

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2019**

Department of the Treasury  
Internal Revenue Service

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Open to Public Inspection

For calendar year 2019 or tax year beginning

, and ending

|  |  |  |
|--|--|--|
| Name of foundation<br><b>MINNESOTA ASSOCIATION OF LIBRARY FRIENDS</b>  |  | A Employer identification number<br><b>41-1423551</b>  |
| Number and street (or P.O. box number if mail is not delivered to street address)<br><b>1080 MONTREAL AVENUE</b>   | Room/suite<br><b>2</b>   | B Telephone number<br><b>651-366-6492</b>  |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>ST. PAUL, MN 55116</b>  |  | C If exemption application is pending, check here <input type="checkbox"/>   |
| G Check all that apply:<br><input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity<br><input type="checkbox"/> Final return <input type="checkbox"/> Amended return<br><input type="checkbox"/> Address change <input type="checkbox"/> Name change |  | D 1. Foreign organizations, check here <input type="checkbox"/><br>2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/> |
| H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation<br><input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation  |  | E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>  |
| I Fair market value of all assets at end of year (from Part II, col. (c), line 16)<br>▶ \$ <b>528,439.</b>   | J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual<br><input type="checkbox"/> Other (specify) _____ | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>   |
| (Part I, column (d), must be on cash basis.)   |  |  |

| Part I Analysis of Revenue and Expenses<br><small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small> |  | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|--|--|------------------------------------|---------------------------|-------------------------|---|
| Revenue  | 1 Contributions, gifts, grants, etc., received   | 2,380.                             |                           |                         |   |
|  | 2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B |                                    |                           |                         |   |
|  | 3 Interest on savings and temporary cash investments   |                                    |                           |                         |   |
|  | 4 Dividends and interest from securities   | 16,517.                            | 16,517.                   |                         | STATEMENT 1   |
|  | 5a Gross rents   |                                    |                           |                         |   |
|  | b Net rental income or (loss)  |                                    |                           |                         |   |
|  | 6a Net gain or (loss) from sale of assets not on line 10                                       |                                    | 7,574.                    |                         |   |
|  | b Gross sales price for all assets on line 6a  | 160,248.                           |                           |                         |   |
|  | 7 Capital gain net income (from Part IV, line 2)   |                                    | 7,574.                    |                         |   |
|  | 8 Net short-term capital gain  |                                    |                           | N/A                     |   |
|  | 9 Income modifications   |                                    |                           |                         |   |
|  | 10a Gross sales less returns and allowances  |                                    |                           |                         |   |
| b Less: Cost of goods sold   |  |                                    |                           |                         |   |
| c Gross profit or (loss)   |  |                                    |                           |                         |   |
| 11 Other income  | 2,625.   | 0.                                 | 2,625.                    | STATEMENT 2             |   |
| 12 Total. Add lines 1 through 11   | 29,096.  | 24,091.                            | 2,625.                    |                         |   |
| Operating and Administrative Expenses  | 13 Compensation of officers, directors, trustees, etc.   | 0.                                 | 0.                        | 0.                      | 0.  |
|  | 14 Other employee salaries and wages   |                                    |                           |                         |   |
|  | 15 Pension plans, employee benefits  |                                    |                           |                         |   |
|  | 16a Legal fees <b>STMT 3</b>   | 2,460.                             | 0.                        | 0.                      | 2,460.  |
|  | b Accounting fees <b>STMT 4</b>  | 2,500.                             | 1,250.                    | 0.                      | 1,250.  |
|  | c Other professional fees <b>STMT 5</b>  | 2,554.                             | 2,553.                    | 0.                      | 0.  |
|  | 17 Interest  |                                    |                           |                         |   |
|  | 18 Taxes <b>STMT 6</b>   | 230.                               | 0.                        | 0.                      | 0.  |
|  | 19 Depreciation and depletion  |                                    |                           |                         |   |
|  | 20 Occupancy   |                                    |                           |                         |   |
|  | 21 Travel, conferences, and meetings   | 1,710.                             | 0.                        | 0.                      | 1,693.  |
|  | 22 Printing and publications   |                                    |                           |                         |   |
|  | 23 Other expenses <b>STMT 7</b>  | 36,322.                            | 0.                        | 0.                      | 36,415.   |
|  | 24 Total operating and administrative expenses. Add lines 13 through 23                        | 45,776.                            | 3,803.                    | 0.                      | 41,818.   |
|  | 25 Contributions, gifts, grants paid   | 3,800.                             |                           |                         | 2,600.  |
| 26 Total expenses and disbursements. Add lines 24 and 25   | 49,576.  | 3,803.                             | 0.                        | 44,418.                 |   |
| 27 Subtract line 26 from line 12:  |  |                                    |                           |                         |   |
| a Excess of revenue over expenses and disbursements  | -20,480.   |                                    |                           |                         |   |
| b Net investment income (if negative, enter -0-)   |  | 20,288.                            |                           |                         |   |
| c Adjusted net income (if negative, enter -0-)   |  |                                    | 2,625.                    |                         |   |

| Part II Balance Sheets   |   | Attached schedules and amounts in the description column should be for end-of-year amounts only. |                |                       |
|--|---|--|----------------|-----------------------|
|  |   | Beginning of year  | End of year    |                       |
|  |   | (a) Book Value   | (b) Book Value | (c) Fair Market Value |
| Assets   | 1 Cash - non-interest-bearing   | 8,597.   | 5,747.         | 5,747.                |
|  | 2 Savings and temporary cash investments  | 48,862.  | 17,213.        | 17,213.               |
|  | 3 Accounts receivable   |  |                |                       |
|  | Less: allowance for doubtful accounts   |  |                |                       |
|  | 4 Pledges receivable  |  |                |                       |
|  | Less: allowance for doubtful accounts   |  |                |                       |
|  | 5 Grants receivable   |  |                |                       |
|  | 6 Receivables due from officers, directors, trustees, and other disqualified persons  |  |                |                       |
|  | 7 Other notes and loans receivable  |  |                |                       |
|  | Less: allowance for doubtful accounts   |  |                |                       |
|  | 8 Inventories for sale or use   |  |                |                       |
|  | 9 Prepaid expenses and deferred charges   |  |                |                       |
|  | 10a Investments - U.S. and state government obligations   |  |                |                       |
|  | b Investments - corporate stock   | STMT 8<br>203,022.   | 212,115.       | 212,115.              |
|  | c Investments - corporate bonds   | STMT 9<br>263,279.   | 293,364.       | 293,364.              |
|  | 11 Investments - land, buildings, and equipment: basis  |  |                |                       |
| Less: accumulated depreciation   |   |  |                |                       |
| 12 Investments - mortgage loans  |   |  |                |                       |
| 13 Investments - other   |   |  |                |                       |
| 14 Land, buildings, and equipment: basis   |   |  |                |                       |
| Less: accumulated depreciation   |   |  |                |                       |
| 15 Other assets (describe)   |   |  |                |                       |
| 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) | 523,760.  | 528,439.   | 528,439.       |                       |
| Liabilities  | 17 Accounts payable and accrued expenses  | 1,693.   | 1,617.         |                       |
|  | 18 Grants payable   |  |                |                       |
|  | 19 Deferred revenue   | 1,965.   | 1,210.         |                       |
|  | 20 Loans from officers, directors, trustees, and other disqualified persons   |  |                |                       |
|  | 21 Mortgages and other notes payable  |  |                |                       |
|  | 22 Other liabilities (describe)   |  |                |                       |
| 23 Total liabilities (add lines 17 through 22)   | 3,658.  | 2,827.   |                |                       |
| Net Assets or Fund Balances  | Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/> |  |                |                       |
|  | 24 Net assets without donor restrictions  | 520,102.   | 525,612.       |                       |
|  | 25 Net assets with donor restrictions   |  |                |                       |
|  | Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/>  |  |                |                       |
|  | 26 Capital stock, trust principal, or current funds   |  |                |                       |
|  | 27 Paid-in or capital surplus, or land, bldg., and equipment fund   |  |                |                       |
|  | 28 Retained earnings, accumulated income, endowment, or other funds   |  |                |                       |
| 29 Total net assets or fund balances   | 520,102.  | 525,612.   |                |                       |
| 30 Total liabilities and net assets/fund balances  | 523,760.  | 528,439.   |                |                       |

