FRIENDS OF THE HENNEPIN COUNTY LIBRARY

990 and 990-T Return – Public Inspection Copy

For the Year Ended December 31, 2018



600 INWOOD AVENUE NORTH
SUITE 160
OAKDALE, MN 55128
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** PUBLIC DISCLOSURE COPY **

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047
2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information. and ending A For the 2018 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change FRIENDS OF THE HENNEPIN COUNTY LIBRARY Name change 36-3579536 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 612-543-8100 300 NICOLLET MALL termin-ated 2,944,653. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return MINNEAPOLIS, MN 55401 H(a) Is this a group return Applica-F Name and address of principal officer: KRISTI PEARSON Yes X No for subordinates? pending 300 NICOLLET MALL, MINNEAPOLIS, 55401 H(b) Are all subordinates included? Yes No Tax-exempt status: X = 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or L If "No," attach a list. (see instructions) J Website: ► WWW.SUPPORTHCLIB.ORG **H(c)** Group exemption number ▶ **K** Form of organization: **X** Corporation Association Other > L Year of formation: 1986 M State of legal domicile: MN Part I Summary Briefly describe the organization's mission or most significant activities: FRIENDS OF THE HENNEPIN COUNTY Activities & Governance LIBRARY IS THE FUNDRAISING PARTNER OF HENNEPIN COUNTY LIBRARY AND Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 17 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 45 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,220. b Net unrelated business taxable income from Form 990-T, line 38 7b **Prior Year Current Year** 2,38<u>7,</u>278. 1,819,217. Contributions and grants (Part VIII, line 1h) Revenue 291,162. <u>261,924.</u> Program service revenue (Part VIII, line 2g) 93,330. 132,467. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 0. 0. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,203,709. 2,781,669. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,275,418. 1,143,147. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 498,177. 557,073. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 574,057. 790,372. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 2,347,652. 2,490,592. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -143,943. 291,077. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,835,230. 3,698,034. 20 Total assets (Part X, line 16) 412,702. 217,634. 21 Total liabilities (Part X, line 26) 422,528. 3,480,400. 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. Signature of officer Date Sign KRISTI PEARSON, EXECUTIVE DIRECTOR Here Type or print name and title PTIN Print/Type preparer's name Preparer's signature CHRIS HENKE P01008921 Paid Firm's name AKINS HENKE AND COMPANY 46-3220328 Preparer Firm's EIN Firm's address 600 INWOOD AVENUE NORTH, SUITE 160 Use Only Phone no. 651-636-3806 OAKDALE, MN 55128

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes No

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	FRIENDS OF THE HENNEPIN COUNTY LIBRARY IS THE FUNDRAISING PARTNER OF
	HENNEPIN COUNTY LIBRARY AND BUILDS AWARENESS, APPRECIATION AND SUPPORT
	FOR OUR WORLD-CLASS LIBRARY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	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
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,224,412 • including grants of \$ 1,143,147 •) (Revenue \$
	LIBRARY SUPPORT: FRIENDS OF HCL RAISES HUNDREDS OF THOUSANDS OF DOLLARS
	IN PRIVATE SUPPORT EACH YEAR TO HELP HCL MAKE THE WONDER OF LEARNING
	AND DISCOVERY MORE ACCESSIBLE TO ALL. TOGETHER, WE ENVISION A HENNEPIN
	COUNTY WHERE LIBRARY SERVICES ENSURE THAT EVERY PERSON HAS THE
	OPPORTUNITY AND RESOURCES TO READ, GRADUATE, ENGAGE, WORK AND LEARN.
	FUNDS RAISED BY FRIENDS OF HCL SUPPORT HCL PROGRAMS LIKE TEEN TECH
	SQUAD AND HOMEWORK HELP AND KEY INITIATIVES LIKE EXPANDING EARLY
	LEARNING AND INCREASING KINDERGARTEN-READINESS.
	DEARNING AND INCREASING KINDERGARIEN-KEADINESS.
	262 722
4b	(Code:) (Expenses \$ 263,732. including grants of \$) (Revenue \$ 261,924.)
	PEN PALS IS AN AWARD-WINNING LECTURE SERIES FEATURING AUTHORS FROM
	AROUND THE WORLD. READERS ARE GIVEN THE OPPORTUNITY TO BECOME MORE
	FAMILIAR WITH BOTH THE AUTHORS' WORKS AND THEIR DAY TO DAY LIVES. WHEN
	FULLY SPONSORED, THIS LECTURE SERIES GENERATES INCOME SUPPORTING THE
	ORGANIZATION'S MISSION. 141 VOLUNTEERS ASSISTED STAFF AT 10 EVENTS,
	CONTRIBUTING 212 HOURS TO THE PROGRAM. 6,721 PEOPLE ATTENDED THE
	PROGRAM IN 2018.
4c	(Code:) (Expenses \$343,793 • including grants of \$) (Revenue \$)
	PUBLIC AWARENESS AND DONOR ENGAGEMENT:
	TALK OF THE STACKS: TALK OF THE STACKS IS A READING SERIES, WHICH
	EXPLORES CONTEMPORARY LITERATURE AND CULTURE. 990 INDIVIDUALS ATTENDED
	5 PROGRAMS AT NO COST DURING THE YEAR. 19 VOLUNTEERS CONTRIBUTED 48
	HOURS TO ASSIST STAFF WITH THE SERIES.
	ADDITIONAL LITERARY AND CULTURAL EVENTS: 590 PEOPLE ATTENDED 4
	ENGAGEMENT EVENTS WHICH HIGHLIGHT EXCEPTIONAL LIBRARY SERVICES OR
	COLLECTIONS THROUGHOUT THE YEAR.
	ADDITIONAL PUBLIC AWARENESS PIECES ON BEHALF OF THE LIBRARY SYSTEM: 2
4 d	Other program services (Describe in Schedule O.)
ru	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\bigs\) 1,831,937.
	Form 990 (2018
83200	SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	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,	6		
′	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	·		
	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11b		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	TID		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u></u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 Z Z Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25d X 26d Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26d X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or empl
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 28 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 29 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a 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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
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transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
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Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
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27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member
of any of these persons? If "Yes," complete Schedule L, Part III
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV
instructions for applicable filing thresholds, conditions, and exceptions):
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,
director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X
Bid the digatillation recent their didn't people and the distribution of the distribut
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes." complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X
If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete
Schedule N, Part II
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and
Part V, line 1 X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity
within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?
If "Yes," complete Schedule R, Part V, line 2
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?
Note. All Form 990 filers are required to complete Schedule O
Part 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 1a. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 13. In the number reported in Box 3 of Form 1096. Enter -0- if not applicable.
The Enter the Hamber reported in Box 6 of 1 of in 1666. Enter 6 in 1666 Enter 6
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable
(gambling) winnings to prize winners? 1c X

