sa. 16b. 17a. or 17l	o, check this box	and see instruction	s
18	rivate loundation. If the organization	on did not brook a			Sch	nedule A (Form 990	or 990-EZ) 2019

# Schedule A (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to ualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					1 1128 22	
Caler	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3337279.	2258361.	1322811.	2068471.	5686081.	14673003.
2	Gross receipts from admissions,						
-	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
•	Gross receipts from activities that					100	
3	2007年 (2007年 2007年 2007年 1007年 2007年 2						
	are not an unrelated trade or bus-						
	iness under section 513				A	3 (1000)	
4	Tax revenues levied for the organ-				A A		
	ization's benefit and either paid to				<b>S</b>	P	
	or expended on its behalf					-	
5	The value of services or facilities					<b>F</b>	
	furnished by a governmental unit to				A AMERICA		
	the organization without charge					5606001	1.4652002
6	Total. Add lines 1 through 5	3337279.	2258361.	1322811.	2068471.	5686081.	14673003.
	Amounts included on lines 1, 2, and						
1200	3 received from disqualified persons	1052650.	287,170.	190,760.	204,637.	393,804.	2129021.
b	Amounts included on lines 2 and 3 received			109			
	from other than disqualified persons that						_
	exceed the greater of \$5,000 or 1% of the						0.
	amount on line 13 for the year	1052650.	287,170.	190.760.	204,637.	393,804.	2129021.
	Add lines 7a and 7b	1032030.				The second second second	12543982.
8	Public support. (Subtract line 7c from line 6.)						
		(-) 001E	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015 3337279.	2258361.	1322811.	2068471.	5686081.	14673003.
	Amounts from line 6	3331213.	2230301.	1322011.	20001721	300000	
10a	Gross income from interest, dividends, payments received on	100					
	securities loans, rents, royalties,	00 540	10 000	15 002	29,391.	7,032.	93,651.
	and income from similar sources	28,542.	12,803.	15,883.	49,391.	1,032.	93,031.
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						00 454
	Add lines 10a and 10b	28,542.	12,803.	15,883.	29,391.	7,032.	93,651.
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital	6,974.	9,660.				16,634.
13	assets (Explain in Part VI.)	3372795.	2280824.	1338694.	2097862.	5693113.	14783288.
14	First five years. If the Form 990 is fo			d. fourth, or fifth to	ax vear as a sectio	n 501(c)(3) organiz	ation,
14		r the organization					
50	check this box and stop herection C. Computation of Publ	ic Support Per	centage				
				column (f))		15	84.85
	Public support percentage for 2019 (			Column (1))		16	71.09
16	Public support percentage from 2018	Schedule A, Part	Doroontogo			10	,
	ction D. Computation of Inves					147	.63
	Investment income percentage for 2					17	2.10
18	Investment income percentage from	2018 Schedule A,	Part III, line 17			18	
19	a 33 1/3% support tests - 2019. If the	e organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	I / IS not ⊾ च
	more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiza	ation	N
1	33 1/3% support tests - 2018. If the	e organization did i	not check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and s	top here. The orga	anization qualifies	as a publicly supp	orted organization	<b>&gt;</b> _
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
			76	Ilean	Sch	nedule A (Form 99	00 or 990-EZ) 20

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# Schedule A (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 4

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		4
	Yes	No
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3b	51100	
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3с		
4a		
4b		
4c		
5a		
5b		
5c		
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8		
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9a		1100
9b		
9с		
10a		
10b		Z) 2019

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Sched	tule A (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1	69275	5 Pa	ge <b>5</b>
	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a		4
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?	11c	-4	
_ c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	110	1000	
Sect	ion B. Type I Supporting Organizations		Yes	No
	and a seriestians have the newer to			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	4	4	
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	4		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported	7		
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
000	atom of Type it capped any a system		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).	11		
Sec	tion D. All Type III Supporting Organizations		_	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	market and		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_	West St	
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	2		
	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	3		
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ns).		
1 a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see it	nstruction	s)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	The state of the s			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		-
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
1	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а		3a		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes " describe in Part VI the role played by the organization in this regard.	30		