Part III Analysis of Changes in Net Assets or Fund Balances

|  |   |          |
|--|---|----------|
| 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) | 1 | 520,102. |
| 2 Enter amount from Part I, line 27a   | 2 | -20,480. |
| 3 Other increases not included in line 2 (itemize) UNREALIZED GAIN ON INVESTMENTS  | 3 | 47,479.  |
| 4 Add lines 1, 2, and 3  | 4 | 547,101. |
| 5 Decreases not included in line 2 (itemize) PRIOR PERIOD ADJUSTMENT   | 5 | 21,489.  |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29  | 6 | 525,612. |

**Part IV Capital Gains and Losses for Tax on Investment Income**

|    | (a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) | (b) How acquired<br>P - Purchase<br>D - Donation | (c) Date acquired<br>(mo., day, yr.) | (d) Date sold<br>(mo., day, yr.) |
|----|---|--|--------------------------------------|----------------------------------|
| 1a | <b>PUBLICLY TRADED SECURITIES</b>   | P  |                                      |                                  |
| b  | <b>PUBLICLY TRADED SECURITIES</b>   | P  |                                      |                                  |
| c  | <b>CAPITAL GAIN DISTRIBUTIONS</b>   | P  |                                      |                                  |
| d  |   |  |                                      |                                  |
| e  |   |  |                                      |                                  |

|   | (e) Gross sales price | (f) Depreciation allowed<br>(or allowable) | (g) Cost or other basis<br>plus expense of sale | (h) Gain or (loss)<br>((e) plus (f) minus (g)) |
|---|-----------------------|--|---|--|
| a | 64,009.               |  | 61,690.   | 2,319.   |
| b | 94,404.               |  | 90,984.   | 3,420.   |
| c | 1,835.                |  |   | 1,835.   |
| d |                       |  |   |  |
| e |                       |  |   |  |

| Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. |                                      |   | (l) Gains (Col. (h) gain minus<br>col. (k), but not less than -0-) or<br>Losses (from col. (h)) |
|--|--------------------------------------|---|---|
| (i) FMV as of 12/31/69   | (j) Adjusted basis<br>as of 12/31/69 | (k) Excess of col. (i)<br>over col. (j), if any |   |
| a  |                                      |   | 2,319.  |
| b  |                                      |   | 3,420.  |
| c  |                                      |   | 1,835.  |
| d  |                                      |   |   |
| e  |                                      |   |   |

|   |   |   |        |
|---|---|---|--------|
| 2 | Capital gain net income or (net capital loss)<br>{ If gain, also enter in Part I, line 7<br>If (loss), enter -0- in Part I, line 7  | 2 | 7,574. |
| 3 | Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):<br>If gain, also enter in Part I, line 8, column (c).<br>If (loss), enter -0- in Part I, line 8 | 3 | 4,154. |

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

| (a)<br>Base period years<br>Calendar year (or tax year beginning in) | (b)<br>Adjusted qualifying distributions | (c)<br>Net value of noncharitable-use assets | (d)<br>Distribution ratio<br>(col. (b) divided by col. (c)) |
|--|--|--|---|
| 2018   | 34,963.                                  | 523,978.                                     | .066726   |
| 2017   | 31,959.                                  | 547,606.                                     | .058361   |
| 2016   | 39,825.                                  | 560,259.                                     | .071083   |
| 2015   | 36,207.                                  | 598,140.                                     | .060533   |
| 2014   | 36,315.                                  | 631,356.                                     | .057519   |

|   |  |   |          |
|---|--|---|----------|
| 2 | Total of line 1, column (d)  | 2 | .314222  |
| 3 | Average distribution ratio for the 5-year base period - divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years | 3 | .062844  |
| 4 | Enter the net value of noncharitable-use assets for 2019 from Part X, line 5   | 4 | 520,458. |
| 5 | Multiply line 4 by line 3  | 5 | 32,708.  |
| 6 | Enter 1% of net investment income (1% of Part I, line 27b)   | 6 | 203.     |
| 7 | Add lines 5 and 6  | 7 | 32,911.  |
| 8 | Enter qualifying distributions from Part XII, line 4   | 8 | 44,418.  |

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)

Table with 11 rows for excise tax calculations. Includes fields for exempt foundations, tax under section 511, credits/payments, and tax due. Total tax due is 203.

Part VII-A Statements Regarding Activities

Table with 10 rows for activity statements. Includes questions about political campaigns, unrelated business income, and substantial contributors. Includes a 'Yes/No' column.

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.MNLIBRARYFRIENDS.ORG
14 The books are in care of KATHY WELLS Telephone no. 651-366-6492
Located at 1080 MONTREAL AVENUE, NO. 2, ST PAUL, MN ZIP+4 55116
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year 15 N/A
16 At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? 16 Yes No X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes No X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No X
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes No X
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) Yes No X
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions N/A
Organizations relying on a current notice regarding disaster assistance, check here
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019? 1c X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? Yes No X
If "Yes," list the years
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes No X
b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019? 4b X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

|   |           |            |            |
|---|-----------|------------|------------|
| <b>5a</b> During the year, did the foundation pay or incur any amount to:   |           | <b>Yes</b> | <b>No</b>  |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |           |            |            |
| (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                 |           |            |            |
| (3) Provide a grant to an individual for travel, study, or other similar purposes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |            |
| (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |           |            |            |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No               |           |            |            |
| <b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/> | <b>5b</b> | <b>X</b>   |            |
| Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>  |           |            |            |
| <b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                 |           |            |            |
| If "Yes," attach the statement required by Regulations section 53.4945-5(d).  |           |            |            |
| <b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |           |            |            |
| <b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   | <b>6b</b> |            | <b>X</b>   |
| If "Yes" to 6b, file Form 8870.   |           |            |            |
| <b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |           |            |            |
| <b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  | <b>7b</b> |            | <b>N/A</b> |
| <b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                   |           |            |            |

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|----------------------|---|---|---|---------------------------------------|
| SEE STATEMENT 10     |   | 0.  | 0.  | 0.                                    |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |
|                      |   |   |   |                                       |

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account, other allowances |
|---|---|------------------|---|---------------------------------------|
| NONE  |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |
|   |   |                  |   |                                       |

**Total** number of other employees paid over \$50,000 0

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. | Expenses |
|--|----------|
| 1<br>SEE STATEMENT 11  | 8,261.   |
| 2<br>SEE STATEMENT 12  | 9,512.   |
| 3  |          |
| 4  |          |

**Part IX-B** Summary of Program-Related Investments

| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. | Amount |
|---|--------|
| 1 N/A   |        |
| 2   |        |
| All other program-related investments. See instructions.  |        |
| 3   |        |
|   |        |
|   |        |
|   |        |

Total. Add lines 1 through 3 ..... 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

|   |   |    |          |
|---|---|----|----------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: |   |    |          |
| a   | Average monthly fair market value of securities .....   | 1a | 507,809. |
| b   | Average of monthly cash balances .....  | 1b | 20,575.  |
| c   | Fair market value of all other assets .....   | 1c |          |
| d   | <b>Total</b> (add lines 1a, b, and c) .....   | 1d | 528,384. |
| e   | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) .....   | 1e | 0.       |
| 2   | Acquisition indebtedness applicable to line 1 assets .....  | 2  | 0.       |
| 3   | Subtract line 2 from line 1d .....  | 3  | 528,384. |
| 4   | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) .....   | 4  | 7,926.   |
| 5   | <b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4 ..... | 5  | 520,458. |
| 6   | <b>Minimum investment return.</b> Enter 5% of line 5 .....  | 6  | 26,023.  |