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Form 990 (2018) FRIENDS OF THE HENNEPIN COUNTY LIBRARY Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a7								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?								
	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country:								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b							
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х					
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	Va							
Б	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	OD							
, a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
_	to file Form 8282?	7c		Х					
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
g									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
a	Initiation fees and capital contributions included on Part VIII, line 12 10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a								
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against								
b	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
b	b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see instructions and file Form 4720, Schedule N.			37					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.	Eorm	990	(2010)					

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				X				
Sec	tion A. Governing Body and Management								
				Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	17						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with any other							
	officer, director, trustee, or key employee?		2		X				
3	Did the organization delegate control over management duties customarily performed by or under th								
	of officers, directors, or trustees, or key employees to a management company or other person?		з		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		Х				
6	Did the organization have members or stockholders?		6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point one or							
	more members of the governing body?		7a		Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s								
	persons other than the governing body?		7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year								
а	The governing body?		8a	Х					
b	Each committee with authority to act on behalf of the governing body?			Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)							
				Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?		10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the form	? 11a	X					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," describe							
	in Schedule O how this was done		12c	X					
13	Did the organization have a written whistleblower policy?		13	X					
14	Did the organization have a written document retention and destruction policy?		14	X					
15	Did the process for determining compensation of the following persons include a review and approva	al by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official		15a	X					
b	Other officers or key employees of the organization		15b		Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent with a							
	taxable entity during the year?		16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's							
	exempt status with respect to such arrangements?		16b						
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►MN								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, are	d 990-T (Section 501(d	c)(3)s only) avail	able				
	for public inspection. Indicate how you made these available. Check all that apply								
	X Own website Another's website X Upon request Other (explain	in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of interest policy,	and finar	ncial					
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records $lacksquare$ $lacksquare$							
	LINDA K. MERRITT - 612-543-8103								
	300 NICOLLET MALL, MINNEAPOLIS, MN 55401								

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

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	Ĭ		((C)			(D)	(E)	(F)
Name and Title	Average hours per	(do	Position (do not check more than one box, unless person is both an				one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for	offic	cer ar			or/trus		from the organization	from related organizations (W-2/1099-MISC)	other compensation from the
	related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(1) KAI SAKSTRUP	1.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) AIMEE ROGSTAD GUIDERA	1.00								_	
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) TOM RACCIATTI	1.00								_	
TREASURER		Х		Х				0.	0.	0.
(4) SUZAN MCGINNIS	1.00								_	
SECRETARY		Х		Х				0.	0.	0.
(5) JULIE ALLINSON	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(6) JULIA DAYTON KLEIN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(7) CHRIS DU BOIS	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(8) CHARLES GROSSMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(9) BERNADEIA JOHNSON	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CAROL JORDAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) CHARLIE KNUTH	1.00									
DIRECTOR		Х						0.	0.	0.
(12) PETER LANCASTER	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MOHAMMED LAWAL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) CHERYL OLSETH	1.00									
DIRECTOR		Х						0.	0.	0.
(15) KYLE PARSONS	1.00									
DIRECTOR		Х						0.	0.	0.
(16) PAT SCHMITT	1.00									
DIRECTOR		Х						0.	0.	0.
(17) ADDIS TESFAYE	1.00									
DIRECTOR		Х			L		L	0.	0.	0.
832007 12-31-18										Form 990 (2018)

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Form **990** (2018

Section A. Officers, Directors, Tru	stees, Key Em	ploy	/ees	, an	a H	ıgne	st C	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box	Position (do not check more than on box, unless person is both a officer and a director/truster			than	th an	(D) Reportable compensation from	(E) Reportable compensati from relate	on	an	(F) stimate nount o	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	rmer	the	organization (W-2/1099-MI	าร	com fr org and	pensa om the anizati d relate anization	e ion ed
(18) KRISTI PEARSON	40.00	트	드	ъ	- X	포 등	윤						
EXECUTIVE DIRECTOR		1		x				136,249.		0.		6,3	07.
(19) LINDA MERRITT	40.00									_	_		
FINANCE DIRECTOR		ــــ		Х		<u> </u>		66,074.		0.	1	3,1	<u>87.</u>
		 				+	\vdash						
		1											
												,	
		L				<u> </u>							
		-											
		╁				-	┢						
		1											
						1							
		L											
		1											
41- 0-1-1-1-1							Ļ	202,323.		0.	1	9,4	<u>Q /</u>
1b Sub-total c Total from continuation sheets to Part \								0.		0.		<i>y</i> , 4	0.
d Total (add lines 1b and 1c)								202,323.		0.	1	9,4	
Total number of individuals (including but							ho r	received more than \$100	0,000 of reportat	ole			
compensation from the organization													1
												Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the s								her compensation from			3		
and related organizations greater than \$15	-		-					· · · · · · · · · · · · · · · · · · ·		·	4		Х
5 Did any person listed on line 1a receive or	accrue compe	nsat	ion 1	from	any	y uni	relat	ted organization or indiv	idual for service	s			
rendered to the organization? If "Yes," cor	nplete Schedui	e J f	for s	uch	pers	son				<u></u>	5		X
Section B. Independent Contractors		-l - :- :	- II -						¢100 000 of oo		-4: 4		
1 Complete this table for your five highest of the organization. Report compensation for										npens	ationi	TOTTI	
(A)	tiro caloridar y	oui	orial	ng t	*****	0		(B)	your.		(C	 ;)	
Name and business	s address	N	ІИС	Ξ				Description of s	services	С	ompe		n
							_						
Total number of independent contractors \$100,000 of compensation from the organ		ot li	mite	d to	tho	se li 0	stec	d above) who received n	nore than				
Ψ100,000 of compensation from the organ	nzation -	—				_						000 /	