Schedule A (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 6

eck here if the organization satisfied the Integral Part Test as a qualifying the Type III non-functionally integrated supporting organizations must complicated Net Income  -term capital gain	rust on olete Se	octions A through E.	t VI). See instructions.
ljusted Net Income	olete Se	ctions A through E.	
• Management of the Contractions of			(D) 0
t-term capital gain		(A) Prior Year	(B) Current Year (optional)
	1		
es of prior-year distributions	2		
oss income (see instructions)	3		
s 1 through 3.	4		
tion and depletion	5		
f operating expenses paid or incurred for production or			
n of gross income or for management, conservation, or			
ance of property held for production of income (see instructions)	6		
penses (see instructions)	7		
Net Income (subtract lines 5, 6, and 7 from line 4)	8		
nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
te fair market value of all non-exempt-use assets (see			
ons for short tax year or assets held for part of year):			
monthly value of securities	1a		
monthly cash balances	1b		
ket value of other non-exempt-use assets	1c		
ld lines 1a, 1b, and 1c)	1d		
t claimed for blockage or other			
explain in detail in Part VI):			Same and the same
on indebtedness applicable to non-exempt-use assets	2		
line 2 from line 1d.	3		
emed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
uctions).	4		
e of non-exempt-use assets (subtract line 4 from line 3)	5		
line 5 by .035.	6		
es of prior-year distributions	7		
m Asset Amount (add line 7 to line 6)	8		
stributable Amount			Current Year
I net income for prior year (from Section A, line 8, Column A)	1		
% of line 1.	2		
n asset amount for prior year (from Section B, line 8, Column A)	3		
eater of line 2 or line 3.	4	The state of the s	
tax imposed in prior year	5		
table Amount. Subtract line 5 from line 4, unless subject to		The States	
acy temporary reduction (see instructions).	6		
asse eater c tax imp table	t amount for prior year (from Section B, line 8, Column A) of line 2 or line 3. posed in prior year  Amount. Subtract line 5 from line 4, unless subject to imporary reduction (see instructions). ere if the current year is the organization's first as a non-functionally	t amount for prior year (from Section B, line 8, Column A)  3  of line 2 or line 3.  posed in prior year  Amount. Subtract line 5 from line 4, unless subject to  mporary reduction (see instructions).  6  ere if the current year is the organization's first as a non-functionally integrated.	to amount for prior year (from Section B, line 8, Column A)  of line 2 or line 3.  possed in prior year  Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 7

	t V Type III Non-Functionally Integrated 509(			Current Year
	Amounts paid to supported organizations to accomplish exer	mot nurposes		
1	Amounts paid to supported organizations to accomplian exer Amounts paid to perform activity that directly furthers exempt			
2	organizations, in excess of income from activity	t purposes or supported		
_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		
3		s or supported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.	a arganization is responsive		1733
8	Distributions to attentive supported organizations to which the	le organization is responsive		
hes.	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(2)	/::\	(iii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			A CONTRACTOR OF THE PARTY OF TH
b	From 2015			0.0000000000000000000000000000000000000
С	From 2016		Part Description	
d	From 2017	and the second s	2/1 / Yall 100	17377
е	From 2018			The second
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years	The second secon		
	Applied to 2019 distributable amount		Carlot Carlotte	
ī	Carryover from 2014 not applied (see instructions)			
i	Remainder, Subtract lines 3g, 3h, and 3i from 3f.		CONTRACT CONTRACTOR	
4	Distributions for 2019 from Section D, line 7:			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder, Subtract lines 4a and 4b from 4.			A HOLDER
5	Remaining underdistributions for years prior to 2019, if	10 10 10 10 10 10 10 10 10 10 10 10 10 1		
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	230 200 200 200		
6	Remaining underdistributions for 2019. Subtract lines 3h	Terration of the second		
	and 4b from line 1. For result greater than zero, explain in		ALCOHOL: MINORAL CONTRACTOR	
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:	- E-	5.1777475 (1960)	
a	Excess from 2015			HED.
	Excess from 2016	200	Parameter Contra	
С	Excess from 2017			
	Excess from 2018		The second secon	
70000	Excess from 2019		TE	

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	(Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 8
Part VI	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.)
(A.	
_	

#### \*\* PUBLIC DISCLOSURE COPY \*\*

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization **Schedule of Contributors** 

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

OMB No. 1545-0047

2019

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Employer identification number

31-1692755

Organization type (chec	ck 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
Check if your organization	on is covered by the General Rule or a Special Rule.
Note: Only a section 50	1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
X For an organiza	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or
property) from	any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
Ear an arganiza	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under
sections 509/a	(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from
any one contrib	butor, 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;
	P-EZ, line 1. Complete Parts I and II.
	A CONTROL OF THE CONT
For an organiza	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the
	cruelty to children or animals. Complete Parts I, II, and III.
For an organization	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the
year, contribut	ions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,
nurnose Don't	t complete any of the parts unless the General Rule applies to this organization because it received nonexclusively
	table, etc., contributions totaling \$5,000 or more during the year   \$\bigs\table\$
Caution: An organization	on that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF),
but it must answer "No	on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1		\$_	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
2		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
3		\$_	7,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
4		\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
5		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
6	6-19	\$_	10,000.	Person X Payroll

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space	e is needed.	4
(a) No.	(b) Name, address, and <mark>ZIP + 4</mark>		(c) Total contributions	(d) Type of contribution
7		\$_	50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
8		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
9	Training deciroos, contracting to the contracting t	\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
10		\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
11		\$_	17,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
923452 11-06		\$.	5,000.	Person X Payroll