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

|    |   |    |         |
|----|---|----|---------|
| 1  | Minimum investment return from Part X, line 6 .....   | 1  | 26,023. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 .....  | 2a | 203.    |
| b  | Income tax for 2019. (This does not include the tax from Part VI.) .....  | 2b |         |
| c  | Add lines 2a and 2b .....   | 2c | 203.    |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1 .....                                     | 3  | 25,820. |
| 4  | Recoveries of amounts treated as qualifying distributions .....   | 4  | 0.      |
| 5  | Add lines 3 and 4 .....   | 5  | 25,820. |
| 6  | Deduction from distributable amount (see instructions) .....  | 6  | 0.      |
| 7  | <b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 ..... | 7  | 25,820. |

**Part XII Qualifying Distributions** (see instructions)

|  |   |    |         |
|--|---|----|---------|
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: |   |    |         |
| a  | Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 .....   | 1a | 44,418. |
| b  | Program-related investments - total from Part IX-B .....  | 1b | 0.      |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes .....                         | 2  |         |
| 3  | Amounts set aside for specific charitable projects that satisfy the:  |    |         |
| a  | Suitability test (prior IRS approval required) .....  | 3a |         |
| b  | Cash distribution test (attach the required schedule) .....   | 3b |         |
| 4  | <b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4 .....                 | 4  | 44,418. |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b ..... | 5  | 203.    |
| 6  | <b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4 .....   | 6  | 44,215. |

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.



**Part XIII Undistributed Income** (see instructions)

|  | (a)<br>Corpus | (b)<br>Years prior to 2018 | (c)<br>2018 | (d)<br>2019 |
|--|---------------|----------------------------|-------------|-------------|
| 1 Distributable amount for 2019 from Part XI, line 7   |               |                            |             | 25,820.     |
| 2 Undistributed income, if any, as of the end of 2019:   |               |                            |             |             |
| a Enter amount for 2018 only   |               |                            | 0.          |             |
| b Total for prior years:   |               | 0.                         |             |             |
| 3 Excess distributions carryover, if any, to 2019:   |               |                            |             |             |
| a From 2014  |               |                            |             |             |
| b From 2015  |               |                            |             |             |
| c From 2016  |               |                            |             |             |
| d From 2017  |               |                            |             |             |
| e From 2018  | 9,174.        |                            |             |             |
| f Total of lines 3a through e  | 9,174.        |                            |             |             |
| 4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$  | 44,418.       |                            |             |             |
| a Applied to 2018, but not more than line 2a   |               |                            | 0.          |             |
| b Applied to undistributed income of prior years (Election required - see instructions)  |               | 0.                         |             |             |
| c Treated as distributions out of corpus (Election required - see instructions)  | 0.            |                            |             |             |
| d Applied to 2019 distributable amount   |               |                            |             | 25,820.     |
| e Remaining amount distributed out of corpus   | 18,598.       |                            |             |             |
| 5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)  | 0.            |                            |             | 0.          |
| 6 Enter the net total of each column as indicated below:   | 27,772.       |                            |             |             |
| a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5  | 27,772.       |                            |             |             |
| b Prior years' undistributed income. Subtract line 4b from line 2b   |               | 0.                         |             |             |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |             |             |
| d Subtract line 6c from line 6b. Taxable amount - see instructions   |               | 0.                         |             |             |
| e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount - see instr.  |               |                            | 0.          |             |
| f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020  |               |                            |             | 0.          |
| 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)       | 0.            |                            |             |             |
| 8 Excess distributions carryover from 2014 not applied on line 5 or line 7   | 0.            |                            |             |             |
| 9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a  | 27,772.       |                            |             |             |
| 10 Analysis of line 9:   |               |                            |             |             |
| a Excess from 2015   |               |                            |             |             |
| b Excess from 2016   |               |                            |             |             |
| c Excess from 2017   |               |                            |             |             |
| d Excess from 2018   | 9,174.        |                            |             |             |
| e Excess from 2019   | 18,598.       |                            |             |             |

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

|  | Tax year |          |          |          | (e) Total |
|--|----------|----------|----------|----------|-----------|
|  | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 |           |
| <b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed                     |          |          |          |          |           |
| <b>b</b> 85% of line 2a  |          |          |          |          |           |
| <b>c</b> Qualifying distributions from Part XII, line 4, for each year listed  |          |          |          |          |           |
| <b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities   |          |          |          |          |           |
| <b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c                                   |          |          |          |          |           |
| <b>3</b> Complete 3a, b, or c for the alternative test relied upon:  |          |          |          |          |           |
| <b>a</b> "Assets" alternative test - enter:  |          |          |          |          |           |
| <b>(1)</b> Value of all assets   |          |          |          |          |           |
| <b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)   |          |          |          |          |           |
| <b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed                             |          |          |          |          |           |
| <b>c</b> "Support" alternative test - enter:   |          |          |          |          |           |
| <b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) |          |          |          |          |           |
| <b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)                                      |          |          |          |          |           |
| <b>(3)</b> Largest amount of support from an exempt organization   |          |          |          |          |           |
| <b>(4)</b> Gross investment income   |          |          |          |          |           |

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

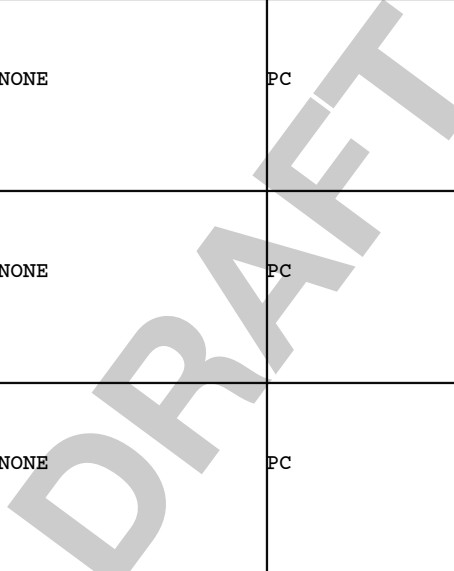
**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)

| <b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>     |   |                                |  |               |
|---|---|--------------------------------|--|---------------|
| Recipient   | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution                 | Amount        |
| Name and address (home or business)   |   |                                |  |               |
| <b>a Paid during the year</b>   |   |                                |  |               |
| THE FRIENDS OF THE LAKEVILLE HERITAGE LIBRARY<br>20085 HERITAGE DR<br>LAKEVILLE, MN 55044 | NONE  | PC                             | CHRIS D. OLSON EVENT & PROGRAMMING GRANT         | 500.          |
| DOUGLAS COUNTY LIBRARY FRIENDS AND FOUNDATION<br>720 FILLMORE ST<br>ALEXANDRIA, MN 56308  | NONE  | PC                             | MEMORY OF JOAN LARSON (FORMER MALF BOARD MEMBER) | 100.          |
| FRIENDS OF THE GRAND RAPIDS AREA LIBRARY<br>140 NE 2ND ST<br>GRAND RAPIDS, MN 55744       | NONE  | PC                             | EVY NORDLEY AWARD FOR BEST PROJECT               | 1,000.        |
| FRIENDS OF THE AUSTIN PUBLIC LIBRARY INC<br>323 4TH AVE NE<br>AUSTIN, MN 55912            | NONE  | PC                             | EVY NORDLEY AWARD FOR BEST PROJECT               | 500.          |
| FRIENDS OF THE RED WING PUBLIC LIBRARY<br>225 EAST AVE<br>RED WING, MN 55066              | NONE  | PC                             | EVY NORDLEY AWARD FOR BEST PROJECT               | 250.          |
| <b>Total</b>  |   |                                | <b>SEE CONTINUATION SHEET(S)</b>                 | <b>2,600.</b> |
| <b>b Approved for future payment</b>  |   |                                |  |               |
| NONE  |   |                                |  |               |
| <b>Total</b>  |   |                                |  | <b>0.</b>     |



Part XVI-A Analysis of Income-Producing Activities

Table with columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include: 1 Program service revenue, 2 Membership dues and assessments, 3 Interest on savings and temporary cash investments, 4 Dividends and interest from securities, 5 Net rental income or (loss) from real estate, 6 Net rental income or (loss) from personal property, 7 Other investment income, 8 Gain or (loss) from sales of assets other than inventory, 9 Net income or (loss) from special events, 10 Gross profit or (loss) from sales of inventory, 11 Other revenue: MEMBERSHIP INCOME, 12 Subtotal, 13 Total.