Pa	rt V	Ш	Statement of Reve						
			Check if Schedule O con	tains a response	or note to any lir	ne in this Part VIII			<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts	2	b d d d d d d d d d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut all other contributions, gifts, grar similar amounts not included about a contributions included in lines Total. Add lines 1a-1f PROGRAM REVENUE All other program service reverses	tions) 1b 1c 1d tions) 1e tts, and ve 1f 2,	46,366. 340,912. 23,458. Business Code 711130	2,387,278.	261,924.	revenue	512 - 514
		g ·	Total. Add lines 2a-2f		>	261,924.			
	3 4	1	Investment income (including other similar amounts)	x-exempt bond p	proceeds >	55,165.			55,165.
		a (Gross rents Less: rental expenses Rental income or (loss)	(i) Real	(ii) Personal				
	7	a (Gross amount from sales of assets other than inventory	(i) Securities 240,286.	(ii) Other				
		c (Less: cost or other basis and sales expenses Gain or (loss)	77,302.		77,302.			77,302.
Other Revenue		а (і	Net gain or (loss)Gross income from fundraisin including \$contributions reported on line	g events (not of		77,302.			77,302.
Other F		b c	Part IV, line 18 Less: direct expenses Net income or (loss) from fund	b draising events					
		 b	Gross income from gaming ad Part IV, line 19 Less: direct expenses	a					
	10	a (b	Net income or (loss) from gan Gross sales of inventory, less and allowances	returns a					
		<u> </u>	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
	11	<u></u>			pusiness Code				
		b.		-					
		c		-					
			All other revenue						
	12		Total. Add lines 11a-11d Total revenue. See instructions			2,781,669.	261,924.	0.	132,467.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	b, and 10b of Part VIII. Total expenses Program expe			
1	Grants and other assistance to domestic organizations	1 142 147	1 1 4 2 1 4 7		
	and domestic governments. See Part IV, line 21	1,143,147.	1,143,147.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	221,817.	137,366.	40,130.	44,321
_	trustees, and key employees	221,017.	137,300.	40,130.	44,321
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	267,805.	147,306.	12,013.	108,486
7	Other salaries and wages Pension plan accruals and contributions (include	201,003.	147,3000	12,013.	100,400
8	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	34,607.	19,915.	358.	14,334
9 10		32,844.	19,001.	3,407.	10,436
	Payroll taxes	32,011.	13,001.	3,107.	10,150
11	Fees for services (non-employees):				
a					
b	Legal	12,185.		12,185.	
c C		12,103.		12,103.	
u e	Lobbying				
f	Investment management fees	26,929.		26,929.	
g		20,525		20,5250	
9	column (A) amount, list line 11g expenses on Sch 0.)	208,860.	93,849.	3,423.	111,588
12	Advertising and promotion	3,157.	2,548.	93.	516
13	Office expenses	259,681.	27,623.	5,070.	226,988
14	Information technology		, , ,	70.00	
15	Royalties				
16	Occupancy				
17	Travel	11,528.	9,582.	728.	1,218
., 18	Payments of travel or entertainment expenses		2,002		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	11,992.	640.	6,070.	5,282
20	Interest	,		.,	- ,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	16,371.	9,510.	1,643.	5,218
23	Insurance	2,736.	,	2,736.	, -
24	Other expenses. Itemize expenses not covered			,	
	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM EVENTS	209,532.	209,482.		50
b	PROCESSING FEES	27,401.	11,968.	4,310.	11,123
c		-			· · · · · · · · · · · · · · · · · · ·
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,490,592.	1,831,937.	119,095.	539,560
26	Joint costs. Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Pai	πΧ	Balance Sheet				
		Check if Schedule O contains a response or note to a	ny line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		244,364.	1	309,291.
	2	Savings and temporary cash investments		541,607.	2	494,401.
	3	Pledges and grants receivable, net		527,318.	3	475,883.
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and former				
		trustees, key employees, and highest compensated e	mployees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 50	·			
şt		employees' beneficiary organizations (see instr). Comp	olete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Q	8	Inventories for sale or use		45 456	8	5.4.44.0
	9	Prepaid expenses and deferred charges		45,176.	9	54,418
	10a	Land, buildings, and equipment: cost or other	T4 100			
		basis. Complete Part VI of Schedule D 10a	74,198.	00 707		15 100
	b	Less: accumulated depreciation10b	· · · · · · · · · · · · · · · · · · ·	20,787.	10c	15,128.
	11	Investments - publicly traded securities		2,455,978.	11	2,348,913.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	3,835,230.	15	3 600 034	
	16	Total assets. Add lines 1 through 15 (must equal line		54,895.	16	3,698,034. 34,077.
	17	Accounts payable and accrued expenses	200,000.	17	0.	
	18	Grants payable	157,807.	18 19	183,557.	
	19	Deferred revenue		137,007.	_	103,337
	20 21	Tax-exempt bond liabilities			20 21	
"	22	Escrow or custodial account liability. Complete Part IV Loans and other payables to current and former office			21	
ţį	~~	key employees, highest compensated employees, and				
Liabilities		Complete Part II of Schedule L			22	
Ë	23	Secured mortgages and notes payable to unrelated the			23	
	24	Unsecured notes and loans payable to unrelated third			24	
	25	Other liabilities (including federal income tax, payables				
		parties, and other liabilities not included on lines 17-24				
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		412,702.	26	217,634.
		Organizations that follow SFAS 117 (ASC 958), che				
S		complete lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets		1,769,145.	27	1,655,876.
ala	28	Temporarily restricted net assets		1,099,679.	28	1,270,220.
Fund Balances	29			553,704.	29	554,304.
Ξ		Organizations that do not follow SFAS 117 (ASC 95	58), check here 🕨 🗌			
		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or equipme			31	
Net Assets or	32	Retained earnings, endowment, accumulated income			32	
Z	33	Total net assets or fund balances		3,422,528.	33	3,480,400.
	34	Total liabilities and net assets/fund balances		3,835,230.	34	3,698,034. Form 990 (2018)

	1 990 (2018) FRIENDS OF THE HENNEPIN COUNTY LIBRARY	36-	3579536	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,783		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,490		
3	Revenue less expenses. Subtract line 2 from line 1	3			77.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,422		
5	Net unrealized gains (losses) on investments	5	-233	3,2	05.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,480),4	00.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	3a		Х

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization FRIENDS OF THE HENNEPIN COUNTY LIBRARY **Employer identification number** 36-3579536

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The	organ	ization is not a private found	lation because it is: (For lines 1 through 12, o	heck only	one box.)						
1		A church, convention of ch										
2		A school described in sect i										
3		A hospital or a cooperative					ii).					
4	\Box	A medical research organiz						the hospital's name				
		city, and state:	a operatea ee.	ngan onon man a moopha		000		,				
5		An organization operated for	or the benefit of a co	llege or university owner	d or operat	ted by a d	overnmental unit describ	ned in				
J				ilege of difficulty owner	а ог орста	ica by a g	overnmental and desent)CG 1				
6		section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6	X											
′	21	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
_			. ,	(4)(A)(-1) (Ol-t- D								
8	H	A community trust describe										
9		An agricultural research org				-		-				
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or				
		university:										
10	Ш	An organization that norma										
		activities related to its exen	•	•				•				
		income and unrelated busing		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.				
		See section 509(a)(2). (Cor	•									
11	\vdash	An organization organized a	•	•	-							
12		An organization organized a	•	•	•		•					
		more publicly supported or						Check the box in				
		lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and 12g.					
а			anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), typically by	giving giving				
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustees of the s	supporting				
		organization. You must o	complete Part IV, Se	ections A and B.								
b			anization supervised	or controlled in connec	tion with it	s support	ed organization(s), by ha	iving				
		control or management o	f the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the sup	ported				
	_	organization(s). You mus	t complete Part IV,	Sections A and C.								
С			grated. A supporting	g organization operated	in connec	tion with, a	and functionally integrat	ed with,				
	_	its supported organization	n(s) (see instructions). You must complete I	Part IV, Se	ctions A,	D, and E.					
d			/ integrated. A supp	orting organization oper	ated in co	nnection v	vith its supported organ	zation(s)				
		that is not functionally int	egrated. The organiz	zation generally must sat	tisfy a dist	ribution re	quirement and an attent	iveness				
	_	requirement (see instruct	ions). You must con	nplete Part IV, Sections	s A and D,	and Part	V.					
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organiz	zation.						
f	Ente	er the number of supported o	organizations									
g		vide the following information		· · · · · · · · · · · · · · · · · · ·	(iv) le the erge	nization listed						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
		organization		above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
.												
Γ∩t≤	11											

