FRIENDS OF THE HENNEPIN COUNTY LIBRARY

990 Return – Public Inspection Copy

For the Year Ended December 31, 2017



600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128 TEL: (651) 636-3806 FAX: (651) 636-1136 www.akinshenke.com

Form	9	9	0
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** PUBLIC DISCLOSURE COPY **

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

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.



Department of the Treasury Internal Revenue Service

AI	or th	e 2017 calendar year, or tax year beginning and en	nding							
B	Check if applicab	e: C Name of organization		D Employer identified	cation number					
	Addre chang Name	* FRIENDS OF THE HENNEPIN COUNTY LIBRARY Doing business as 36-3579536								
	_]chang _]Initial									
	Initial return Final return	300 NICOLLET MALL	oom/suite	E Telephone number 612-	543-8100					
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,387,104.					
	Amended MINNEAPOLIS, MN 55401									
	Applie distance	F Name and address of principal officer: KRISTI PEARSON		for subordinates						
	pendi	^{ng} 300 NICOLLET MALL, MINNEAPOLIS, MN 5540	01	H(b) Are all subordinates in						
11	Гах-ех	empt status: $X = 501(c)(3) = 501(c) () = (insert no.) = 4947(a)(1) or$	527		list. (see instructions)					
		te: WWW.SUPPORTHCLIB.ORG		H(c) Group exemption	. ,					
		forganization: X Corporation Trust Association Other	I Year o		State of legal domicile: MN					
	art I	Summary	_ rour c							
	1	Briefly describe the organization's mission or most significant activities: FRIENI	DS OF	THE HENNEP	IN COUNTY					
Activities & Governance	·	LIBRARY IS THE FUNDRAISING PARTNER OF HEM	NEPIN	COUNTY LIB	RARY AND					
rna	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net as	sets.					
ove	3	Number of voting members of the governing body (Part VI, line 1a)			19					
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			19					
8 8	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			10					
itie	6	Total number of volunteers (estimate if necessary)			45					
ctiv		Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.					
Ā		Net unrelated business taxable income from Form 990-T, line 34			0.					
	<u> </u>		<u> </u>	Prior Year	Current Year					
~	8	Contributions and grants (Part VIII, line 1h)		2,775,299.	1,819,217.					
nue	9	Program service revenue (Part VIII, line 2g)		227,779.	291,162.					
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		55,454.	93,330.					
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,058,532.	2,203,709.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		921,308.	1,275,418.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		490,352.	498,177.					
ISe		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Expenses		Total fundraising expenses (Part IX, column (D), line 25) 369, 63	9.							
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		529,937.	574,057.					
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,941,597.	2,347,652.					
	19	Revenue less expenses. Subtract line 18 from line 12		1,116,935.	-143,943.					
or				ginning of Current Year	End of Year					
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		3,597,445.	3,835,230.					
Ass J Ba	21	Total liabilities (Part X, line 26)		219,971.	412,702.					
Net- Unc	22	Net assets or fund balances. Subtract line 21 from line 20		3,377,474.	3,422,528.					
		Signature Block		, - ,	.,,					
_		alties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, 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.

Sign Here	Signature of officer KRISTI PEARSON, EXECUT Type or print name and title	TIVE DIRECTOR		Date
Paid		Preparer's signature	Date	Check PTIN if self-employed P01008921
Preparer	Firm's name AKINS HENKE AND	COMPANY		Firm's EIN 46-3220328
Use Only		-		Phone no.651-636-3806
May the II	S discuss this return with the preparer shown ab	ove? (see instructions)		X Yes No
	KRISTI PEARSON, EXECUTIVE DIRECTOR Type or print name and title Print/Type preparer's name Preparer's signature Date Check PTIN aid Print/Type preparer's name Preparer's signature Date Check P1N Firm's name AKINS HENKE Preparer's signature Date Check P1N Firm's name AKINS HENKE AND COMPANY Firm's EIN 46-3220328 Firm's address 600 INWOOD AVENUE NORTH, SUITE 160 Phone no.651-636-3806			

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	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?
	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 1,349,988. including grants of 1,275,418.) (Revenue \$ LIBRARY SUPPORT: FRIENDS OF HCL RAISES HUNDREDS OF THOUSANDS OF DOLLAR
	IN PRIVATE SUPPORT EACH YEAR TO HELP HCL MAKE THE WONDER OF LEARNING
	AND DISCOVERY MORE ACCESSIBLE TO ALL. TOGETHER, WE ENVISION A HENNEP
	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.
4b	(Code:) (Expenses \$ 270,578. including grants of \$) (Revenue \$ 291,16
	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. WH FULLY SPONSORED, THIS LECTURE SERIES GENERATES INCOME SUPPORTING THE
	ORGANIZATION'S MISSION. 146 VOLUNTEERS ASSISTED STAFF AT 12 EVENTS,
	CONTRIBUTING 219 HOURS TO THE PROGRAM. 8,181 PEOPLE ATTENDED THE
	PROGRAM IN 2017.
4c	(Code:) (Expenses \$ 239,742. including grants of \$) (Revenue \$)
	PUBLIC AWARENESS AND DONOR ENGAGEMENT:
	TALK OF THE STACKS: IS A READING SERIES WHICH EXPLORES CONTEMPORARY
	TTERDAMINE AND CULTURE 075 INDIVIDUALS AMMENDED 5 DOCEDAMS AM NO CO
	DURING THE YEAR. 15 VOLUNTEERS CONTRIBUTED 36 HOURS TO ASSIST STAFF
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4d	DURING THE YEAR. 15 VOLUNTEERS CONTRIBUTED 36 HOURS TO ASSIST STAFF WITH THE SERIES. ADDITIONAL LITERARY AND CULTURAL EVENTS: 260 PEOPLE ATTENDED 2 ENGAGEMENT EVENTS WHICH HIGHLIGHT EXCEPTIONAL LIBRARY SERVICES OR COLLECTIONS THROUGHOUT 2017. Other program services (Describe in Schedule 0.)
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4e	DURING THE YEAR. 15 VOLUNTEERS CONTRIBUTED 36 HOURS TO ASSIST STAFF WITH THE SERIES. ADDITIONAL LITERARY AND CULTURAL EVENTS: 260 PEOPLE ATTENDED 2 ENGAGEMENT EVENTS WHICH HIGHLIGHT EXCEPTIONAL LIBRARY SERVICES OR COLLECTIONS THROUGHOUT 2017. Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