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
13		\$_	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
14		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
15		\$_	50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
16		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
17		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
18		\$ _	93,000.	Person X Payroll
923452 11-0	6-19		Schedule b (Form	350, 350-LZ, OI 350-FF [ (20 19)

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	4
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
19		\$_	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
20		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
21		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
22		\$.	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
23		\$	5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 24		\$	10,000.	Person X Payroll

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space	is needed.	4
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 25		\$_	25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
26		\$_	250,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 27	Name, address, and Eli TT	\$_	5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	Name, address, and Em	\$_	10,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 29	Name, address, and En 1 1	\$.	50,000.	Person X Payroll
(a)	(b)		(c) Total contributions	(d) Type of contribution
30	Name, address, and ZIP + 4	\$	5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space	is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
31		\$_	10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
32		\$_	25,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
33	Name, dedices, and an	\$_	500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
	Name, address, and En.	\$_	5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 35	againe, address, and an	\$	5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
36	Name, address, and Zir + 4	\$	50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	4
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
37		\$_	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
38		\$_	10,000.	Person X Payroll
(a)	(b)		(c) Total contributions	(d) Type of contribution
39	Name, address, and ZIP + 4	\$ _	50,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 40	Name, address, and ZIP + 4	\$.	25 222	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
41		\$.	5,000.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 42	Name, address, and Zir + 4	\$	150,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2019)

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		s10,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 47		\$10,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 48		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
49		\$_	5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
50		\$_	15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
51		\$.	15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
52		\$	5 000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
53		\$	5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
No. 54		\$	10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

31-1692755

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55		\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
58		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 60	Name, address, and Zir + +	s5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

17260520 758050 4000010-600

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	4
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
61		\$_	20,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
62		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
63	Trainic, courses, une 2m	\$_	300,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
64		\$_	5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
65		\$ .	21,040.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	3	(c) Total contributions	(d) Type of contribution
923452 11-06		\$.	6,654.	Person X Payroll Noncash (Complete Part II for noncash contributions.)  990, 990-EZ, or 990-PF) (2019

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	1
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67		s10,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
68		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
69		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
70		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
71		\$6,250.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
72 923452 11-0		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

#### COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	spac	e is needed.	4
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
73		\$_	100,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
74		\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
75		\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
76	Name, address, and Zir 7 4	\$_	10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
77		\$_	25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
78	19	\$_	5,000.	Person X Payroll

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional		(4)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$ 25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
80		\$ 25,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
81	Name, address, and ZIF TT	\$25,000.	Person X Payroll
(a)	(b)	(c) Total contributions	(d) Type of contribution
82	Name, address, and ZIP + 4	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
83		\$5,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 84	Name, address, and Zir + +	\$ 100,000.	Person X Payroll

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
86		s10,224.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
87		\$ <u>10,000.</u>	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
88		\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 89	Name, address, and an	\$606,083.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9 0 9 0		\$10,000.	Person X Payroll

Name of organization

Employer identification number

# COLUMBUS METROPOLITAN LIBRARY FOUNDATION

31-1692755

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	4
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$5,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		s10,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 93	Hallis, dedices, sind and	\$5,000.	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, directors	\$9,030.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		s1,733,478.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96	Malife, address, dits all 1.	\$\$	Person X Payroll

Name of organization

Employer identification number

## COLUMBUS METROPOLITAN LIBRARY FOUNDATION

31-1692755

art II	Noncash Property (see instructions). Use duplicate copies of Part II if ad	dition	al space is needed.	
(a) No. from Part I	(b)  Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
	ICE CREAM COUPONS			
91		\$_	5,000.	07/31/19
(a)			(c)	
No. from Part I	(b)  Description of noncash property given		FMV (or estimate) (See instructions.)	(d) Date received
	ALCOHOLIC BEVERAGES FOR EVENT			
92		\$_	10,000.	11/18/19
(a)			(c)	20
No.	(b)		FMV (or estimate)	(d)
from	Description of noncash property given	1	(See instructions.)	Date received
Part I				
0.0	FOOD FOR EVENT			
93		\$_	5,000.	11/20/19
(a)			(c)	
No.	(b)		FMV (or estimate)	(d) Date received
from	Description of noncash property given		(See instructions.)	Date received
Part I	FOOD FOR EVENT	_		
94	FOOD FOR BYENT			
		\$_	9,030.	11/01/19
(a)			(a)	
No.	(b)		(c) FMV (or estimate)	(d)
from	Description of noncash property given		(See instructions.)	Date received
Part I	STOCK	-	165.01	
95				
		\$_	1,733,478.	11/18/19
	A second	-		
(a)			(c)	700
No.	(b)		FMV (or estimate)	(d) Date received
from	Description of noncash property given		(See instructions.)	Date received
Part I	STOCK	+		
96	BIOCA			
			25,191.	PURSUED ARRESTS AND ARRESTS
				03/03/19