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 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	ction A. Public Support			,			
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	,,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	(,	(,
	membership fees received. (Do not						
	include any "unusual grants.")	1310813.	1617582.	2775299.	1819217.	2387278.	9910189.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1310813.	1617582.	2775299.	1819217.	2387278.	9910189.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						813,169.
	Public support. Subtract line 5 from line 4.						9097020.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1310813.	1617582.	2775299.	1819217.	2387278.	9910189.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	29,968.	33,032.	40,093.	52,973.	55,165.	211,231.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						10101100
11	Total support. Add lines 7 through 10						10121420.
12	Gross receipts from related activities,	•	,			L	,129,905.
13	•	-	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u>C-</u>	organization, check this box and stor						<u></u> ▶∟⊥
	ction C. Computation of Publ						00 00
	Public support percentage for 2018 (14	89.88 % 88.78 %
	Public support percentage from 2017					15	
16a	33 1/3% support test - 2018. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2017. If the c						
4-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					-	
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	_					
	more, and if the organization meets the						·
10	organization meets the "facts-and-circ						
16	Private foundation. If the organization	ni did Hot Check a	DUX UITIIITIE 13, 16	a, 100, 17a, 0f 17t		and see instruction edule A (Form 990	
					JUITE	, aaic A (i Ui iii 330	J. JJU LZ ZU 10

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 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 qualify under the tests listed below, please complete Part II.)

<u>Section</u>	A. Public Support						
Calendar y	rear (or fiscal year beginning in) 🖊	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts	, grants, contributions, and						
mem	bership fees received. (Do not						
inclu	de any "unusual grants.")						
mero formo any a	s receipts from admissions, chandise sold or services per- ed, or facilities furnished in activity that is related to the nization's tax-exempt purpose						
3 Gros	s receipts from activities that						
are n	not an unrelated trade or bus- s under section 513						
	revenues levied for the organ-						
	on's benefit and either paid to						
	value of services or facilities						
	shed by a governmental unit to						
	organization without charge						

	I. Add lines 1 through 5 unts included on lines 1, 2, and					1	
	eived from disqualified persons						
b Amour from o	nts included on lines 2 and 3 received ther than disqualified persons that d the greater of \$5,000 or 1% of the						
	nt on line 13 for the year					+	
	lines 7a and 7b						
	ic support. (Subtract line 7c from line 6.) B. Total Support						
	•••			() 00/0	1 (0 00 4 7	1 () 22/2	(n =
_	rear (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
10a Gros divid secu	unts from line 6 s income from interest, ends, payments received on rities loans, rents, royalties, income from similar sources						
	ated business taxable income						
	section 511 taxes) from businesses						
•	red after June 30, 1975						
11 Net in active whet	lines 10a and 10b						
or los	r income. Do not include gain ss from the sale of capital ts (Explain in Part VI.)						
	support. (Add lines 9, 10c, 11, and 12.)						
	five years. If the Form 990 is for	-			-		zation,
chec	k this box and stop here		<u> </u>				.
	C. Computation of Publi						
	ic support percentage for 2018 (li			column (f))		15	%
	ic support percentage from 2017					16	%
Section	D. Computation of Inves	tment Incom	e Percentage				
	stment income percentage for 20					17	%
	stment income percentage from 2					18	%
19a 33 1	/3% support tests - 2018. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more	than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	supported organiz	ation	▶□
	/3% support tests - 2017. If the l8 is not more than 33 1/3%, che	· ·			·	•	
	ate foundation. If the organization						

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 Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 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.)

		Yes	No
	1		
	2		
	За		
	Ja		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
	8		
	3		
	9a		
	9b		
	9с		
	10a		
	10b		
~ O	90 or 90	00 E7	2018

832025 10-11-18

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 Page 6

Pa	Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust or	n Nov. 20, 1970 (explain in	Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 Page 7

Par	rt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule A	(Form 990 or 990-EZ) 2018 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-35/9536 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.)
-	

Schedule B

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

Department of the Treasury Internal Revenue Service **Schedule of Contributors**

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

OMB No. 1545-0047

Name of the organization

Employer identification number

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

36-3579536

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See ins	tructions.			
General	Rule					
	•	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or one contributor. Complete Parts I and II. See instructions for determining a contributor's total con	•			
Special	Rules					
X	sections 509(a)(1) a any one contributor	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, an or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Fo line 1. Complete Parts I and II.	nd that received from			
	year, total contribut	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational pure lity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor	poses, or for the			
	year, contributions of is checked, enter he purpose. Don't com	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one content of the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than the ere the total contributions that were received during the year for an exclusively religious, charitable and the parts unless the General Rule applies to this organization because it received not be, etc., contributions totaling \$5,000 or more during the year	1,000. If this box e, etc., onexclusively			
but it m ı	ıst answer "No" on l	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 9 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	* **			

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization Employer identification number

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

36-3579536

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 106,250.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$ 82,800.	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Tuning dudi 550, dira Edi T T	\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

36-3579536

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(c) FMV (or estimate) (See instructions.) (d) Date received
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate)	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate)	I and the second
		\$	
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate)	I and the second
23453 11-08		\$	

Name of organization **Employer identification number** 36-3579536 FRIENDS OF THE HENNEPIN COUNTY LIBRARY Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Employer identification number 36-3579536

Pai	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds o	or Accounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised	l funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	onferring
_			
Pai			rt IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (e.g., recreation or e		cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired		····
u	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
Ü	year	icasca, extinguished, or terminated by the o	rganization during the tax
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
_	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	on easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)	(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense s	tatement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes the	e organization's accounting for
_	conservation easements.		
Pai	rt III Organizations Maintaining Collections o	· · · · · · · · · · · · · · · · · · ·	er Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c service, provide the following amounts
	relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
0	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tree	-	airi, provide
~	the following amounts required to be reported under SFAS 1		> \$
	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2018