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Form	990	(2017)

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Pa	t 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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
•	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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,			
	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	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		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	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?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	Ι.		
	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			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			v
	complete Schedule G, Part III	19	I	X

Form **990** (2017)

732003 11-28-17

Form 990 (2017)				HENNEPIN	COUNTY	LIBRARY
Part IV Checklist of F	Required Sch	edule	es (cont	inued)		

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			v
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
259	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 I. Part I.	25a		x
h	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	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			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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 X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
24	contributions? If "Yes," complete Schedule M	30		
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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? <i>If</i> "Yes," <i>complete</i>			
<u> </u>	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2017)

732004 11-28-17

1a Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 1a 12 1b Enter the number of Forms W26 included in line 1a. Enter 0- if not applicable 1a 10 0 Did the organization compty with backup withholding ules for reportable payments to vendos and reportable gaming gambling winnings to prize winnes? 2a Enter the number of Form W3. Transmittal of Wage and Tax Statements. 2a 10 2a Enter the number of and 2a is greater than 220, you may be required to 4% (life less instructions). 3a X 3a Did the organization have unelated business gross income of \$1,000 or more during the subner year. 2b X 3a At any time the name of the foreign country (such as a bank account, securities account, or other authority yow, a financial account in a foreign country (such as a bank account, securities account, or other authority yow, a financial account in the organization have an interest in, or a signature or thera authority yow, a financial account in the organization have short transaction? 3a X bit 1*Yes, 'has t filed a form 500 Tor the year? At any time the name of the foreign country (such as a bank account, securities account, or other authority yow, a financial account in the organization have an there of FIDCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAP). 5a X 5a W the organization have and the organization fina an there during the tay security account account in the se	Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
1a Enter the number expected in Box 3 of Form 1006. Enter-0 if not applicable 1a 12 b Enter the number of Forms W-20 included in line 1a. Enter 0- if not applicable 1b 0 0 Determine of Forms W-20 included in line 1a. Enter 0- if not applicable 1b 0 2 Enter the number of enployees reported on Form W-3, Transmittal of Wage and Tax Statements, Implication to an encode of by this return 10 1c 3 Did the organization time 1a and 2a is greater than 250, your may be required to efficie (see instructions) 2a X 3a Did the organization field arrow 2017 for this yaar? If Mo; to line 3b, provide an explanation in Schedule O 3a X 4 At any time during the calendar year, ald the organization field arrow 2017 or the instructions 3a X 5 Bit TYss, "that if field a Form 300.7 for this yaar? If Mo; to line 3b, provide an explanation in Schedule O 3a X 6 Mart the organization field arrow 2017 is this yaar? 5a X 5 Mart the organization field arrow 2017 is this yaar? 5a X 6 Mart the organization state arrow 2017 is this yaar? 5a X 5 Mart the organization f		Check if Schedule O contains a response or note to any line in this Part V			<u></u>		
b Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable payments to vendors and reportable gaming (antibing) winnings to price winners? In	10	Enter the number reported in Roy 3 of Form 1006. Enter 0, if not applicable	1 10	12		res	NO
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winnes? 1c X 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, (2a) 10 1c X 2b Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, (2a) 100 1c X bit of test on is reported on line 2, ald the organization file all required foel-file (see instructions) 3a X X 3b Did the organization have unrelated business gross income of \$1,000 or more during the values? 3a X 4a X Transch all account in a foreign country. 5a X 5c Firster, the organization have unrelated business gross income of \$1,000 or more during the values? 5a X 5a Was the organization have unrelated business gross income of \$1,000 or more during the calcount? 5b X 5a Was the organization have annual gross receipts that an enormaly greater transaction? 5a X 5a Was the organization nave were statement that was or is a party to a prohibited tax sheler transaction? 5a X 5a Was the organization neave any greater transaction 170(c). 5b X			-				
gambling winnings to prize winners? 10 2a Enter the number of employees reported on Form W-3, transmittal of Wage and Tax Statements, find for the calendar yeer ending with or within the year covered by this return 10 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a X Note, If the sum of lines 1 and 2a is greater than 26.3 your may be required to refife (see instructions) 3a X 3b If '''set, if this of Form S000 Tor this year? (Mo, 't file Ab, provide an explenation in Schedule O 4a X 1b '' yest, 't end the foreign courtry (such as a bark account, securities account, or other authority over, a financial account in a foreign courtry (such as a bark account, securities account, or other authority over, a financial account in a foreign courtry (such as a bark account, securities account, or other authority over, a financial account (FBAR). 5a X 5a Was the organization a prive to a prohibited tax shelter transaction? 5a X 5a Does the organization any the organization file Form 88861? 5a X 5a Dif the organization any trave solution include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5a X 5b 1''yes, 't di the organization native davas disple organization and express statement thasuch contributions or gifts were not tax deduct				ble gaming			
2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 10 b If at least one is reported on line 2a, did the organization file all required foderal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to -file (see instructions) 3a 3a X 3b Dift due organization have unrelated business gross income of \$1,000 or more during the year? 3a X 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 item set in the foreign country item is see instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a X 5a Was the organization have annual gross necelpts that are normally greater than \$100,000, and did the organization solid ary contributions that ware not tax deductible as chartable contributions? 5a X 6a X bid any taxable party notify the organization file form 8886 17 5b X 6a X bid way taxable party notify the organization file form 8886 17 5c 5c 7a X bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 5b X	C				1c	x	
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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. 9 a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organizations. Enter: 10a 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 10b 11 Section 501(c)(12) organizations. Enter: 11a 10b a Gross income from members or shareholders 11a 11b b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a 13a Note. See the instructions for additional information the organization must repor	-					┠──┦	
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 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	0		•		8		
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12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 12b a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the 14a	b	Gross income from other sources (Do not net amounts due or paid to other sources against					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a 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. 13a b Enter the amount of reserves the organization is required to maintain by the states in which the							
13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13 a Is the organization licensed to issue qualified health plans in more than one state? 13a 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 13a	12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413)	12a		
 a Is the organization licensed to issue qualified health plans in more than one state? 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 	b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
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	13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
b Enter the amount of reserves the organization is required to maintain by the states in which the	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.					
organization is licensed to issue qualified health plans	b						
		organization is licensed to issue qualified health plans	13b				
c Enter the amount of reserves on hand			13c				
							X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	еО				(0047