Employer identification number

TITME	BUS METROPOLITAN LIBRARY	FOUNDATION	31-1692755				
irt III	Exclusively religious, charitable, etc., contribution	ns to organizations described in securi- through (e) and the following line entry. In paritable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the year or organizations  for the year. (Enter this info. once.)  \$\infty\$ \$				
No.			(d) Description of how gift is held				
om art I	(b) Purpose of gift	(c) Use of gift	(a) Description of now gire is note				
1111							
		(e) Transfer of gift					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
No.							
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
art I		_					
_		p p					
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee				
rom	(b) Purpose of gift	d ZIP + 4  (c) Use of gift	Relationship of transferor to transferee  (d) Description of how gift is held				
) No. rom art I							
rom							
rom							
rom		(c) Use of gift					
rom							
rom	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift					
rom		(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
rom	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
rom	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
rom	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
art I	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
) No.	(b) Purpose of gift	(c) Use of gift  (e) Transfer of gift	(d) Description of how gift is held				
) No.	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
) No.	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
) No.	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
rom art I	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  (d ZIP + 4  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
n) No.	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  and ZIP + 4	(d) Description of how gift is held  Relationship of transferor to transferee				
) No.	(b) Purpose of gift  Transferee's name, address, are  (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held				
) No.	(b) Purpose of gift  Transferee's name, address, an	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee				
) No.	(b) Purpose of gift  Transferee's name, address, are  (b) Purpose of gift	(c) Use of gift  (e) Transfer of gift  (c) Use of gift  (c) Use of gift	(d) Description of how gift is held  Relationship of transferor to transferee  (d) Description of how gift is held				

## SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

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

➤ Attach to Form 990.

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

Inspection

Name	of the organization  COLUMBUS METROPOLITAN LIBRARY FOUNDATION  COLUMBUS METROPOLITAN LIBRARY FOUNDATION	2N 31-1692755
	The state in the Donor Advised Funds or Other Similar Funds	or Accounts. Complete if the
Part	Organizations Walitaining Bonor Advisor Farm 000 Port IV line 6	
	organization answered "Yes" on Form 990, Part IV, line 6.  (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	sed funds
5	Aggregate value at end of year  Did the organization inform all donors and donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing that the assets held in donor advisors in writing legal control?	Yes N
	are the organization's property, subject to the organization's exclusive legal control?	e used only
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	e conferring
	for charitable purposes and not for the benefit of the dollor of dollor advisor, or to any impermissible private benefit?	Yes N
	- The second of the experimental answered "Yes" on Form 990.	, Part IV, line 7.
Par	Til Conservation Lasements: Complete in the organization (check all that apply).	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	of a historically important land area
	Preservation of land for public use (for example, restriction)	of a certified historic structure
	Protection of natural habitat	
	Preservation of open space  Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form	m of a conservation easement on the last
2		Held at the End of the Tax Ye
	day of the tax year.	2a
a	Total number of conservation easements	2b
b	Total acreage restricted by conservation easements  Number of conservation easements on a certified historic structure included in (a)	2c
С	Number of conservation easements on a certified historic structure. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic struct	oture
d	Number of conservation easements included in (6) adquired and	2d
	listed in the National Register  Number of conservation easements modified, transferred, released, extinguished, or terminated by th	he organization during the tax
3	and the same of th	
	Number of states where property subject to conservation easement is located   Number of states where property subject to conservation easement is located	
4	Number of states where property subject to conservation easier that the periodic monitoring, inspection, handling of Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	of
5		
_	violations, and enforcement of the conservation easements it rolds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing cor	onservation easements during the year
6		
_	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conserv	vation easements during the year
7		
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170	70(h)(4)(B)(i)
8	: 4704-VAVD\639	
9	to a value describe how the organization reports conservation easements in its revenue and expens	ise statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial stater	ements that describes the
Pa	art III Organizations Maintaining Collections of Art, Historical Treasures, or	Other Silling Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line o.	
18	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement	nt and balance sheet works
	of out historical treasures, or other similar assets held for public exhibition, education, or research in	il latticianos el pasis
	to Doub VIII the toxt of the footnote to its financial statements that describes triese its	terris.
4	the state of a parmitted under FASB ASC 958, to report in its revenue statement and	IU Dalarice Shoot Works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in fu	urtherance of public service,
	provide the following amounts relating to these items:	
77	(i) Povenue included on Form 990, Part VIII, line 1	<b>S</b>
2	If the organization received or held works of art, historical treasures, or other similar assets for finance	ncial gain, provide
	the following amounts required to be reported under FASB ASC 958 relating to these items.	•
	a Revenue included on Form 990, Part VIII, line 1	