832051 10-29-18

Sche	dule D (Form 990) 2018 FRIENDS	OF THE HEN	NEPIN COU	NTY LIBRAR	xy 36-3	3579536	Page	2
	t III Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that are a	significant use of	its collection	items	
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further the	he organization's ex	empt purpose in F	Part XIII.		
5	During the year, did the organization solicit or	r receive donations o	f art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma					Yes	N	o
Pai	t IV Escrow and Custodial Arrang		te if the organizatio	n answered "Yes" o	n Form 990, Part	IV, line 9, or		
	reported an amount on Form 990, Par	t X, line 21.						
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?					Yes	L N∙	D
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		ı			
						Amount		_
	Beginning balance							_
	Additions during the year							_
е	Distributions during the year				1e			_
f	Ending balance				1f			_
2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ustodial account liab	oility?	Yes	⊢ N	O
_	If "Yes," explain the arrangement in Part XIII.							_
Pai	T V Endowment Funds. Complete if				1			_
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years ba	- ` ' - '		
1a	3 3 ,	1,323,777.	1,172,734.	, , , , , , , , , , , , , , , , , , ,	<u> </u>		258,336	
b	Contributions	600.	2,105.	·	<u> </u>		1,100	_
С.	Net investment earnings, gains, and losses	-91,119.	178,069.	-	 		28,360	
	Grants or scholarships	43,182.	29,131.	16,728.	52,51	. / •	54,464	<u> </u>
е	Other expenditures for facilities							
_	and programs							_
	Administrative expenses	1 100 076	1 202 777	1 170 724	1 100 10	. 1	222 224	_
g	End of year balance	1,190,076.	1,323,777.		1,128,16	1,	233,332	<u>.</u>
2	Provide the estimated percentage of the curr	ent year end balance 51.07		a)) neid as:				
a	Ŭ ' 46 F0		_%					
b		2.35 %						
С								
20	The percentages on lines 2a, 2b, and 2c shows the response of the percentages on lines 2a, 2b, and 2c shows the response of the percentages of the percentage of the percentages of the percentage of the p		tion that are hold a	nd administered for	the examination			
Sa	Are there endowment funds not in the posse	ssion of the organiza	tion that are neid a	na administered for	trie organization	Г	Voc. No	_
	by:						Yes No	
	(i) unrelated organizations						X	
L	(ii) related organizations If "Yes" on line 3a(ii), are the related organiza	tions listed as require	nd on Sahadula Da			3a(ii)	 ^	_
_						3b		_
4 Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		winent iunas.					_
· u	Complete if the organization answered		. Part IV. line 11a S	See Form 990 Part 3	C. line 10.			
	Description of property	(a) Cost or ot			Accumulated	(d) Book	value	_
	besomption of property	basis (investm	' '	1	epreciation	(G) DOOK	value	
	Land		,	, ,				_

Schedule D (Form 990) 2018

15,128.

15,128.

59,070.

e Other

b Buildingsc Leasehold improvements

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

d Equipment

74,198.

Schedule D (Form 990) 2018 FRIENDS OF 3	THE HENNEP	IN COUNTY LIB	RARY 36	-3579536	Page
Part VII Investments - Other Securities.					
Complete if the organization answered "Yes" of					
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	-of-year market v	/alue
(1) Financial derivatives					
(2) Closely-held equity interests					
(3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H) Total (Col. (h) must equal Form 000, Part V. col. (P) line 12.)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ► Part VIII Investments - Program Related.					
	Farra 000 Bart II	/ line 11 a Coo Form 000	Doub V. Boo 10		
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV (b) Book value		aluation: Cost or end	-of-vear market v	/alue
	(b) Book value	(C) Welliod of V	aldation. Cost of cha	Or year market v	aluc
(1)					
(2)					
(3) (4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)					
Part IX Other Assets.					
Complete if the organization answered "Yes" of	on Form 990, Part I\	/, line 11d. See Form 990,	Part X, line 15.		
	Description	,	,	(b) Book va	lue
(1)					
(2)					,
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		>		
Part X Other Liabilities.					
Complete if the organization answered "Yes" of	on Form 990, Part I\		n 990, Part X, line 25.	·	
1. (a) Description of liability		(b) Book value			
(1) Federal income taxes					
(2)					

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

^{2.} 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Schedule D (Form 990) 2018

Sche	edule D (Form 990) 2018 FRIENDS OF THE HENNEPIN COUNTY LIBRARY	36-	3579536 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	r Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,601,748.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	5.	
b		3.	
С	Recoveries of prior year grants		
	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-152,992.
3	Subtract line 2e from line 1		2,754,740.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	9.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	26,929.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		2,781,669.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,543,876.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a 80,213	3.	
b	Prior year adjustments 2b		
С			
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	80,213.
3	Subtract line 2e from line 1	3	2,463,663.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	9.	
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	26,929.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,490,592.
Pa	rt XIII Supplemental Information.		
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, li	ne 4; Par	t X, line 2; Part XI,
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
PA.	RT V LINE 4:		

ENDOWMENT FUNDS ARE TO BE USED TO ENHANCE THE HENNEPIN COUNTY LIBRARY COLLECTIONS AND PROGRAMS.

PART X, LINE 2:

IT IS THE POLICY OF FRIENDS OF THE HENNEPIN COUNTY LIBRARY, IN ACCORDANCE WITH U.S. GAAP, TO ASSESS ANY UNCERTAIN TAX POSITIONS AND, IF NECESSARY, RECORD A LIABILITY AND RELATED INCOME TAX EXPENSE FOR ANY UNCERTAIN TAX POSITIONS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FRIENDS OF THE HENNEPIN COUNTY LIBRARY AND HAS CONCLUDED THAT AS OF DECEMBER 31, 2018, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIALS.

Schedule D (Form 990) 2018	FRIENDS	OF	THE	HENNEPIN	COUNTY	LIBRARY	36-3579536	Page 5
Schedule D (Form 990) 2018 Part XIII Supplemental Information	mation (continu	ued)						
·								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047 **2018**

Open to Public Inspection

Name of the organization FRIENDS		Employer identification number $36-3579536$					
Part I General Information on Grants	and Assistance						
 Does the organization maintain records criteria used to award the grants or as: Describe in Part IV the organization's p 	sistance?						
Part II Grants and Other Assistance to					anization answered "	Yes" on Form 990. Par	t IV. line 21, for any
recipient that received more than					aa		,
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
HENNEPIN COUNTY LIBRARY 12601 RIDGEDALE DRIVE							OPERATING SUPPORT FOR PRIORITY PROGRAMS AND
MINNETONKA, MN 55305	41-6005801	115(1)	1,143,147.	0.			INITIATIVES
2 Enter total number of section 501(c)(3)	and government o	rganizations listed in t	he line 1 table				

3 Enter total number of other organizations listed in the line 1 table

(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 (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information	required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
PART I, LINE 2:					
FRIENDS OF THE HENNEPIN COUNTY L	IBRARY STA	FF WORK CI	LOSELY WITH	THE HENNEPIN	
COUNTY LIBRARY STAFF TO SEEK PRI	VATE FUNDII	NG TO ENHA	ANCE COLLEC	TIONS AND	
PROGRAMS NOT FULLY FUNDED THROUG	H PUBLIC RI	EVENUE STI	REAMS, LIBR	ARY STAFF AND	
FRIENDS OF THE HENNEPIN COUNTY L					
REPORT ON THE EXPENDITURES OF TH	ESE PRIVAT	ELY SECURI	ED GRANT FU	NDS.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Employer identification number 36-3579536

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BUILDS AWARENESS, APPRECIATION AND SUPPORT FOR OUR WORLD-CLASS LIBRARY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NEWSLETTERS, PROVIDING MORE THAN 9,000 PRINT IMPRESSIONS EACH, 36 EMAIL

COMMUNICATIONS TO 14,103 SUBSCRIBERS, GARNERING MORE THAN 124,639

EMAILS VIEWED, 4,275 FACEBOOK FANS, AND REACHED MORE THAN 53,808 UNIQUE

WEBSITE VISITS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE COMMITTEE REVIEWS THE FORM 990 FOR ACCURACY AND COMPLETENESS,

THEN FORWARDS TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS DIRECTORS, STAFF OR

FAMILY MEMBERS OF DIRECTORS AND STAFF. EACH RESPONSIBLE PERSON SHALL

ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS,

POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT

HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING.

SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A

DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A

BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO FRIENDS OF THE HENNEPIN

COUNTY LIBRARY. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A

RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND

SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE PRESIDENT, AND ANY

COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

Employer identification number

FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536

ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS POLICY. THIS POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

PRIOR TO BOARD OR COMMITTEE ACTION, THE PERSON WHO HAS A CONFLICT SHALL

DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE PERSON WHO

HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR

THE BOARD OR COMMITTEES DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE

MATERIAL FACTS AND TO RESPOND TO QUESTIONS. THE PERSON WHO HAS A CONFLICT

OF INTEREST MAY NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM, NOR

VOTE ON THE MATTER OF INTEREST, NOR BE PRESENT IN THE ROOM DURING THE VOTE,

UNLESS THE VOTE IS BY SECRET BALLOT. ALL DISCLOSURES OF POTENTIAL

CONFLICTS SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTOR'S COMPENSATION WAS DETERMINED AT THE TIME OF HIRING
BY THE HUMAN RESOURCES SUB-COMMITTEE OF THE EXECUTIVE COMMITTEE USING DATA
FROM COMPARABLE NON-PROFITS IN THE AREA. THE EXECUTIVE COMMITTEE PERFORMS
AN ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR WHICH DETERMINES ANY CHANGES TO
COMPENSATION. THIS REVIEW LAST OCCURRED ON JANUARY 14, 2019 COVERING THE
JANUARY 1 TO DECEMBER 31, 2018 FISCAL YEAR. ADDITIONALLY, THE EXECUTIVE
DIRECTOR PERFORMS AN ANNUAL REVIEW FOR ALL KEY STAFF. THE DESIGN OF THE
EVALUATION MAY CHANGE ANNUALLY AND MAY OR MAY NOT INCLUDE REVIEW AND
APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS
SUBSTANTIATION OF THE DELIBERATION AND DECISION. STAFF MERITS ARE APPROVED
ON AN ANNUAL BASIS DURING THE BUDGETING PROCESS.

FRIENDS OF THE HENNEPIN COUNTY LIBRARY	36-3579536								
FORM 990, PART VI, SECTION C, LINE 19:									
THE ORGANIZATION SUBMITS ANNUAL REPORTS TO THE MINNESOTA	OFFICE OF THE								
ATTORNEY GENERAL AND THE CHARITIES REVIEW COUNCIL. THESE	REPORTS ARE MADE								
AVAILABLE TO THE PUBLIC THROUGH THEIR OFFICES AND WEBSITES. ADDITIONALLY,									
THE ORGANIZATION PRODUCES AN ANNUAL REPORT WHICH DISCLOSES THE OPERATIONS									
OF THE YEAR. THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC COPIES OF OUR									
ANNUAL AUDITED FINANCIAL STATEMENTS, TAX FILINGS, CONFLIC	T OF INTEREST								
POLICY, AND OTHER GOVERNING DOCUMENTS UPON REQUEST.									

Form	990-T	E	Exempt Orga	nization Bus	sine	ss Incom	e Tax Re	eturn		OMB No. 1545-0687
			•	nd proxy tax und	er se	ction 6033(e))			2010
		For ca	lendar year 2018 or other tax ye	· · ·		, and ending				2018
	ment of the Treasury Revenue Service	•	Do not enter SSN numbe		be ma	de public if your or	ganization is a 5			en to Public Inspection for (c)(3) Organizations Only
A <u></u>	Check box if address changed		Name of organization ($lacksquare$	Check box if name cl	hanged	and see instruction	s.)	(:mployer Employe nstructio	ridentification number les' trust, see lens.)
B Ex	empt under section	Print	FRIENDS OF	THE HENNEPI	N C	OUNTY LIE	BRARY		36-	-3579536
X	501(c)(3)	or	Number, street, and roon	n or suite no. If a P.O. box	, see in	structions.				business activity code uctions.)
	408(e) 220(e)	Туре	300 NICOLLE					`		
	408A530(a) 529(a)		City or town, state or prom MINNEAPOLIS		r foreig	n postal code		9 (0009	99
C Bool	value of all assets	<u> </u>	F Group exemption num	per (See instructions.)	—					
at er	3,698,0	34.	F Group exemption num G Check organization typ	401(a) tru	ıst	Other trust				
H Ente	er the number of the (organiza	ition's unrelated trades or l	ousinesses.	1	Des	cribe the only (o	r first) unrela	ated	
trad	e or business here 🕨	► _S	EE STATEMENT	1		. If only	one, complete F	Parts I-V. If n	nore tha	an one,
		-	ce at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Sch	nedule M for each	n additional t	rade or	
	iness, then complete								1	77
			oration a subsidiary in an		ıt-subsi	diary controlled gro	oup?	▶ ∟	Yes	X No
			tifying number of the parer			т	elephone numbe	r > 61	2-5/	13_8103
			de or Business Inc			(A) Income		Expenses		(C) Net
	Gross receipts or sale					. ,	.,	<u>. </u>		
	ess returns and allov			c Balance ▶	1c					
2 (Cost of goods sold (S	chedule	A, line 7)		2					
	Gross profit. Subtract				3					
			h Schedule D)		4a					
			art II, line 17) (attach Form		4b					
C (Capital loss deduction	for trus	sts		4c					
			ship or an S corporation (a	*	5					
	Rent income (Schedu	, ,	(0.1.1.1.5)		6				+	
			ne (Schedule E)		7 8					
			and rents from a controlled on 501(c)(7), (9), or (17) o	-	\vdash					
			me (Schedule I)		10				-	
			e J)		11				\dashv	
			ns; attach schedule)		12					
			gh 12				0.			
Par	t II Deductio	ns No	ot Taken Elsewhe	re (See instructions fo	r limita	tions on deducti			•	
	•		utions, deductions mus							
14			rectors, and trustees (Sche						14	
15									15	
16									16	
17	Bad debts		oo instructions)						17 18	
18 19			ee instructions)						19	
20	Charitable contribution	ons (Se	e instructions for limitation	rules)					20	
21			562)					······		
22			n Schedule A and elsewher					2	2b	
23									23	
24			mpensation plans						24	
25									25	
26	Excess exempt expe	nses (S	chedule I)					2	26	
27	Excess readership co	osts (Sc	hedule J)					2	27	
28			nedule)						28	
29			14 through 28						29	0.
30			ncome before net operating				-\		30	0.
31 32	· ·	_	loss arising in tax years be	-	ry 1, 20	ıซ (see instruction	S)	_	31	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