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Form 990	(2017)
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36-3579536 Page 5

732005 11-28-17

Form 990 (2017)

Form 990 (2017)

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

36-3579536 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI				
Sec	tion A. Governing Body and Management				
			-	Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 1	.9		
	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		.9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	nip with any other			
	officer, director, trustee, or key employee?		. 2		
3	Did the organization delegate control over management duties customarily performed by or under t	he direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots		. 3		
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	. 4		
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?	. 5		
6	Did the organization have members or stockholders?		. 6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint one or			
	more members of the governing body?		. 7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,				
	persons other than the governing body?		. 7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y	ear by the following:			
а	The governing body?		. 8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal I			•	
				Yes	
l0a	Did the organization have local chapters, branches, or affiliates?		. 10a		
	If "Yes," did the organization have written policies and procedures governing the activities of such				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	, 3			T
			12a	X	Г
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris		·	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If				
-	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?			X	
15	Did the process for determining compensation of the following persons include a review and appro				
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision				
-	The organization's CEO, Executive Director, or top management official		15a	x	
	Other officers or key employees of the organization				┢
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		. 150		ľ
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	amont with a			
108			160		
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu		. 16a		-
b					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org		101		
200	exempt status with respect to such arrangements?		. 16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed MN	T (0) = 0 () (0)	· · · ·		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	-1 (Section 501(c)(3)s only	/) availat	ble	
	for public inspection. Indicate how you made these available. Check all that apply.				
		in in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, c	onflict of interest policy, a	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 b	ooks and records:			
	LINDA K. MERRITT - 612-543-8103				
	300 NICOLLET MALL, MINNEAPOLIS, MN 55401				
32006	§ 11-28-17		Forn	n 990	(20
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Part VII	Co	pensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	d
	[•] Em	loyees, 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.

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do		Pos	ition	1 than	000	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	<u> </u>	cer an I	ndad I	irecto	or/trus	itee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC)		organization and related
	below	lual tr	tional		nploy	st con yee				organizations
	line)	ndivic	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) KAI SAKSTRUP	1.00				×	1 0	<u> </u>			
PRESIDENT		x		x				0.	0.	0.
(2) AIMEE ROGSTAD GUIDERA	1.00									
VICE PRESIDENT		x		x				0.	0.	0.
(3) TOM RACCIATTI	1.00									
TREASURER		X		X				0.	0.	0.
(4) SUZAN MCGINNIS	1.00									
SECRETARY		X		X				0.	0.	0.
(5) CHARLOTTE ABRAHAMSON	1.00									
DIRECTOR		X						0.	0.	0.
(6) BEVERLY COTTMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(7) CHRIS DU BOIS	1.00									
DIRECTOR		Х						0.	0.	0.
(8) SUSAN GRAY	1.00								_	
DIRECTOR		Х						0.	0.	0.
(9) CHARLES GROSSMAN	1.00									
DIRECTOR		х						0.	0.	0.
(10) DR. BERNADEIA JOHNSON	1.00									
DIRECTOR		X						0.	0.	0.
(11) CAROL JORDAN	1.00									
DIRECTOR		X						0.	0.	0.
(12) MARY PAT LADNER	1.00	.,								
DIRECTOR	1 00	X						0.	0.	0.
(13) BETH MCGUIRE THEOBALD	1.00							0	0	
DIRECTOR	1 00	X						0.	0.	0.
(14) CHERYL OLSETH	1.00	v						0.	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
(15) MARICA RINEK	1.00	x						0.	0.	0.
DIRECTOR (16) PAT SCHMITT	1.00	^						0.	0.	0.
	1.00	x						0.	0.	0.
DIRECTOR (17) MATTHEW B. SELTZER	1.00	<u> </u> ^		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(17) MATTHEW B. SELTZER DIRECTOR	L	x						0.	0.	0.
		1 22	L	L	L	<u> </u>	L	0.	0.	Form 990 (2017)
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Par	t VII Section A. Officers, Directors, Trus		ploy	vees			ghe	st C		es (continued)				
	(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck ss pe	more rson i	than is boti pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatic from related	on	Est am	(F) imated ount c other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MIS		fro orga and	pensat om the nization relate nization	e on ed
(18) DIRE	CAROL SHAW CTOR	1.00	x						0.		ο.			0.
(19) DIRE	ADDIS TESFAYE	1.00	x						0.		0.			0.
(20)	KRISTI PEARSON	40.00											- 01	
	UTIVE DIRECTOR LINDA MERRITT	40.00			Х				121,275.		0.		5,85	
FINA	NCE DIRECTOR				х				53,874.		0.	11	L,1()6.
									175,149.		0.	16	5,96	54
с	Sub-total Total from continuation sheets to Part V Total (add lines 1b and 1c)	II, Section A							0.		0.		5,90	0.
2	Total number of individuals (including but r compensation from the organization							no r	-),000 of reportab	• •			1
													Yes	No
3	Did the organization list any former officer line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>				-	•	•		highest compensated e			3		х
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	-		-					-	-		4		х
5	Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," con</i>	accrue compei	nsat	ion f	rom	any	unr	elat	ted organization or indiv	idual for services	5	5		x
	tion B. Independent Contractors									\$100.000				
1	Complete this table for your five highest co the organization. Report compensation for	•	•								npens	ation fr	om	
	(A) Name and business	address	N	ONE	3				(B) Description of s	ervices	С	(C) ompen		1
								_						
								_						
2	Total number of independent contractors (\$100,000 of compensation from the organ	•	iot li	mite	d to		se lis)	stec	d above) who received n	nore than				
												Form S	90 (2	017)