b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

		S METROPOLI			ION 31-16	92755 Page 2
Pa	rt III   Organizations Maintaining C					s (continued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that make	significant use of its	
	collection items (check all that apply):					
а	Public exhibition	d		change program		
b	Scholarly research	е	Other			
С	Preservation for future generations	8 501 01 010	NET TO DE 180 40	41 72 93	W V C23 00	
4	Provide a description of the organization's co					XIII.
5	During the year, did the organization solicit or				· · · · · · · · · · · · · · · · · · ·	- / A
Day	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	Illection?		Yes No
ra	reported an amount on Form 990, Par		ete if the organization	on answered "Yes" o	n Form 990, Part IV,	line 9, or
1a	Is the organization an agent, trustee, custodi		ary for contribution	s or other assets not	included	
	on Form 990, Part X?					Yes X No
b	If "Yes," explain the arrangement in Part XIII			************************		
			o ming madro.			Amount
С	Beginning balance				1c	7 tinodire
d	Additions during the year	***************************************			1d	
е	Distributions during the year			——————————————————————————————————————	1e	
f	Ending balance				11	
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?	Yes No
b	If "Yes," explain the arrangement in Part XIII.					X
Pai	t V Endowment Funds. Complete	f the organization and	swered "Yes" on Fo	rm 990, Part IV, line	10.	
	Magazi on to to to the second	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
	Beginning of year balance	160,250.	169,521.	104,224.	40,000.	
	Contributions			65,297.	64,224.	40,000.
	Net investment earnings, gains, and losses	28,781.	-9,271.	1		Sales and Market Sales
	Grants or scholarships				Sec. 40460's	
е	Other expenditures for facilities					
2	and programs	2,000.				
	Administrative expenses	100 001	450.050	160 501	101.001	
	End of year balance	187,031.	160,250.	169,521.	104,224.	40,000.
2	Provide the estimated percentage of the curr	The state of the s	The state of the s	) held as:		
	Board designated or quasi-endowment ► Permanent endowment ► 76.00	.00	_%			
	Term endowment 24.00	%				
	The percentages on lines 2a, 2b, and 2c show	The second secon				
3a	Are there endowment funds not in the posses	Villa.	ion that are held an	d administered for t	ne organization	
	by:	order or the organizat	ion that are more an	a deliminotoroa for t	io organization	Yes No
	(i) Unrelated organizations					3a(i) X
	(ii) Related organizations					3a(ii) X
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	d on Schedule R?			3b
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds.			
Par	t VI Land, Buildings, and Equipme					
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part X	line 10.	
	Description of property	(a) Cost or ot basis (investm			Accumulated epreciation	(d) Book value
1a	Land					
b	Buildings					1 Table 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
C	Leasehold improvements	100				
	Equipment					
е	Other					
Total	Add lines 1a through 1e. (Column (d) must ed	qual Form 990. Part X	column (B), line 10	Oc.)		0.

Schedule D (Form 990) 2019

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

Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)