FOITH 990-1	(2016)	LKIENDS OF THE HEI	MEETN COOMIT	ТТРКИК	I	30-3	379330		rage Z
Part I	II T	Total Unrelated Business Taxa	ble Income						
33	Total	of unrelated business taxable income compu	ted from all unrelated trades	or businesses (s	ee instructio	ons)	33		0.
34	Amou	ınts paid for disallowed fringes					34	2,2	220.
35	Dedu	ction for net operating loss arising in tax year	s beginning before January	1, 2018 (see inst	ructions)		35		
36	Total	of unrelated business taxable income before	specific deduction. Subtract	line 35 from the	sum of				
	lines	33 and 34					36	2,2	220.
37	Speci	fic deduction (Generally \$1,000, but see line	37 instructions for exception	าร)			37	1,0	00.
38	Unre	ated business taxable income. Subtract line	e 37 from line 36. If line 37 is	s greater than line	36,				
	enter	the smaller of zero or line 36					38	1,2	220.
Part I	V 7	Tax Computation							
39	Orga	nizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)				39	2	256.
40		s Taxable at Trust Rates. See instructions fo							
		Tax rate schedule or Schedule D (Fo	orm 1041)				4 0		
41		tax. See instructions					4 1		
42		native minimum tax (trusts only)							
43		n Noncompliant Facility Income. See instru							
44	Total	. Add lines 41, 42, and 43 to line 39 or 40, wl	nichever applies				44	2	256.
Part \		Tax and Payments	• •						
45 a	Foreig	gn tax credit (corporations attach Form 1118	trusts attach Form 1116)		45a				
			,		-				
C					 				
ď		t for prior year minimum tax (attach Form 88			-				
e		credits. Add lines 45a through 45d					45e		
46									256.
47	Other	act line 45e from line 44 taxes. Check if from: Form 4255	Form 8611 Form 86	97 Form 8	866 0	ther (attach schedu	10 le) 47		
48		tax. Add lines 46 and 47 (see instructions)						2	256.
49		net 965 tax liability paid from Form 965-A or							0.
		ents: A 2017 overpayment credited to 2018					43		•
		estimated tax payments							
		eposited with Form 8868			50d				
		gn organizations: Tax paid or withheld at soul			-				
		up withholding (see instructions)			50e				
		t for small employer health insurance premiu			50f				
g		credits, adjustments, and payments:							
			Other		50g				
		payments. Add lines 50a through 50g		·····					
52		ated tax penalty (see instructions). Check if F	·				52		\
53		ue. If line 51 is less than the total of lines 48,			T.EMEW.I	: <u>4</u>	53		256.
54		payment. If line 51 is larger than the total of l		nount overpaid			54		
55		the amount of line 54 you want: Credited to			• • • • •	Refunded	55		
		Statements Regarding Certain							
56		y time during the 2018 calendar year, did the	-	-		-		Yes	No
		a financial account (bank, securities, or other			-				
		N Form 114, Report of Foreign Bank and Fin	ancial Accounts. If "Yes," ent	er the name of th	e foreign cou	untry			
	here								X
57	Durin	g the tax year, did the organization receive a	distribution from, or was it t	he grantor of, or t	ransferor to,	, a foreign trust?			Х
	If "Ye	s," see instructions for other forms the organ	ization may have to file.						
58	Enter	the amount of tax-exempt interest received of	or accrued during the tax yea	ır ▶ \$					
0:		der penalties of perjury, I declare that I have examine rrect, and complete. Declaration of preparer (other the					knowledge and b	elief, it is true,	
Sign		, (,	·-··g-·	May the IRS di	scuss this return	with
Here)		EXECUT	IVE DI	RECTOR		own below (see	
		Signature of officer	Date	Title			instructions)?	X Yes	No
		Print/Type preparer's name	Preparer's signature	D	ate	Check	if PTIN		
Paid						self- employ			
Prepa	rer	CHRIS HENKE						L008921	
Use C		Firm's name ► AKINS HENKE				Firm's EIN	▶ 46-	-322032	8
200 €	· · · · y		AVENUE NORT	H, SUIT	E 160				
		Firm's address ► OAKDALE, 1	IN 55128			Phone no.	651-63	36-3806	5

Form **990-T** (2018)

823711 01-09-19

Schedule A - Cost of Good	s Sold. Enter	method of inve	ntory \	valuation ► N/A					
1 Inventory at beginning of year			<u> </u>	Inventory at end of yea	r		6		
2 Purchases			_	Cost of goods sold. Su					
3 Cost of labor	3			from line 5. Enter here	and in I	Part I,			
4a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8		263A (with respect to		Yes	No
b Other costs (attach schedule)	4b			property produced or a	acquired	d for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property an	d Pe	rsonal Property	Leas	ed With Real Pro	per	ty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	red or accrued				3(a) Deductions directl	v oonn	acted with the income	in
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)) (attach schedule)	"		
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.	(b) Tabal dadaadaa			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). Er n (A)	nter 			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Del			instru	uctions)					
			:	2. Gross income from or allocable to debt-	(2)	to debt-finan	connected with or allocable nanced property		
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	
(1)							\dashv		
(2)							1		
(3)									
(4)									
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a debt-fina	e adjusted basis allocable to anced property h schedule)	(6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)			8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)				%			1		
(2)				%					
(3)				%					
(4)				%					
						inter here and on page 1, Part I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in						•	\Box		0.