732008 11-28-17

Form	990 (2017) FRIEND	S OF TH	E HENNEP	IN COUNTY	LIBRARY	36-3579	9536 Page 9
Par	t VII	Statement of Revenu	ie					
		Check if Schedule O contain	ns a response	or note to any lin		(B)	(0)	
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
Pou Do		Membership dues						
Ρ, tŝ		Fundraising events						
ilar		Related organizations		20 744				
Sir		Government grants (contribution		38,744.				
er utio	f	All other contributions, gifts, grants,		780,473.				
년 문	~	similar amounts not included above						
		Noncash contributions included in lines 1a Total. Add lines 1a-1f	-		1,819,217.			
<u> </u>				Business Code				
ø	2 a	PROGRAM REVENUE		711130	291,162.	291,162.		
۵ Zi	b							
Se	с							
am eve	d							
Program Service Revenue	е							
ā	f	All other program service revenu	Je					
	g	Total. Add lines 2a-2f			291,162.			
	3	Investment income (including di	-					_
		other similar amounts)			52,973.			52,973.
	4	Income from investment of tax-e						
	5	Royalties						
	•		(i) Real	(ii) Personal				
		Gross rents						
		Less: rental expenses Rental income or (loss)						
		• • • • • • • • • • • • • • • • • • •						
			(i) Securities	(ii) Other				
	<i>,</i> u		23,752.					
	b	Less: cost or other basis						
		and sales expenses 1	83,395.					
	с	Gain or (loss)	40,357.					
		Net gain or (loss)		►	40,357.			40,357.
Other Revenue		Gross income from fundraising e including \$	events (not					
eve		contributions reported on line 10						
ж В		Part IV, line 18	a					
Ę	b	Less: direct expenses						
	с	Net income or (loss) from fundra	aising events	►				
	9 a	Gross income from gaming activ						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from gamin		▶				
	10 a	Gross sales of inventory, less re						
		and allowances						
		Less: cost of goods sold						
H	С	Net income or (loss) from sales	of inventory					
⊢	11 a	Miscellaneous Revenue		Business Code				
	n a b							
	c							
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			2,203,709.	291,162.	0.	93,330.
732009	11-28							Form 990 (2017

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Part IX Statement of Functional Expenses

36-3579536 Page 10

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (B) (C) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 1,275,418. 1,275,418. and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 118,517. 35,456. 192,113. 38,140. trustees, and key employees 6 Compensation not included above, to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 248,942. 138,753. 18,547. 91,642. 7 Other salaries and wages Pension plan accruals and contributions (include 8 7,163 3,574 3,342. 247 section 401(k) and 403(b) employer contributions) 10,387. 20,354. 9,148. 819. Other employee benefits 9 29,605. 17,303. 3,274. 9,028. Payroll taxes 10 Fees for services (non-employees): 11 a Management b Legal 11,895. 11,895. Accounting С d Lobbying Professional fundraising services. See Part IV, line 17 е 24,913. 24,913. Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, q 89,752. 54,380. 3,197. 32,175. column (A) amount, list line 11g expenses on Sch 0.) 2,009. 1,822. 3,831. Advertising and promotion 12 186,877. 24,383. 5,284. 157,210. 13 Office expenses 14 Information technology 15 Royalties 16 Occupancy 8,118. 5,707. 985. 1,426. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 8,086. 163. 2,884. 5,039. Conferences, conventions, and meetings 19 Interest 20 Payments to affiliates 21 2,004. 17,114. 9,912. 5,198. Depreciation, depletion, and amortization 22 2,758. 2,758. 23 Insurance Other expenses. Itemize expenses not covered 24 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.) 194,644. 186,450. 8,194. PROGRAM EVENTS 13,352. 9,097. PROCESSING FEES 26,069. 3,620 b С d All other expenses е 2,347,652. 1,860,308. 117,705. 369,639. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

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______ if following SOP 98-2 (ASC 958-720)

Check here

10 2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL_1

Form 990 (2017)