Complete if the organization answered "Yes" on Form 990, Part IV,		Revenue per Ret		The second secon
Complete if the organization and the control of the	line 12a.		1	6,728,469.
Total revenue, gains, and other support per audited financial statements				
Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a			4
Net unrealized gains (losses) on investments		15,000.	-	
Donated services and use of facilities				
Recoveries of prior year grants		974,221.		
d Other (Describe in Part XIII.)			2e	989,221.
e Add lines 2a through 2d			3	5,739,248.
Subtract line 2e from line 1				
Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4a			
a Investment expenses not included on Form 990, Part VIII, line 7b	4h	-162,504.		
b Other (Describe in Part XIII.)			4c	-162,504.
c Add lines 4a and 4b			5	5,576,744.
Total revenue. Add lines 3 and 4c. This must equal Form 990. Part I, line art XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per F	leturn	
Complete if the organization answered "Yes" on Form 990, Part IV	line 12a.	///>		
Total expenses and losses per audited financial statements	1,000		1	2,669,138.
Total expenses and losses per audited linarical statements		19 81		
Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities	2a	15,000.		
The state of the s	2b			
0.11	2c			
J. Other (Describe in Part XIII.)	20	162,504.		177 504
d Other (Describe in Part XIII.) e Add lines 2a through 2d			2e	2,491,634.
3 Subtract line 2e from line 1			3	2,491,034.
Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	9.		
h Other (Describe in Part XIII.)	4b		1	9.
Add lines to and th			4c	2,491,643.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 18.)		5	2/132/010
			1. Dort	V line 2: Part XI
rovide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a a	nd 4; Part IV, lines 1t	and 2b; Part V, line	+, Pan /	A, 11116 Z, Fart AI,
les 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	e any additional info	rmation.		
OD				
ART IV, LINE 2B:				
	ED TO THE F	OUNDATION,	GEN	ERALLY ON
UNDS HELD FOR OTHERS ARE FUNDS ENTRUST				
UNDS HELD FOR OTHERS ARE FUNDS ENTRUST				
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED	OF RECEIVIN	G, HOLDING		
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED	OF RECEIVIN	G, HOLDING		
UNDS HELD FOR OTHERS ARE FUNDS ENTRUST	OF RECEIVIN	G, HOLDING		
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED	OF RECEIVIN	G, HOLDING		
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED BEHALF OF THE LIBRARY, FOR THE PURPOSE OF STRUCK SUCH FUNDS UPON AUTHORITY OF	OF RECEIVIN	G, HOLDING		
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED	OF RECEIVIN	G, HOLDING		
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED BEHALF OF THE LIBRARY, FOR THE PURPOSE OF SELECTION SUCH FUNDS UPON AUTHORITY OF SEART V, LINE 4:	OF RECEIVING THE DEPOSE	TOR.	AND	
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED BEHALF OF THE LIBRARY, FOR THE PURPOSE OF STRUCK SUCH FUNDS UPON AUTHORITY OF	OF RECEIVING THE DEPOSE	TOR.	AND	
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED FOR THE LIBRARY, FOR THE PURPOSE OF DISBURSING SUCH FUNDS UPON AUTHORITY OF PART V, LINE 4:	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED BEHALF OF THE LIBRARY, FOR THE PURPOSE OF SELECTION SUCH FUNDS UPON AUTHORITY OF SEART V, LINE 4:	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED FOR THE LIBRARY, FOR THE PURPOSE OF THE LIBRARY, FOR THE PURPOSE OF TH	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED FOR THE LIBRARY, FOR THE PURPOSE OF DISBURSING SUCH FUNDS UPON AUTHORITY OF PART V, LINE 4:	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED FOR THE LIBRARY, FOR THE PURPOSE OF THE LIBRARY, FOR THE PURPOSE OF TH	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED FOR THE LIBRARY, FOR THE PURPOSE OF THE LIBRARY, FOR THE PURPOSE OF TH	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED BEHALF OF THE LIBRARY, FOR THE PURPOSE OF THE SUCH FUNDS UPON AUTHORITY OF THE PURPOSE OF THE PURPOS	THE DEPOSE	G, HOLDING	AND	ORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED SEHALF OF THE LIBRARY, FOR THE PURPOSE OF DISBURSING SUCH FUNDS UPON AUTHORITY OF DART V, LINE 4: ANNUAL PROCEEDS FROM THE ENDOWEMENT FUN LIBRARY CUSTOMERS IN CONDUCTING RESEARCH	THE DEPOSE	G, HOLDING	AND	PORT OF
UNDS HELD FOR OTHERS ARE FUNDS ENTRUSTED BEHALF OF THE LIBRARY, FOR THE PURPOSE OF THE SUCH FUNDS UPON AUTHORITY OF THE PURPOSE OF THE PURPOS	THE DEPOSE	G, HOLDING	SUPP	ORT OF

Schedule D (Form 990) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-:  Part XIII   Supplemental Information (continued)	1692755 Page 5
(continued)	
CHANGE IN CSV OF LIFE INSURANCE	42,764.
INVESTMENT FEES	-9.4
TOTAL TO SCHEDULE D, PART XI, LINE 2D	974,221.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	AX
FUDRAISING EXPENSES	-162,504.
	)
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUDRAISING EXPENSES	162,504.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT FEES	9.

#### SCHEDULE G

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. (Form 990 or 990-EZ)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury

► Attach to Form 990 or Form 990-EZ.

Name of the organization

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

Employer identification number 21 1602755

COLUMBUS	METROPOLITAN LIBR	ARY FO	UNDATION	31-1692	
Part I Fundraising Activities.	Complete if the organization answer	ed "Yes" on	Form 990, Part IV, li	ne 17. Form 990-EZ	filers are not
required to complete this part.					
Indicate whether the organization raise	e Solicitati f Solicitati g Special i r oral agreement with any individual of art VII) or entity in connection with priduals or entities (fundraisers) pursua	on of govern fundraising of fincluding of ofessional fu	nment grants events ficers, directors, trus undraising services?		Description of the second
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes No			
	19				
Total		<b>&gt;</b>		d it is exempt from t	egistration
List all states in which the organization or licensing.	on is registered or licensed to solicit	contribution	ns or has been notifie	d it is exempt from	egistration
				01-11-0/5	000 or 000 E7) 2010
LHA For Paperwork Reduction Act No	tice, see the Instructions for Form	990 or 990	)-EZ.	Schedule G (Form	1 990 or 990-EZ) 2019