(2) (3) (4) Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). (5) Color of income 1. Description of income 2. Amount of income 2. Amount of income 3. Deductions (establish schedule) (establish schedule) (establish schedule) (1) (2) (3) (4) Finter here and on page 1, Part I, line 8, column (A). Finter here and on page 1, Part I, line 8, column (A). Finter here and on page 1, Part I, line 8, column (B). Column (B) 5. Total deductions (establish schedule) (establish schedule) (establish schedule) (finter here and on page 1, Part I, line 8, column (B). Column (B) 5. Total deductions (establish schedule) (establish sc	Schedule F - Interest,		-	-	Controlled O						
(2) (3) (4) (5) (7)	1. Name of controlled organization	identi	fication			4. Tot payr	al of specified ments made	includ	included in the controlling		connected with income
29	(1)										
(4) Nonexempt Controlled Organizations 7, Tabable Income 8, Net irrefered income fixed (see instructions) (9) Total of specied payments in the controlled in the controlled payments in the controlled payments in the controlled payments in the controlled payments in the controlled payments in the											
(4) Nonexempt Controlled Organizations 7, Tatable Income 8, Net irreflace income fiscol (see risks colored) 9, Total of specified payments in the certifical payments in the											
Nonexemptic Controlled Organizations Street discrete forces Street of repetitions Street of re											
(1) (2) (3) (4) Add columns 6 and 10. Enter here and on page 1. Part I, inter 8, column (9) (ase instructions) 1. Description of income 2. Amount of income 2. Amount of income (ase instructions) 1. Description of exploited exhibit income from trade or business income from trade or business income from page 1. Part I, inter 8, column (9). (ase instructions) 1. Description of exploited exhibit income from trade or business income from trade or business income from page 1. Part I, inter 8, column (9). (b) (c) (d) 2. Amount of income 2. Amount of income (arreign controlled interestable) (d) (d) (e) (e) (f) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g		zations		•				•		•	
(2) (3) (4) Add column 8 and 10. Enter here and on page 1, Part I, line 8, column (A) (see instructions) 1. Description of income 1. Description of income 2. Amount of income 3. Description of income 3. Description of income 4. Set saidle (gred. 3 pelic col. 4) (2) (3) (4) 5. Total description of income 1. Description of income 1. Description of income 2. Amount of income 3. Description of income 4. Set saidle (gred. 3 pelic col. 4) (gred. 4	7. Taxable Income			9. Total		ments	in the controll	ing orgar	nization's		
(4) Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (5) (5) (6) Add columns 5 and 10. Enter here and on page 1, Part 1, line 8, column (6) (7) (8) (1) (9) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 8, column (6) (8) (4) Enter here and on page 1, Part 1, line 8, column (7) (8) (9) (1) (9) (1) (1) (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (8) (8) (9) (1) (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) (see instructions) 1. Description of page 1, Part 1, line 9, column (8) (see instructions) 2. Amount of income 2. Amount of income 3. Deductions 4. Set-salcies (attach schedule) (attach schedule) 5. Total deductions (attach schedule) (see instructions) O Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of page 1, Part 1, line 9, column (8) O Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of page 1, Part 1, line 9, column (8) O Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of page 1, Part 1, line 9, column (8) O Schedule J - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of page 1, Part 1, line 9, column (8) O Schedule J - Advertising Income (see instructions) Enter here and on page 1, Part 1, Income 1, Part 1,	(1)										
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (9), O O	• •										
Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (8). Totals	(3)										
Fortals	(4)										
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (either schedule) (either sch							Enter here and	on page	1, Part I,	Enter h	ere and on page 1, Part I,
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions directly connected (either schedule) (either sch	Totals					>			0.		0
1. Description of income 2. Amount of income directly connected (attach schedule) (1) (2) (3) (4) Enter here and on page 1, Part I, line 9, column (A) (see instructions) 1. Description of explicited activity (see instructions) 2. Gross unrelated business income business	Schedule G - Investme	ent Income of a	Sectio	n 501(c)(7), (9), or	(17) Or	ganization	1			
(2) (3) (4) Enter here and on page 1, Fart I, line 9, column 6). Enter here and on page 1, form to or exploited exempt Activity Income, Other Than Advertising Income 1. Description of exploited exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business income income from trade or business income income from trade or business income incom	1. Desc	ription of income			2. Amount of	income	directly conne	ected			and set-asides
(3) (4) Enter here and on page 1, Part 1, line 9, column (A). Column 1	(1)										
(3) (4) Enter here and on page 1, Part 1, line 9, column (A). O Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross unrelated business income business income business income business income business (receiv) connected that the page 1. Part 1. Interest (Page 1. Page 1. Pa	(2)										
Contails Part Fertiles	(3)										
Enter here and on page 1, Part I, line 9, column (A). Part I, line 9, column (B).											
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unrelated business income from trade or business income from trade or business income in trade or business income from trade or business income from trade or business income in					Enter here and Part I, line 9, co	on page 1, lumn (A).					Enter here and on page Part I, line 9, column (B).
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unrelated business income from trade or business income from trade or business income in trade or business income from trade or business income from trade or business income in	Totals			•		0.					0
1. Description of exploited activity 2. Gross unrelated business income from trade or	Schedule I - Exploited	Exempt Activit	y Incon	ne, Othe	r Than Ac	lvertisi	ng Income	•			
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (B). Totals O Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs (col. 2 minus col. 3), if a gain, compute cols. 5 through 7. (1) (2) (3) (4)		unrelated business income from	directly with p of ur	connected roduction arelated	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3). If a e cols. 5	from activity is not unrelated	that ted	attributa	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col. (B). Totals O Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising costs (col. 2 minus col. 3), if a gain, compute cols. 5 through 7. (1) (2) (3) (4)	(1)										
(3) (4) Enter here and on page 1, Part I, line 10, col. (A). Schedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income (see instructions) 1. Name of periodical 2. Gross advertising income (see instructions) (1) (2) (3) (4)											
(4) Enter here and on page 1, Part 1, line 10, col. (A). Totals O											
Enter here and on page 1, Part I, line 10, col. (A). Totals Do. Oo. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4)											
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income service advertising costs (column 5 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4)		page 1, Part I, line 10, col. (A).	page	1, Part I,), col. (B).							on page 1, Part II, line 26.
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4)	Totals										1 0
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs (1) (2) (3) (4)											
1. Name of periodical 2. Gloss advertising advertising costs 3. Direct advertising costs or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. (1) (2) (3) (4) 5. Circulation income 5. Circulation income 6. Readership costs col. 3). If a gain, compute cols. 5 through 7.	Part I Income From	Periodicals Rep	orted o	on a Con	solidated	Basis					
(2) (3) (4)	1. Name of periodical	advertising	adv		or (loss) (c col. 3). If a g	ol. 2 minus ain, comput					costs (column 6 minus column 5, but not more
(2) (3) (4)	(1)										
(3) (4)											
(4)											
Totals (carry to Part II, line (5)) ► 0 • 0 • 0											
	Totals (carry to Part II, line (5))	▶	0.	0							0

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY						STATEMENT	
DISALLOWED QUALIFIED	O TRANSPORATIO	N FRINGE BEN	EFITS				
TO FORM 990-T, PAGE 3	1						
FORM 990-T	INTEREST AND PENALTIES				STATEMENT 2		
TAX FROM FORM 990-T LATE PAYMENT INTENT LATE PAYMENT PENAL LATE FILING PENAL	REST LTY					2	156. 1. 12.
TOTAL AMOUNT DUE						2	70.
FORM 990-T LATE PAYMENT INTEREST					STA	TEMENT	3
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTERE	ST
TAX DUE LATE FILING PENALTY DATE FILED	05/15/19 05/15/19 06/15/19	256. 12.	256. 268. 269.				1.
TOTAL LATE PAYMENT II	NTEREST						1.
FORM 990-T	LATE	PAYMENT PENA	LTY		STA	PEMENT	4
DESCRIPTION	DATE	AMOUNT	BALANCE	BALANCE MON		THS PENALTY	
TAX DUE DATE FILED	05/15/19 06/15/19			56. 56.	1		1.
TOTAL LATE PAYMENT PI	ENALTY				-		1.