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Table with 2 columns: Line No., Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes. Row 11A: MEMBERS RECEIVE VALUABLE RESOURCES THAT FURTHER THE MISSION OF THE ORGANIZATION.

**Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations**

|   |       | Yes | No |
|---|-------|-----|----|
| 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?   |       |     |    |
| <b>a</b> Transfers from the reporting foundation to a noncharitable exempt organization of:   |       |     |    |
| (1) Cash .....  | 1a(1) |     | X  |
| (2) Other assets .....  | 1a(2) |     | X  |
| <b>b</b> Other transactions:  |       |     |    |
| (1) Sales of assets to a noncharitable exempt organization .....  | 1b(1) |     | X  |
| (2) Purchases of assets from a noncharitable exempt organization .....  | 1b(2) |     | X  |
| (3) Rental of facilities, equipment, or other assets .....  | 1b(3) |     | X  |
| (4) Reimbursement arrangements .....  | 1b(4) |     | X  |
| (5) Loans or loan guarantees .....  | 1b(5) |     | X  |
| (6) Performance of services or membership or fundraising solicitations .....  | 1b(6) |     | X  |
| <b>c</b> Sharing of facilities, equipment, mailing lists, other assets, or paid employees .....   | 1c    |     | X  |
| <b>d</b> If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. |       |     |    |

| (a) Line no. | (b) Amount involved | (c) Name of noncharitable exempt organization | (d) Description of transfers, transactions, and sharing arrangements |
|--------------|---------------------|---|--|
|              |                     | N/A   |  |
|              |                     |   |  |
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2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?  Yes  No

b If "Yes," complete the following schedule.

| (a) Name of organization | (b) Type of organization | (c) Description of relationship |
|--------------------------|--------------------------|---------------------------------|
| N/A                      |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |
|                          |                          |                                 |

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee: \_\_\_\_\_ Date: \_\_\_\_\_ Title: **PRESIDENT**

May the IRS discuss this return with the preparer shown below? See instr.  Yes  No

|  |                                      |                      |                        |   |           |
|--|--------------------------------------|----------------------|------------------------|---|-----------|
| <b>Paid Preparer Use Only</b>  | Print/Type preparer's name           | Preparer's signature | Date                   | Check <input type="checkbox"/> if self-employed | PTIN      |
|  | KAREN GRIES                          | KAREN GRIES          | 04/27/20               |   | P00078514 |
|  | Firm's name ▶ CLIFTONLARSONALLEN LLP |                      |                        | Firm's EIN ▶ 41-0746749                         |           |
| Firm's address ▶ 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402 |                                      |                      | Phone no. 612-376-4500 |   |           |

**Part XV Supplementary Information**

**3 Grants and Contributions Paid During the Year (Continuation)**

| Recipient<br>Name and address (home or business)                                | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution   | Amount |
|---|--|--------------------------------------|---------------------------------------|--------|
| FRIENDS OF THE BRAINERD PUBLIC<br>LIBRARY<br>416 S 5TH ST<br>BRAINERD, MN 56401 | NONE   | PC                                   | EVY NORDLEY AWARD FOR<br>BEST PROJECT | 250.   |
|   |  |                                      |                                       |        |
|   |  |                                      |                                       |        |
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|   |  |                                      |                                       |        |
|   |  |                                      |                                       |        |
|   |  |                                      |                                       |        |
| <b>Total from continuation sheets</b> .....                                     |  |                                      |                                       | 250.   |

DRAFT

| FORM 990-PF                | DIVIDENDS AND INTEREST FROM SECURITIES |                         |                       |                           | STATEMENT               | 1 |
|----------------------------|--|-------------------------|-----------------------|---------------------------|-------------------------|---|
| SOURCE                     | GROSS AMOUNT                           | CAPITAL GAINS DIVIDENDS | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |   |
| PUBLICLY TRADED SECURITIES | 16,517.                                | 0.                      | 16,517.               | 16,517.                   | 0.                      |   |
| TO PART I, LINE 4          | 16,517.                                | 0.                      | 16,517.               | 16,517.                   | 0.                      |   |

| FORM 990-PF                           | OTHER INCOME          |                           |                         | STATEMENT | 2 |
|---------------------------------------|-----------------------|---------------------------|-------------------------|-----------|---|
| DESCRIPTION                           | (A) REVENUE PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME |           |   |
| MEMBERSHIP INCOME                     | 2,625.                | 0.                        | 2,625.                  |           |   |
| TOTAL TO FORM 990-PF, PART I, LINE 11 | 2,625.                | 0.                        | 2,625.                  |           |   |

| FORM 990-PF                | LEGAL FEES             |                           |                         |                         | STATEMENT | 3 |
|----------------------------|------------------------|---------------------------|-------------------------|-------------------------|-----------|---|
| DESCRIPTION                | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |           |   |
| LEGAL FEES                 | 2,460.                 | 0.                        | 0.                      | 2,460.                  |           |   |
| TO FM 990-PF, PG 1, LN 16A | 2,460.                 | 0.                        | 0.                      | 2,460.                  |           |   |

| FORM 990-PF                  | ACCOUNTING FEES        |                           |                         |                         | STATEMENT | 4 |
|------------------------------|------------------------|---------------------------|-------------------------|-------------------------|-----------|---|
| DESCRIPTION                  | (A) EXPENSES PER BOOKS | (B) NET INVESTMENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |           |   |
| ACCOUNTING FEES              | 2,500.                 | 1,250.                    | 0.                      | 1,250.                  |           |   |
| TO FORM 990-PF, PG 1, LN 16B | 2,500.                 | 1,250.                    | 0.                      | 1,250.                  |           |   |

| FORM 990-PF                  | OTHER PROFESSIONAL FEES      |                                   |                               | STATEMENT                     | 5 |
|------------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION                  | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |   |
| BANK SERVICE FEES            | 1.                           | 0.                                | 0.                            | 0.                            |   |
| INVESTMENT ADVISORY FEES     | 2,553.                       | 2,553.                            | 0.                            | 0.                            |   |
| TO FORM 990-PF, PG 1, LN 16C | 2,554.                       | 2,553.                            | 0.                            | 0.                            |   |

| FORM 990-PF                 | TAXES                        |                                   |                               | STATEMENT                     | 6 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |   |
| EXCISE TAX                  | 205.                         | 0.                                | 0.                            | 0.                            |   |
| STATE TAX                   | 25.                          | 0.                                | 0.                            | 0.                            |   |
| TO FORM 990-PF, PG 1, LN 18 | 230.                         | 0.                                | 0.                            | 0.                            |   |