Schedule G (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (c) Other events (b) Event #2 (a) Event #1 (d) Total events NONE CELEBRATION (add col. (a) through OF LEARNING col. (c)) (total number) (event type) (event type) 710,381. 710,381. 1 Gross receipts 668,381. 668,381. 2 Less: Contributions 42,000. 42,000. Gross income (line 1 minus line 2) 4 Cash prizes 2,217. 2,217. Noncash prizes 32,363. 32,363. Rent/facility costs 93,140. 93,140. 7 Food and beverages 14,420. 14,420. 8 Entertainment 20,364. 20,364. 9 Other direct expenses ..... 162,504. 10 Direct expense summary. Add lines 4 through 9 in column (d) -120,504.11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo col. (a) through col. (c)) bingo/progressive bingo Revenue Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs Other direct expenses % Yes Yes 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_ No a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

Schedule G (Form 990 or 990-EZ) 2019

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain: \_

932082 09-11-19

0 1	dule G (Form 990 or 990-EZ) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1	692755 Page 3
	to the structure of the	Yes No
	to the second of the second of the second of the second of a trust, or a member of a parties in portion of the second of the sec	□ v □ Na
12	to administer charitable gaming?	Yes No
		1420
	The state of the s	13a %
		130
14	An outside facility  Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name	
	Address >	Yes No
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party ▶\$	
C	If "Yes," enter name and address of the third party:	
	Name	
	Address ►	
16	Gaming manager information:	
	Name ▶	
	Gaming manager compensation ▶ \$  Description of services provided ▶	
	Description of services provides p	
	□ Director/officer □ Employee □ Independent contractor	
17	Mandatory distributions:  a Is the organization required under state law to make charitable distributions from the gaming proceeds to	_
	a Is the organization required under state law to make charitable distribution with a state gaming license?	Yes No
	retain the state gaming license?  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
P	Sunnlemental Information. Provide the explanations required by Part I, line 25, columns (iii)	Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	
-	105/106/10/10/10/10/10/10/10/10/10/10/10/10/10/	
_		
(1)		
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175-		
-		000 000 E7\ 001
-	Schedule G (	Form 990 or 990-EZ) 2019

adule G from 990 or 990-E2 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692755 Page at IV Supplemental Information (continued)	Schedule G (	Form 990 or 990-EZ)	COLUMBUS METR	OPOLITAN I	LIBRARY	FOUNDATIO	N 31-1692755	Page 4
	Part IV	Supplemental Infor	mation (continued)					
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					)			
								_
	7							
		V						
							Name of the State	

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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OMB No. 1545-0047

Employer identification number 31-1692755

Schedule I (Form 990) (2019) 2 IBRARY BUILDING PROGRAM MAJORITY OF THE GRANT AS RESTRICTED FOR THE AND REMAINING (CTD...) (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. COLUMBUS METROPOLITAN LIBRARY FOUNDATION recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 2,163,465. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 31-6401170 501(C)(3) Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization COLUMBUS METROPOLITAN LIBRARY or government Name of the organization 96 SOUTH GRANT AVE COLUMBUS, OH 43215 Part Part II

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

31-1692755 COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Page 2

Schedule	I (Form 990) (2019)	COLUMBUS	METROPOL.	LTAN	LIBRARY	COLUMBUS METROPOLITAN LIBRARY FOUNDATION		317
Part III	Grants and Other As: Part III can be duplicat	sistance to Domestic Individu: ted if additional space is needer	Individuals. Co is needed.	mplete if	the organization	ssistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. cated if additional space is needed.	e 22.	V

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)
				57	
			1		
VI trod	Sumplemental Information Provide the information required	uired in Part I. lin	e 2: Part III. column	(b): and any other ac	in Part I. line 2: Part III. column (b); and any other additional information.

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, colu

PART I, LINE 2:

THE ORGANIZATION TYPICALLY, ONLY PROVIDES GRANTS TO THE COLUMBUS

IF EXCEPTIONS METROPOLITAN LIBRARY, A QUALIFIED 501(C)(3) ORGANIZATION.

ARISE, THEY MUST BE APPROVED BY THE FOUNDATION BOARD.