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10a Land, buildings, and equipment: cost or other 63,486. basis. Complete Part VI of Schedule D _____ 10a 42,699. 36,879. b Less: accumulated depreciation 10b 10c 2,165,715. Investments - publicly traded securities 11 11 12 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 Other assets. See Part IV, line 11 15 3,597,445. Total assets. Add lines 1 through 15 (must equal line 34) ... 16 33,956. 17 Accounts payable and accrued expenses 18 18 Grants payable 186,015. 19 Deferred revenue Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 25 Schedule D 219,971. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🔟 and complete lines 27 through 29, and lines 33 and 34. 1,769,145. 1,624,265. 27 Unrestricted net assets 1,201,610. 28 Temporarily restricted net assets 551,599. 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 3,377,474. Total net assets or fund balances 33 3,597,445. 34 Total liabilities and net assets/fund balances_____

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing

Notes and loans receivable, net

Inventories for sale or use

5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L

employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L

Prepaid expenses and deferred charges

36-3579536 Page 11

(B)

End of year

244,364.

541,607.

527,318.

45,176.

20,787.

2,455,978.

3,835,230.

54,895.

200,000.

157,807.

412,702.

1,099,679.

3,422,528.

3,835,230.

Form **990** (2017)

553,704.

(A)

Beginning of year

184,530.

395,554.

784,498.

30,269.

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

Form 990 (2017) Part X Balance Sheet

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_iabilities

Vet Assets or Fund Balances

Assets

Form	990 (2017) FRIENDS OF THE HENNEPIN COUNTY LIBRARY	36-3	579536	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	2,203		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,347		
3	Revenue less expenses. Subtract line 2 from line 1	3	-143		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,377		
5	Net unrealized gains (losses) on investments	5	188	3,99	97.
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	3,422	2,52	28.
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				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	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	x	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te 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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audi [.]			37
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>			

Form **990** (2017)

732012 11-28-17

SCHEDULE A	
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Department of the Treasury

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047
2017
Open to Public Inspection

Intern	al Rever	nue Service		Go to www.irs.gov	/Form990 for instruction	ons and tl	he latest i	nformation.			Inspection
Nan	ne of t	the organizati									ntification number
Da		Decer			HENNEPIN CO					6-3	3579536
	rt I				All organizations must co			ee instruction	S.		
	organ		•		(For lines 1 through 12, c		,				
1	\square		h, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	\square		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3	\square			perative hospital service organization described in section 170(b)(1)(A)(iii). organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
4			-	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A	.)(III). Enter	the r	iospital's name,
-		city, and stat		ar the henefit of a co	llege or university owned		tod by o a	overemental	unit dooorik	and in	
5		0	•	Complete Part II.)	nege of university owned	u or opera	teu by a g	overnmentar	unit descrit	Jea Ir	1
6		A federal, sta	te, or local go	vernment or governn	nental unit described in s	section 17	70(b)(1)(A)	(v).			
7	Х	An organizati	on that norma	Illy receives a substa	intial part of its support f	rom a gov	ernmental	unit or from	the general	publ	ic described in
	section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Part	t II.)					
9		An agricultur	al research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	colle	ge
		or university	or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	/, and state o	f the colleg	je or	
		university:									
10					e than 33 1/3% of its sup						
		activities rela	ted to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/3% of	its suppor	t fron	n gross investment
					(less section 511 tax) fro	om busine	esses acqu	iired by the o	rganization	after	⁻ June 30, 1975.
				mplete Part III.)							
11	\square	-	-	-	ively to test for public sa	•					
12		-	-	-	ively for the benefit of, to	-			•		-
				-	ed in section 509(a)(1) o					Sheci	< the box in
_		7	•	• •	of supporting organizatio		-		-		
а				-	supervised, or controlled	•				-	-
			•		gularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	suppo	orting
h		٦ ⁻		complete Part IV, Se		tion with it	to ourport	od organizati	on(o) by bo	wina	
b				-	d or controlled in connec anization vested in the s			-		-	od
			-	it complete Part IV,		ame perso			age the sup	port	eu
с		٦ ⁻		-	g organization operated	in connec	tion with	and functions	ally integrate	ed wi	ith
Ū			-		b). You must complete I				iny integration		
d		-	-		porting organization oper				orted organi	izatio	n(s)
			-		zation generally must sat				-		
			-		nplete Part IV, Sections	-		-			
е					written determination fro				e II, Type III		
		functionally	/ integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.				
f	Ente										
g	Pro	vide the follow	ing informatior	n about the supporte	ed organization(s).						
	(i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	inization listed	(v) Amount o		· ·	i) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see ii	istructions)	supp	port (see instructions)
Tota	ıl										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-06-17 Schedule A (Form 990 or 990-EZ) 2017 13

2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL__1

Schedule A (Form 990 or 990-EZ) 2017 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)

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						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1327766.	1310813.	1617582.	2775299.	1819217.	8850677.
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 \dots						
4	Total. Add lines 1 through 3	1327766.	1310813.	1617582.	2775299.	1819217.	8850677.
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)						828,738.
6	Public support. Subtract line 5 from line 4.						8021939.
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1327766.	1310813.	1617582.	2775299.	1819217.	8850677.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	28,776.	29,968.	33,032.	40,093.	52,973.	184,842.
9	Net income from unrelated business		-				
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						9035519.
	Gross receipts from related activities,	etc. (see instruction	ons)			12 1	,028,604.
	First five years. If the Form 990 is for	•	,				<u> </u>
	organization, check this box and stor						
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (olumn (f))		14	88.78 %
	Public support percentage from 2016					15	88.14 %
	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies	•					
b	33 1/3% support test - 2016. If the o						
	and stop here. The organization qual						
17a	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 th	-					
	organization meets the "facts-and-circ						
18	Private foundation. If the organization						s
<u> </u>			, . •	. , ,		dule A (Form 990	