| FORM 990-PF                 | OTHER EXPENSES               |                                   |                               | STATEMENT                     | 7 |
|-----------------------------|------------------------------|-----------------------------------|-------------------------------|-------------------------------|---|
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME | (C)<br>ADJUSTED<br>NET INCOME | (D)<br>CHARITABLE<br>PURPOSES |   |
| EDUCATIONAL PROGRAMS        | 9,512.                       | 0.                                | 0.                            | 9,512.                        |   |
| FUNDRAISING                 | 105.                         | 0.                                | 0.                            | 171.                          |   |
| OTHER GRANT EXPENSE         | 7,495.                       | 0.                                | 0.                            | 7,442.                        |   |
| INFORMATION TO MEMBERS      | 8,261.                       | 0.                                | 0.                            | 8,655.                        |   |
| INSURANCE                   | 1,262.                       | 0.                                | 0.                            | 1,262.                        |   |
| MEMBERSHIP                  | 2,676.                       | 0.                                | 0.                            | 2,610.                        |   |
| OFFICE EXPENSES             | 4,707.                       | 0.                                | 0.                            | 4,525.                        |   |
| OTHER PROGRAM EXPENSES      | 617.                         | 0.                                | 0.                            | 617.                          |   |
| ADVERTISING                 | 1,687.                       | 0.                                | 0.                            | 1,621.                        |   |
| TO FORM 990-PF, PG 1, LN 23 | 36,322.                      | 0.                                | 0.                            | 36,415.                       |   |



| FORM 990-PF                              | CORPORATE STOCK | STATEMENT         | 8 |
|--|-----------------|-------------------|---|
| DESCRIPTION                              | BOOK VALUE      | FAIR MARKET VALUE |   |
| MFS GROWTH FUND 124 SHRS                 | 15,804.         | 15,804.           |   |
| FEDERATED STRATEGIC VALUE 4,353 SHRS     | 24,901.         | 24,901.           |   |
| FRANKLIN TEMPLETON ETF TR 354 SHRS       | 10,340.         | 10,340.           |   |
| FRANKLIN MUTUAL QUEST FUND 727 SHRS      | 10,215.         | 10,215.           |   |
| ISHARES CORE S&P MID CAP 77 SHRS         | 15,848.         | 15,848.           |   |
| ISHARES CORE S&P 500 82 SHRS             | 26,506.         | 26,506.           |   |
| MFS SER TR VALUE FUND 585 SHRS           | 26,135.         | 26,135.           |   |
| OAKMARK INTERNATIONAL FUND 1,039 SHRS    | 25,886.         | 25,886.           |   |
| VANGUARD FTSE DEVELOPED MARKETS 478 SHRS | 21,061.         | 21,061.           |   |
| MFS SER TR GLOBAL REAL ESTATE 1,130 SHRS | 19,750.         | 19,750.           |   |
| THORNBURG INVT TR 689 SHRS               | 15,669.         | 15,669.           |   |
| TOTAL TO FORM 990-PF, PART II, LINE 10B  | 212,115.        | 212,115.          |   |

| FORM 990-PF                             | CORPORATE BONDS | STATEMENT         | 9 |
|---|-----------------|-------------------|---|
| DESCRIPTION                             | BOOK VALUE      | FAIR MARKET VALUE |   |
| AB BD FD INC 6,459 SHRS                 | 51,609.         | 51,609.           |   |
| AB GLOBAL BOND FUND 4,199 SHRS          | 35,651.         | 35,651.           |   |
| JPMORGAN TR JPMORGAN GBL 4,015 SHRS     | 40,790.         | 40,790.           |   |
| LORD ABBETT BD DEB FD INC 6,427 SHRS    | 52,188.         | 52,188.           |   |
| LORD ABBETT SHORT DURATION 12,243 SHRS  | 51,544.         | 51,544.           |   |
| LOOMIS SAYLES INVESTMENT 5,431 SHRS     | 61,582.         | 61,582.           |   |
| TOTAL TO FORM 990-PF, PART II, LINE 10C | 293,364.        | 293,364.          |   |

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FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS                      STATEMENT 10  
    TRUSTEES AND FOUNDATION MANAGERS

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| NAME AND ADDRESS   | TITLE AND<br>AVRG HRS/WK | COMPEN-<br>SATION | EMPLOYEE<br>BEN PLAN CONTRIB | EXPENSE<br>ACCOUNT |
|--|--------------------------|-------------------|------------------------------|--------------------|
| NANCY GUERINO<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116     | PRESIDENT<br>6.00        | 0.                | 0.                           | 0.                 |
| JUDY SCHOTZKO<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116     | VICE PRESIDENT<br>4.00   | 0.                | 0.                           | 0.                 |
| SUE GROVE<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116         | VP, PROGRAMMING<br>4.00  | 0.                | 0.                           | 0.                 |
| SUE HALL<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116          | SECRETARY<br>4.00        | 0.                | 0.                           | 0.                 |
| KATHY WELLS<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116       | TREASURER<br>4.00        | 0.                | 0.                           | 0.                 |
| ROSEANNE BYRNE<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116    | DIRECTOR<br>2.00         | 0.                | 0.                           | 0.                 |
| LORETTA ELLSWORTH<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116 | DIRECTOR<br>2.00         | 0.                | 0.                           | 0.                 |
| ANN HUTTON<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116        | DIRECTOR<br>2.00         | 0.                | 0.                           | 0.                 |
| NANCY WALTON<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116      | DIRECTOR<br>2.00         | 0.                | 0.                           | 0.                 |
| JIM WEYGAND<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116       | DIRECTOR<br>2.00         | 0.                | 0.                           | 0.                 |
| LYNNE YOUNG<br>1080 MONTREAL AVENUE STE 2<br>ST PAUL, MN 55116       | DIRECTOR<br>2.00         | 0.                | 0.                           | 0.                 |
| TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII                         |                          | 0.                | 0.                           | 0.                 |

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 11

ACTIVITY ONE

MEMBER COMMUNICATION AND INFORMATION CONTINUES TO BE A PRIMARY FOCUS OF THE ORGANIZATION AND IS EVER-EXPANDING WITH SOCIAL MEDIA AND INTERNET - BASED COMMUNICATION CAPABILITIES. THE NEWSLETTER CONTINUES TO BE A PART OF THESE EFFORTS AND IS SENT TO 160 MEMBERS, LIBRARIES, AND LIBRARY ASSOCIATIONS. ELECTRONIC COMMUNICATION HAS BECOME A MORE IMPORTANT COMPONENT OF HOW THE ORGANIZATION KEEPS MEMBERS AND THE BROADER MINNESOTA LIBRARY COMMUNITIES INFORMED ABOUT DEVELOPMENTS AFFECTING LIBRARY FRIENDS AND THEIR LIBRARIES. THE ORGANIZATION'S GRANT OPPORTUNITIES ARE ALSO MADE AVAILABLE THROUGH ALL THESE COMMUNITY COMMUNICATION SERVICES. NEWSLETTER PRODUCTION AND MAILING COSTS COMPRISED \$1,932 OF THE TOTAL PROGRAM COST OF \$8,261.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 1

8,261.

FORM 990-PF SUMMARY OF DIRECT CHARITABLE ACTIVITIES STATEMENT 12

ACTIVITY TWO

THE WORKSHOP PROGRAM WAS ESTABLISHED IN 2012 AND DELIVERS WORKSHOPS THROUGHOUT THE STATE WHICH STRESS STRATEGY AND ACTION FOR LIBRARIES AND LIBRARY FRIENDS ORGANIZATIONS. IN 2019 FREE WORKSHOPS ENTITLED "STORMING THE FORTS: LIBRARY SERVICES ON THE MOVE" WERE PROVIDED IN THREE MINNESOTA COMMUNITIES. OVER 73 ATTENDEES LEARNED DIFFERENT WAYS TO SHARE THEIR LIBRARY STORIES AND GENERATE SUPPORT FOR THEIR PROGRAMS THROUGH EFFECTIVE ADVOCACY EFFORTS. PARTICIPANTS ALSO NETWORKED AND SHARED IDEAS WITH OTHER ORGANIZATIONS FACING SIMILAR CHALLENGES.