COLUMN (H): PART II, LINE 1, NAME OF ORGANIZATION OR GOVERNMENT: COLUMBUS METROPOLITAN LIBRARY

(H) PURPOSE OF GRANT OR ASSISTANCE: A MAJORITY OF THE GRANT WAS

RESTRICTED FOR THE LIBRARY BUILDING PROGRAM AND REMAINING (CTD...) FUNDS

932102 10-26-19

Schedule I (Form 990) (2019)

Schedule	e I (Form 9	90)	COLUMB Information	US METROPO	LITAN LIBRAR	Y FOUNDATIO	N 31-1692755 Page 2
							an Gruppar
WERE	USED	FOR ED	UCATIONAL	PROGRAMS,	BRANCH SPEC	IFIC NEEDS,	OR GENERAL
OPER	ATING	EXPENS	ES IN ACC	ORDANCE WI	TH DONORS' W	ISHES.	
OI LII							4
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-							

#### SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization COLUMBUS METROPOLITAN LIBRARY FOUNDATION Employer identification number 31-1692755

Par	Types of Property		(1.)	(0)	(d)	/P.P.	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of determ noncash contribution	ining amounts	i i
			Items contributed			1	
	Art - Works of art						
2	Art - Historical treasures	- A				9	
3	Art - Fractional interests				4	Mary Miles Control	
4	Books and publications						
5	Clothing and household goods				4 7 7	No residential	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property	V	3	1 759 684.	EXCHANGE VALU	E	
9	Securities - Publicly traded	X	3	1,735,004.	Discinia (CZ (IIII		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution - Historic structures			Cay		porter and the	
4.4	Qualified conservation contribution - Other						
14	Real estate - Residential		1				277-2
15	Real estate - Commercial						
16							
17	Real estate - Other						
18	Collectibles	- 4					
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens	1					
24	Archeological artifacts	X	16	38,701	COST	200	
25	Other (MISC. GIFTS)	A					
26	Other ()						
27	Other (						
28	Other ( )  Number of Forms 8283 received by the organic	zation durin	ng the tax year for	contributions			
29	for which the organization completed Form 82	83 Part IV	Donee Acknowled	Igement 29			
	for which the organization completed form of	.00, 1 are 14,	2011007107111		_	Yes	No
	During the year, did the organization receive b	v contributi	on any property re	norted in Part I, lines 1 throu	igh 28, that it		
30a	must hold for at least three years from the dat	o of the init	ial contribution an	d which isn't required to be	used for		
	must hold for at least three years from the dat	e or the lint	iai contribution, an	d Willow lost riodania is as	3	0a	X
	exempt purposes for the entire holding period	?					1
b	If "Yes," describe the arrangement in Part II.			of any ponetandard contrib	utions?	31 X	
31	Does the organization have a gift acceptance	policy that	requires the review	of any nonstandard contrib	duoris:	-	
32a					3	2a	X
	contributions?						
ATTEN -	If "Yes," describe in Part II.  If the organization didn't report an amount in o	column (c) f	or a type of proper	ty for which column (a) is ch	ecked,		
33		column (c) i	or a type or proper	-,,			
	describe in Part II.				Sahadula M /	Form 990	1) 2019

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

Schedule M Form 980, 2019 CULTURED SET NOT Visit to the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of terms received, or a combination of both. Also complete this part for any additional information.	Schedule M (	(Form 990) 2019 COLUMBUS METROPOLITAN LIBRARY FOUNDATION 31-1692753 Page 2  Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization
	Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
	<u></u>	
Schedule M (Form 990) 2019		Schedule M (Form 990) 20

932142 09-27-19

### SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Employer identification number 31-1692755

FORM 990, PART VI, SECTION B, LINE 11B:	
THE 990 IS REVIEWED BY THE FINANCE AND AUDIT COMMITTEE AND PROVIDED TO THE	
ENTIRE BOARD OF TRUSTEES AND APPROVED PRIOR TO FILING.	
ENTIRE BOARD OF TRUSTEES AND ATTROVES TRIGHT TO TELEST	
FORM 990, PART VI, SECTION B, LINE 12C:	
EACH TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD	
DELEGATED POWERS SHALL ADOPT THE POLICY AT THE ONSET OF HIS/HER TERM AND	
SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE	
CONFLICT OF INTEREST POLICY, READ AND UNDERSTANDS THE POLICY, AGREES TO	
COMPLY WITH THE POLICY AND UNDERSTANDS THAT THE FOUNDATION IS A CHARITABLE	Š
ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT	
MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TA	X
EXEMPT PURPOSES.	
EXEMPT FURFOSES:	
GROWTON D. J. T.	
FORM 990, PART VI, SECTION B, LINE 15:	
ALL BOARD MEMBERS ARE VOLUNTEERS AND DONATE THEIR TIME AND TALENT TO THE	
ORGANIZATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST DURIN	NG.
NORMAL BUSINESS HOURS OR ONLINE AT GUIDSTAR.ORG	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST 931,460	6.
CHANGE IN CSV OF LIFE INSURANCE 42,764	4.
TOTAL TO FORM 990, PART XI, LINE 9 974,23	0.
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  Schedule O (Form 990 or 990-EZ)	(2019
932211 09-06-19	

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
	Employer identification number 31-1692755
lame of the organization  COLUMBUS METROPOLITAN LIBRARY FOUNDATION	31 1031.00
THE 2C.	
FORM 990, PART XII, LINE 2C:	
THE PROCESS HAS NOT CHANGED.	