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Schedule A (Form 990 or 990 EZ) 2017 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge \dots						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
b	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		L to the second		<u> </u>		
14	First five years. If the Form 990 is for	the organization?			-		ation,
800	check this box and stop here	io Support Do					P
	-					45	
	Public support percentage for 2017 (15	%
	Public support percentage from 2016 ction D. Computation of Invest			·····		16	%
	•					47	
	Investment income percentage for 20					17	%
	Investment income percentage from 2						%
19a	33 1/3% support tests - 2017. If the						
b	more than 33 1/3%, check this box a 33 1/3% support tests - 2016. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			
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. – .		0.01	10 00040	15			
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Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 Page 4

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, Ioan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 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.)

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Schedule A (Form 990 or 990-EZ) 2017

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

No

16

Schedule A (Form 990 or 990 EZ) 2017 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 Page 5

га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations	,		
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
73202	5 10-06-17 Schedule A (Form 9	90 or 99	90-EZ)	2017
	17			

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2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL__1

Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 Page 6 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete 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	1 a		
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	ated Type III supporting org	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2017

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Schedule A (Form 990 or 990-EZ) 2017 FRIENDS OF THE HENNEPIN COUNTY LIBRARY 36-3579536 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <u>(continued)</u>	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
_1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
b	From 2013			
с	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
с	Excess from 2015			
	Excess from 2016			
-	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

	(Form 990 or 990-E											35795	
Part VI	Supplemental Part IV, Section A,	lines 1	nation. F	Provide the	e explana	ations re	quired by	Part II, line	e 10; Part	II, line 17a c	or 17b; Pa	art III, line	12; ection C
	line 1; Part IV, Sec	tion D, lir	nes 2 and 3	3; Part IV,	Section	E, lines	1c, 2a, 2b.	3a, and 3	b; Part V	line 1; Part	V, Sectio	n B, line 1	e; Part V
	Section D, lines 5,	6, and 8	; and Part	V, Sectior	n E, lines	2, 5, an	d 6. Also c	omplete t	his part fo	or any addition	onal infor	mation.	
	(See instructions.)												
2028 10-06-1	17						20			Schedu	le A (For	m 990 or	990-EZ)
										HENNE			

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Organization type (check one):

 \mathbf{F}

Schedule of Contributors

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

OMB No. 1545-0047

2017

Employer identification number

RIENDS	OF	THE	HENNEPIN	COUNTY	LIBRARY	

36-3579536

c	
Filers of:	Section:
Form 990 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 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA 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) (2017)

09350518 766845 FOHCL

Employer identification number

36-3579536

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 60,592. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** No. Type of contribution 2 X Person Payroll 40,000. Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 47,766. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) Schedule B (Form 990, 990-EZ, or 990-PF) (2017) 723452 11-01-17 22

2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL_1

Name of organization

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Part II Noncash Property (see instructions). Use duplicate copies of Part 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. rom art 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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		 \$	
3453 11-01-	17 23		990, 990-EZ, or 990-PF)

Employer identification number 36-3579536

Name of org	anization		Employer identification number								
FRIENI	OS OF THE HENNEPIN COU	NTY LIBRARY	36-3579536								
Part III	Exclusively religious, charitable, etc., co the year from any one contributor. Comple completing Part III, enter the total of exclusively relig Use duplicate copies of Part III if additi	ious, charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for /ing line entry. For organizations								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		-									
F		(e) Transfer of gift									
ŀ	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
F	(e) Transfer of gift										
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
F											
-	Transferee's name, address,	and ZIP + 4	Relationship of transferor to transferee								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held								
		-									
ŀ		(e) Transfer of gift									
-	Transferee's name, address,	Relationship of transferor to transferee									
723454 11-01	-17	24	Schedule B (Form 990, 990-EZ, or 990-PF) (2017								

09350518 766845 FOHCL 2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL_1

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990)

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

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



Name of the organization

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

Employer identification number 36-3579536

Par	t I Organizations Maintaining Donor Advise	d Funds or C	Other Similar Fun	ds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			-	
		(a) Dono	r 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 a	ssets held in donor ad	vised fun	nds
	are the organization's property, subject to the organization's	exclusive legal c	ontrol?		Yes 🛛 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing	that grant funds can b	be used o	only
	for charitable purposes and not for the benefit of the donor of	r donor advisor,	or for any other purpos	se confer	rring
	impermissible private benefit?				Yes No
Par	t II Conservation Easements. Complete if the org	ganization answe	red "Yes" on Form 990), Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizati	on (check all tha	t apply).		
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a hi	istorically	/ important land area
	Protection of natural habitat		Preservation of a ce	ertified hi	istoric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation	contribution in the for	m of a co	onservation easement on the last
	day of the tax year.				Held at the End of the Tax Year
а	Total number of conservation easements				2a
b	Total acreage restricted by conservation easements				2b
с	Number of conservation easements on a certified historic str				2c
	Number of conservation easements included in (c) acquired a				
	listed in the National Register				2d
3	Number of conservation easements modified, transferred, rel				nization during the tax
	year ►		· · ·	Ũ	C C
4	Number of states where property subject to conservation eas	sement is locate	d 🕨		
5	Does the organization have a written policy regarding the per			_ of	
	violations, and enforcement of the conservation easements in				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	►	5	, 3		3 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations	, and enforcing conser	vation ea	asements during the year
	► \$	0	, C		<u> </u>
8	Does each conservation easement reported on line 2(d) abov	e satisfy the req	uirements of section 1	70(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?				
9	In Part XIII, describe how the organization reports conservati				
	include, if applicable, the text of the footnote to the organizat				
	conservation easements.				
Par	t III Organizations Maintaining Collections or	f Art, Histori	cal Treasures, or	Other :	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line	e 8.		
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to re	port in its revenue stat	tement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, educatio	n, or research in furthe	erance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.			
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to repor	t in its revenue stateme	ent and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or rese	arch in furtherance of p	oublic se	rvice, provide the following amounts
	relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1				. ▶ \$
					x .
2	If the organization received or held works of art, historical tre				provide
	the following amounts required to be reported under SFAS 1			- /	
а	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) 2017
	10-09-17				-
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2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL__1