EXPENSES

TO FORM 990-PF, PART IX-A, LINE 2

9,512.

# Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

# 2019

Department of the Treasury  
Internal Revenue Service

▶ Go to [www.irs.gov/Form4720](http://www.irs.gov/Form4720) for instructions and the latest information.

For calendar year 2019 or other tax year beginning \_\_\_\_\_, 2019, and ending \_\_\_\_\_,

|  |  |
|--|--|
| Name of organization or entity<br><b>MINNESOTA ASSOCIATION OF LIBRARY FRIENDS</b>  | Employer identification number<br><b>41-1423551</b>  |
| Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address)<br><b>1080 MONTREAL AVENUE, NO. 2</b> | Check box for type of annual return:<br><input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ<br><input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other<br><input type="checkbox"/> Form 5227 |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>ST. PAUL, MN 55116</b>                                |  |

|   |            |            |
|---|------------|------------|
| <b>A</b> Is the organization a foreign private foundation within the meaning of section 4948(b)? .....  | <b>Yes</b> | <b>No</b>  |
| <b>B</b> Has corrective action been taken on any taxable event that resulted in Ch. 42 taxes being reported on this form? (Enter "N/A" if not applicable) _____   |            | <b>X</b>   |
| If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____ . If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions). |            | <b>N/A</b> |

**Part I Taxes on Organization** (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

|  |    |      |
|--|----|------|
| 1 Tax on undistributed income - Schedule B, line 4 .....   | 1  |      |
| 2 Tax on excess business holdings - Schedule C, line 7 .....   | 2  |      |
| 3 Tax on investments that jeopardize charitable purpose - Schedule D, Part I, column (e) .....       | 3  |      |
| 4 Tax on taxable expenditures - Schedule E, Part I, column (g) .....                                 | 4  | 240. |
| 5 Tax on political expenditures - Schedule F, Part I, column (e) .....                               | 5  |      |
| 6 Tax on excess lobbying expenditures - Schedule G, line 4 .....                                     | 6  |      |
| 7 Tax on disqualifying lobbying expenditures - Schedule H, Part I, column (e) .....                  | 7  |      |
| 8 Tax on premiums paid on personal benefit contracts .....   | 8  |      |
| 9 Tax on being a party to prohibited tax shelter transactions - Schedule J, Part I, column (h) ..... | 9  |      |
| 10 Tax on taxable distributions - Schedule K, Part I, column (f) .....                               | 10 |      |
| 11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement .....   | 11 |      |
| 12 Tax on failure to meet the requirements of section 501(r)(3) - Schedule M, Part II, line 2 .....  | 12 |      |
| 13 Tax on excess executive compensation - Schedule N .....   | 13 |      |
| 14 Tax on net investment income of private colleges and universities - Schedule O .....              | 14 |      |
| 15 <b>Total</b> (add lines 1 - 14) .....   | 15 | 240. |

**Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons**

(Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

|  |  |   |  |  |  |  |
|--|--|---|--|--|--|--|
| <b>(a)</b> Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code |  |   |  | <b>(b)</b> Taxpayer identification number                                |  |  |
| a  |  |   |  |  |  |  |
| b  |  |   |  |  |  |  |
| c  |  |   |  |  |  |  |
|  | <b>(c)</b> Tax on self-dealing - Schedule A, Part II, col. (d), and Part III, col. (d)   | <b>(d)</b> Tax on investments that jeopardize charitable purpose - Schedule D, Part II, col. (d)      | <b>(e)</b> Tax on taxable expenditures - Schedule E, Part II, col. (d)                                 | <b>(f)</b> Tax on political expenditures - Schedule F, Part II, col. (d) |  |  |
| a  |  |   |  |  |  |  |
| b  |  |   |  |  |  |  |
| c  |  |   |  |  |  |  |
| <b>Total</b>   |  |   |  |  |  |  |
|  | <b>(g)</b> Tax on disqualifying lobbying expenditures - Sch H, Part II, col. (d)         | <b>(h)</b> Tax on excess benefit transactions - Schedule I, Part II, col. (d), and Part III, col. (d) | <b>(i)</b> Tax on being a party to prohibited tax shelter transactions - Schedule J, Part II, col. (d) | <b>(j)</b> Tax on taxable distributions - Schedule K, Part II, col. (d)  |  |  |
| a  |  |   |  |  |  |  |
| b  |  |   |  |  |  |  |
| c  |  |   |  |  |  |  |
| <b>Total</b>   |  |   |  |  |  |  |
|  | <b>(k)</b> Tax on prohibited benefits - Sch L, Part II, col. (d), and Part III, col. (d) |   |  | <b>(l)</b> Total - Add cols. (c) through (k)                             |  |  |
| a  |  |   |  |  |  |  |
| b  |  |   |  |  |  |  |
| c  |  |   |  |  |  |  |
| <b>Total</b>   |  |   |  |  |  |  |

| <b>Part II-B Summary of Taxes</b> (See <b>Tax Payments</b> in the instructions.)  |        |
|---|--------|
| 1 Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I) ..... | 1      |
| 2 <b>Total tax.</b> Add Part I, line 15, and Part II-B, line 1 .....  | 2 240. |
| 3 Total payments including amount paid with Form 8868 (see instructions) .....  | 3      |
| 4 <b>Tax due.</b> If line 2 is larger than line 3, enter amount owed (see instructions) .....   | 4 240. |
| 5 <b>Overpayment.</b> If line 2 is smaller than line 3, enter the difference. This is your refund .....   | 5      |

**SCHEDULE A - Initial Taxes on Self-Dealing** (Section 4941)

| <b>Part I Acts of Self-Dealing and Tax Computation</b> |                 |                        |
|--|-----------------|------------------------|
| (a) Act number   | (b) Date of act | (c) Description of act |
| 1  |                 |                        |
| 2  |                 |                        |
| 3  |                 |                        |
| 4  |                 |                        |
| 5  |                 |                        |

| (d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act | (e) Amount involved in act | (f) Initial tax on self-dealer (10% of col. (e)) | (g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e)) |
|--|----------------------------|--|---|
|  |                            |  |   |
|  |                            |  |   |
|  |                            |  |   |
|  |                            |  |   |

| <b>Part II Summary of Tax Liability of Self-Dealers and Proration of Payments</b> |                                   |   |  |
|---|-----------------------------------|---|--|
| (a) Names of self-dealers liable for tax  | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions) |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
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|   |                                   |   |  |

| <b>Part III Summary of Tax Liability of Foundation Managers and Proration of Payments</b> |                                   |   |  |
|---|-----------------------------------|---|--|
| (a) Names of foundation managers liable for tax   | (b) Act no. from Part I, col. (a) | (c) Tax from Part I, col. (g), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
|   |                                   |   |  |
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|   |                                   |   |  |

**SCHEDULE B - Initial Tax on Undistributed Income** (Section 4942)

|   |   |
|---|---|
| 1 Undistributed income for years before 2018 (from Form 990-PF for 2019, Part XIII, line 6d) .....  | 1 |
| 2 Undistributed income for 2018 (from Form 990-PF for 2019, Part XIII, line 6e) .....   | 2 |
| 3 Total undistributed income at end of current tax year beginning in 2019 and subject to tax under section 4942 (add lines 1 and 2) ..... | 3 |
| 4 <b>Tax</b> - Enter 30% of line 3 here and on Part I, line 1 .....   | 4 |

**SCHEDULE C - Initial Tax on Excess Business Holdings** (Section 4943)

**Business Holdings and Computation of Tax**

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.)

|  | (a)<br>Voting stock<br>(profits interest or<br>beneficial interest) | (b)<br>Value | (c)<br>Nonvoting stock<br>(capital interest) |
|--|---|--------------|--|
| 1 Foundation holdings in business enterprise   | 1   |              |  |
| 2 Permitted holdings in business enterprise  | 2   |              |  |
| 3 Value of excess holdings in business enterprise  | 3   |              |  |
| 4 Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement) | 4   |              |  |
| 5 Taxable excess holdings in business enterprise - line 3 minus line 4   | 5   |              |  |
| 6 Tax - Enter 10% of line 5  | 6   |              |  |
| 7 Total tax - Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2                                       | 7   |              |  |

**SCHEDULE D - Initial Taxes on Investments That Jeopardize Charitable Purpose** (Section 4944)

**Part I Investments and Tax Computation**

| (a)<br>Investment number   | (b) Date of investment | (c) Description of investment | (d) Amount of investment | (e) Initial tax on foundation (10% of col. (d)) | (f) Initial tax on foundation managers (if applicable) - (lesser of \$10,000 or 10% of col. (d)) |
|--|------------------------|-------------------------------|--------------------------|---|--|
| 1  |                        |                               |                          |   |  |
| 2  |                        |                               |                          |   |  |
| 3  |                        |                               |                          |   |  |
| 4  |                        |                               |                          |   |  |
| 5  |                        |                               |                          |   |  |
| <b>Total</b> - Column (e). Enter here and on Part I, line 3  |                        |                               |                          |   |  |
| <b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below |                        |                               |                          |   |  |

**Part II Summary of Tax Liability of Foundation Managers and Proration of Payments**

| (a) Names of foundation managers liable for tax | (b) Investment no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|--|---|--|
|   |  |   |  |
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|   |  |   |  |
|   |  |   |  |
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|   |  |   |  |

**SCHEDULE E - Initial Taxes on Taxable Expenditures** (Section 4945)

| <b>Part I Expenditures and Computation of Tax</b>  |            |                           |   |  |
|--|------------|---------------------------|---|--|
| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Name and address of recipient                       | (e) Description of expenditure and purposes for which made   |
| 1  |            |                           |   |  |
| 2  |            |                           |   |  |
| 3  |            |                           |   |  |
| 4  |            |                           |   |  |
| 5  |            |                           | <b>SEE STATEMENT 2</b>                                  |  |
| (f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure |            |                           | (g) Initial tax imposed on foundation (20% of col. (b)) | (h) Initial tax imposed on foundation managers (if applicable)- (lesser of \$10,000 or 5% of col. (b)) |
| Total - Column (g). Enter here and on Part I, line 4   |            |                           | 240.  |  |
| Total - Column (h). Enter total (or prorated amount) here and in Part II, column (c), below              |            |                           |   |  |

| <b>Part II Summary of Tax Liability of Foundation Managers and Proration of Payments</b> |                                    |   |  |
|--|------------------------------------|---|--|
| (a) Names of foundation managers liable for tax  | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (h), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |
|  |                                    |   |  |

**SCHEDULE F - Initial Taxes on Political Expenditures** (Section 4955)

| <b>Part I Expenditures and Computation of Tax</b>   |            |                           |  |   |  |
|---|------------|---------------------------|--|---|--|
| (a) Item number   | (b) Amount | (c) Date paid or incurred | (d) Description of political expenditure | (e) Initial tax imposed on organization or foundation (10% of col. (b)) | (f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b)) |
| 1   |            |                           |  |   |  |
| 2   |            |                           |  |   |  |
| 3   |            |                           |  |   |  |
| 4   |            |                           |  |   |  |
| 5   |            |                           |  |   |  |
| Total - Column (e). Enter here and on Part I, line 5  |            |                           |  |   |  |
| Total - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below |            |                           |  |   |  |

| <b>Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments</b> |                                    |   |  |
|---|------------------------------------|---|--|
| (a) Names of organization managers or foundation managers liable for tax  | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|   |                                    |   |  |
|   |                                    |   |  |
|   |                                    |   |  |
|   |                                    |   |  |
|   |                                    |   |  |

**SCHEDULE G - Tax on Excess Lobbying Expenditures** (Section 4911)

|   |  |   |  |
|---|--|---|--|
| 1 | Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.) | 1 |  |
| 2 | Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)       | 2 |  |
| 3 | Excess lobbying expenditures - enter the larger of line 1 or line 2  | 3 |  |
| 4 | Tax - Enter 25% of line 3 here and on Part I, line 6   | 4 |  |

**SCHEDULE H - Taxes on Disqualifying Lobbying Expenditures** (Section 4912)

| <b>Part I Expenditures and Computation of Tax</b>  |            |                           |  |  |  |
|--|------------|---------------------------|--|--|--|
| (a) Item number  | (b) Amount | (c) Date paid or incurred | (d) Description of lobbying expenditures | (e) Tax imposed on organization (5% of col. (b)) | (f) Tax imposed on organization managers (if applicable)- (5% of col. (b)) |
| 1  |            |                           |  |  |  |
| 2  |            |                           |  |  |  |
| 3  |            |                           |  |  |  |
| 4  |            |                           |  |  |  |
| 5  |            |                           |  |  |  |
| <b>Total</b> - Column (e). Enter here and on Part I, line 7  |            |                           |  |  |  |
| <b>Total</b> - Column (f). Enter total (or prorated amount) here and in Part II, column (c), below |            |                           |  |  |  |

| <b>Part II Summary of Tax Liability of Organization Managers and Proration of Payments</b> |                                    |   |  |
|--|------------------------------------|---|--|
| (a) Names of organization managers liable for tax  | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|  |                                    |   |  |
|  |                                    |   |  |
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|  |                                    |   |  |

**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958)

| <b>Part I Excess Benefit Transactions and Tax Computation</b> |                         |  |  |   |  |
|---|-------------------------|--|--|---|--|
| (a) Transaction number  | (b) Date of transaction | (c) Description of transaction                                   |  |   |  |
| 1   |                         |  |  |   |  |
| 2   |                         |  |  |   |  |
| 3   |                         |  |  |   |  |
| 4   |                         |  |  |   |  |
| 5   |                         |  |  |   |  |
| <b>(d) Amount of excess benefit</b>                           |                         | <b>(e) Initial tax on disqualified persons (25% of col. (d))</b> |  | <b>(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))</b> |  |
|   |                         |  |  |   |  |
|   |                         |  |  |   |  |
|   |                         |  |  |   |  |
|   |                         |  |  |   |  |
|   |                         |  |  |   |  |



**SCHEDULE I - Initial Taxes on Excess Benefit Transactions** (Section 4958) *Continued*

**Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments**

| (a) Names of disqualified persons liable for tax | (b) Trans. no. from Part I, col. (a) | (c) Tax from Part I, col. (e), or prorated amount | (d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions) |
|--|--------------------------------------|---|--|
|  |                                      |   |  |
|  |                                      |   |  |
|  |                                      |   |  |
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|  |                                      |   |  |
|  |                                      |   |  |

**Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments**

| (a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax | (b) Trans. no. from Part I, col. (a) | (c) Tax from Part I, col. (f), or prorated amount | (d) Manager's total tax liability (add amounts in col. (c)) (see instructions) |
|---|--------------------------------------|---|--|
|   |                                      |   |  |
|   |                                      |   |  |
|   |                                      |   |  |
|   |                                      |   |  |
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**SCHEDULE J - Taxes on Being a Party to Prohibited Tax Shelter Transactions** (Section 4965)

**Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity**

(see instructions)

| (a) Transaction number | (b) Transaction date | (c) Type of transaction<br>1 - Listed<br>2 - Subsequently listed<br>3 - Confidential<br>4 - Contractual protection | (d) Description of transaction |
|------------------------|----------------------|--|--------------------------------|
| 1                      |                      |  |                                |
| 2                      |                      |  |                                |
| 3                      |                      |  |                                |
| 4                      |                      |  |                                |
| 5                      |                      |  |                                |

| (e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No | (f) Net income attributable to the PTST | (g) 75% of proceeds attributable to the PTST | (h) Tax imposed on the tax-exempt entity (see instructions) |
|---|---|--|---|
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |
|   |   |  |   |

**Total** - Column (h). Enter here and on Part I, line 9 .....

Part II Tax Imposed on Entity Managers (Section 4965) Continued

Table with 4 columns: (a) Name of entity manager, (b) Transaction number from Part I, col. (a), (c) Tax - enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a), (d) Manager's total tax liability (add amounts in col. (c)).