	/	OF THE HE					36-35			age 2
Pai	t III Organizations Maintaining C	ollections of A	rt, Historical Tr	easures, or	Other	r Simila	ar Asse	ts (contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that a	re a sig	nificant	use of its	collectio	n item	IS
	(check all that apply):									
а	Public exhibition	d		hange program	S					
b	Scholarly research	e	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Parl	t XIII.		
5	During the year, did the organization solicit o		,	,				7		7
De	to be sold to raise funds rather than to be ma							Yes		No
Pa	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organizatio	on answered "Ye	es" on F	-orm 990), Part IV,	line 9, oi	r	
10	Is the organization an agent, trustee, custodi		hiany for contribution	s or other asse	te not ir	acludad				
Id			•					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						······ └──	162		
D			nowing table.					Amoun	+	
с	Beginning balance					1c		/ unio di i		
	Additions during the year									
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fe					y?		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.									
Pa	Tt V Endowment Funds. Complete in	f the organization an	swered "Yes" on Fo							
		(a) Current year	(b) Prior year	(c) Two years b	ack (d	d) Three y	ears back	(e) Fou	r years	back
	Beginning of year balance	1,172,734.	1,128,162.	1,233,3	332.	1,2	58,336.	1	,154,	719.
b	Contributions	2,105.	1,750.	,	550.		1,100.			977.
	Net investment earnings, gains, and losses	178,069.	59,550.	,			28,360.		151,115.	
	Grants or scholarships	29,131.	16,728.	52,5	517.		54,464.		48,	475.
е	Other expenditures for facilities									
	and programs									
	Administrative expenses	1 202 555	1 100 004	1 1 2 0 7		1 0	22 222	1	250	226
-	End of year balance	1,323,777.			162.	1,2	33,332.	T	,258,	330.
2	Provide the estimated percentage of the curr	51.09	e (line 1g, column (a %	a)) neid as:						
	Board designated or quasi-endowment ► Permanent endowment ► 41.83		%							
		7.0 8 %								
C	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	-	ation that are held a	ind administered	d for the	e organiz	ration			
ou	by:					oorganiz	ation	1	Yes	No
	(i) unrelated organizations							3a(i)		X
	(ii) related organizations									Х
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Pa	t VI Land, Buildings, and Equipm	ient.								
	Complete if the organization answered	d "Yes" on Form 990), Part IV, line 11a. S	See Form 990, F	Part X, li	ine 10.				
	Description of property	(a) Cost or o	ther (b) Cost	or other	(c) Acc	cumulate	d	(d) Boo	k valu	е
		basis (investn	nent) basis	(other)	depr	reciation				
1a	Land									
	Buildings									
	Leasehold improvements					10 5			~ -	~
	Equipment		6	3,486.		42,6	99.	2	0,7	87.
	Other								<u> </u>	07
Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10c.)					0,7	
						:	Schedule	D (Forr	n 990)	2017

D) Financial derivatives Discipline equity interests D) Other		mplete if the organization answered "Yes" o				
Clockey/hold equity interests			(b) Book value	(c) Method of v	valuation: Cost or er	nd-of-year market value
(A) Image: Control of Control Control of Control	Financial de	erivatives				
(A)		l equity interests				
(B) Image: Control of the control	Other					
(C) Image: Construct State Stat	(A)					
(D) (D) (B) (D) (G)	(B)					
(F)	(C)					
(f) (g) (g) (g) (h)	(D)					
(6) (1) (1) (1) Part Xill Investments - Program Related. Complete if the organization answered 'Yes' on Form 990, Part X, line 10. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year market value (a) (c) Method of valuation: Cost or end-of-year market value (a) (c) (a) (c) (a) (c) (b) Book value (c) Method of valuation: Cost or end-of-year market value (c) (c) (d) (c) (e) (c) (f) (c) (g) (c) (h) must equal form 990, Part X, col. (g) line 13.) (c) Part XD Other Assets. Complete if the organization answered 'Yes' on Form 990, Part X, line 15. (c) (a) (c) (c) (d) (c) (c) (e) (c) (c) (f) (c) (c) (g) (c) (c) (g) (c) (c) (g) (c) <td< td=""><td>(E)</td><td></td><td></td><td></td><td></td><td></td></td<>	(E)					
(f)	(F)					
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FRIENDS OF THE HENNEPIN COUNTY LIBRARY

36-3579536 Page 3

Schedule D (Form 990) 2017

Sche	dule D (Form 990) 2017 FRIENDS OF THE HENNEPIN CO	JUNTY	LIBRARY	36-	3579536 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statem	nents Wit	h Revenue per R	etur	າ.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,443,108.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	188,997.		
b	Donated services and use of facilities	2 b	75,315.		
с					
d					
е				2e	264,312.
3	Subtract line 2e from line 1			3	2,178,796.
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	4a	24,913.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	24,913.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,203,709.
Ра	rt XII Reconciliation of Expenses per Audited Financial Stater			Retu	ırn.
Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents W i a.	th Expenses per	Retu	
Pa		nents W i a.	th Expenses per	Retu	rn. 2,398,054.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents W i a.	th Expenses per	1	
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents Wi a.	th Expenses per	1	
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1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	nents Wi a. 2a 2b 2c 2d	th Expenses per	1	2,398,054.
1 2 b c d	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	th Expenses per	1	2,398,054.
1 2 b c d e	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	th Expenses per	1 2e	2,398,054.
1 2 b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	th Expenses per	1 2e	2,398,054.
1 2 2 3 4 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	nents Wi a. 2a 2b 2c 2d 2d	th Expenses per	1 2e	2,398,054. 75,315. 2,322,739.
1 2 2 3 4 3 4 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	th Expenses per 75,315. 24,913.	1 2e	2,398,054. 75,315. 2,322,739. 24,913.
1 2 d c 3 4 a b c 5	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 4a 4b	th Expenses per 75,315. 24,913.	1 2e 3	2,398,054. 75,315. 2,322,739.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART 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

MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY FRIENDS OF POSITIONS.

THE HENNEPIN COUNTY LIBRARY AND HAS CONCLUDED THAT AS OF DECEMBER 31,

2017, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT

WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE FINANCIALS.

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Schedule D (Form 990) 2017

Schedule D	(Form 990) 2017	FRIENDS OF	THE	HENNEPIN	COUNTY	LIBRARY	36-3579536	Page 5
Part XIII	Supplemental In	nformation (continued)						
							Schedule D (Form 9	90) 2017
732055 10-09-	17			29				

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service	Go	Frants and Oth vernments, an ete if the organizatio ► Go to www.ir	nd Individual	s in the Ŭni on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 2017 Open to Public Inspection
Name of the organization							Employer identification number 36-3579536
Part I General Information on Grants a		NEPIN COUNT	I LIDRARI				30-3579530
 Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro- 	stance?						
Part II Grants and Other Assistance to	. –				anization answered "א	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	\$5,000. Part II car (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	ded. (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 MINNETONKA, MN 55305	41-6005801	115(1)	1,275,418.	0.			OPERATING SUPPORT FOR PRIORITY PROGRAMS AND INITIATIVES
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization LHA For Paperwork Reduction Act Notice 	s listed in the line	1 table	ne line 1 table				Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) FRIENDS OF THE HENNEPIN COUNTY LIBRARY

36-3579536

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FRIENDS OF THE HENNEPIN COUNTY LIBRARY STAFF WORK CLOSELY WITH THE HENNEPIN

COUNTY LIBRARY STAFF TO SEEK PRIVATE FUNDING TO ENHANCE COLLECTIONS AND

PROGRAMS NOT FULLY FUNDED THROUGH PUBLIC REVENUE STREAMS. LIBRARY STAFF AND

FRIENDS OF THE HENNEPIN COUNTY LIBRARY STAFF WORK TOGETHER TO DOCUMENT AND

REPORT ON THE EXPENDITURES OF THESE PRIVATELY SECURED GRANT FUNDS.

SCHEDULE O (Form 990 or 990-EZ)

(i oini 550 oi 550-LZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



36-3579536

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

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

FRIENDS OF THE HENNEPIN COUNTY LIBRARY

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

ADDITIONAL PUBLIC AWARENESS PIECES ON BEHALF OF THE LIBRARY SYSTEM:

2 NEWSLETTERS, PROVIDING MORE THAN 8,000 PRINT IMPRESSIONS, 9

E-NEWSLETTERS TO 12,670 ENEWS SUBSCRIBERS, GARNERING MORE THAN 28,061

EMAILS VIEWED, 3,875 FACEBOOK FANS, AND REACHED MORE THAN 30,643 UNIQUE WEBSITE VISITORS.

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:

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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

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2017)

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32

2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL__1

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization FRIENDS OF THE HENNEPIN COUNTY LIBRARY	Employer identification number 36-3579536
SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE	PRESIDENT, AND ANY
COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXC	EPT TO THE EXTENT
ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE	IMPLEMENTATION OF
THIS POLICY. THIS POLICY SHALL BE REVIEWED ANNUALLY BY E	ACH MEMBER OF THE
BOARD OF DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE C	OMMUNICATED
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 23, 2018 COVERING THE JANUARY 1 DECEMBER 31, 2017 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 732212 09-07-17 Schedule O (Form 990 or 990-EZ) (2017) 33 09350518 766845 FOHCL 2017.03040 FRIENDS OF THE HENNEPIN COU FOHCL__1

Schedule O (Form 990 or 990-EZ) (2017)	Page 2				
Name of the organization FRIENDS OF THE HENNEPIN COUNTY LIBRARY	Employer identification number 36-3579536				
ON AN ANNUAL BASIS DURING THE BUDGETING PROCESS.					
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 WEBSITE	S. ADDITIONALLY,				
THE ORGANIZATION PRODUCES AN ANNUAL REPORT WHICH DISCLOSE	S THE OPERATIONS				
OF THE YEAR. THE ORGANIZATION MAKES AVAILABLE TO THE PUB	LIC COPIES OF OUR				
ANNUAL AUDITED FINANCIAL STATEMENTS, TAX FILINGS, CONFLIC	T OF INTEREST				
POLICY, AND OTHER GOVERNING DOCUMENTS UPON REQUEST.					