SCHEDULE K - Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I Taxable Distributions and Tax Computation

Table with 3 columns: (a) Item number, (b) Name of sponsoring organization and donor advised fund, (c) Description of distribution. Includes rows 1, 2, 3, 4.

Table with 4 columns: (d) Date of distribution, (e) Amount of distribution, (f) Tax imposed on organization (20% of col. (e)), (g) Tax on fund managers (lesser of 5% of col. (e) or \$10,000).

Total - Column (f). Enter here and on Part I, line 10

Total - Column (g). Enter total (or prorated amount) here and in Part II, column (c), below

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

Table with 4 columns: (a) Name of fund managers liable for tax, (b) Item no. from Part I, col. (a), (c) Tax from Part I, col. (g) or prorated amount, (d) Manager's total tax liability (add amounts in col. (c) (see instructions)).

**SCHEDULE L - Taxes on Prohibited Benefits Distributed From Donor Advised Funds** (Section 4967).

See the instructions.

| <b>Part I Prohibited Benefits and Tax Computation</b> |   |   |
|---|---|---|
| (a) Item number                                       | (b) Date of prohibited benefit  | (c) Description of benefit  |
| 1   |   |   |
| 2   |   |   |
| 3   |   |   |
| 4   |   |   |
| 5   |   |   |
| (d) Amount of prohibited benefit                      | (e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions) | (f) Tax on fund managers (if applicable) (lesser of 10% of col. (d) or \$10,000) (see instructions) |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

| <b>Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments</b> |                                    |  |  |
|---|------------------------------------|--|--|
| (a) Names of donors, donor advisors, or related persons liable for tax  | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (e) or prorated amount | (d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions) |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |
|   |                                    |  |  |

| <b>Part III Summary of Tax Liability of Fund Managers and Proration of Payments</b> |                                    |  |   |
|---|------------------------------------|--|---|
| (a) Names of fund managers liable for tax   | (b) Item no. from Part I, col. (a) | (c) Tax from Part I, col. (f) or prorated amount | (d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions) |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |
|   |                                    |  |   |

**Schedule M - Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements** (Sections 4959 and 501(r)(3)). (See instructions.)

| <b>Part I Failures to Meet Section 501(r)(3)</b> |                               |                                |  |  |
|--|-------------------------------|--------------------------------|--|--|
| (a) Item number                                  | (b) Name of hospital facility | (c) Description of the failure | (d) Tax year hospital facility last conducted a CHNA | (e) Tax year hospital facility last adopted an implementation strategy |
| 1  |                               |                                |  |  |
| 2  |                               |                                |  |  |
| 3  |                               |                                |  |  |
| 4  |                               |                                |  |  |
| 5  |                               |                                |  |  |

| <b>Part II Computation of Tax</b> |  |
|-----------------------------------|--|
| 1                                 | Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3) ..... <b>1</b> |
| 2                                 | Tax - Enter \$50,000 multiplied by line 1 here and on Part I, line 12 ..... <b>2</b>   |

**SCHEDULE N - Tax on Excess Executive Compensation** (Section 4960). (See instructions.)

| (a) Item number   | (b) Name of covered employee                     | (c) Excess remuneration | (d) Excess parachute payment | (e) Total. Add column (c) and (d) |
|---|--|-------------------------|------------------------------|-----------------------------------|
| 1   |  |                         |                              |                                   |
| 2   |  |                         |                              |                                   |
| 3   |  |                         |                              |                                   |
| 4   |  |                         |                              |                                   |
| 5   |  |                         |                              |                                   |
| 6   | Attachment, if necessary. See instructions ..... |                         |                              |                                   |
| <b>Total</b> (add column (e) items 1 - 6) .....                             |  |                         |                              |                                   |
| <b>Tax.</b> Enter 21% of the amount above here and on Part I, line 13 ..... |  |                         |                              |                                   |

**SCHEDULE O - Excise Tax on Net Investment Income of Private Colleges and Universities** (Section 4968)

|   | (a) Name  | (b) EIN | (c) Gross investment income (See instructions.) | (d) Capital gain net income | (e) Administrative expenses allocable to income included in cols. (c) and (d) | (f) Net investment income (See instructions.) |
|---|---|---------|---|-----------------------------|---|---|
| 1 | Filing Organization   |         |   |                             |   |   |
| 2 | Related Organization  |         |   |                             |   |   |
| 3 | Related Organization  |         |   |                             |   |   |
| 4 | Related Organization  |         |   |                             |   |   |
| 5 | Total from attachment, if necessary .....   |         |   |                             |   |   |
| 6 | <b>Total</b> .....  |         |   |                             |   |   |
| 7 | Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14 ..... |         |   |                             |   |   |

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**

|   |           |      |
|---|-----------|------|
|   | PRESIDENT |      |
| Signature of officer or trustee   | Title     | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |           | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |           | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |           | Date |
| Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person |           | Date |

May the IRS discuss this return with the preparer shown below? (see instructions)  Yes  No

|                               |   |  |                         |   |                          |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>KAREN GRIES</b>                                    | Preparer's signature<br><b>KAREN GRIES</b> | Date<br><b>04/27/20</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00078514</b> |
|                               | Firm's name ▶ <b>CLIFTONLARSONALLEN LLP</b>   |  |                         | Firm's EIN ▶ <b>41-0746749</b>                  |                          |
|                               | Firm's address ▶ <b>220 SOUTH SIXTH STREET, SUITE 300<br/>MINNEAPOLIS, MN 55402</b> |  |                         | Phone no. <b>612-376-4500</b>                   |                          |

## FOOTNOTES

STATEMENT 1

ATTACHMENT TO FORM 4720. THE ORGANIZATION IS PAYING THE EXCISE TAX ON A GRANT TO MINNESOTA LIBRARY ASSOCIATION, A 501(C)(6) ORGANIZATION. THE PAYMENT WAS MADE TO SUPPORT THE ORGANIZATION'S ANNUAL CONFERENCE. THE TAXPAYER WAS NOT AWARE THE RECIPIENT WAS NOT A 501(C)(3) PUBLIC CHARITY. SINCE THE DISBURSEMENT WAS MADE, THE ORGANIZATION HAS ESTABLISHED PROCEDURES TO ENSURE NO FURTHER GRANTS WILL BE MADE TO NON-(C)(3) ORGANIZATIONS.

THE ORGANIZATION CANNOT CORRECT THE TRANSACTION SINCE FUNDS WERE SPENT BY THE RECEIPIENT TO SUPPORT THE ANNUAL CONFERENCE. FOR THIS REASON, THE FUNDS WILL NOT BE RETURNED TO THE ORGANIZATION. WE RESPECTFULLY REQUEST NO FURTHER ASSESSMENTS BE APPLIED TO MINNESOTA ASSOCIATION OF LIBRARY FRIENDS FOR FAILURE TO CORRECT THE TAXABLE EXPENDITURE.

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FORM 4720 SCHEDULE E - INITIAL TAXES ON TAXABLE EXPENDITURES STATEMENT 2

| (A) ITEM NUMBER | (B) AMOUNT | (C) DATE PAID OR INCURRED |
|-----------------|------------|---------------------------|
| 1               | 1,200.     | 04/23/19                  |

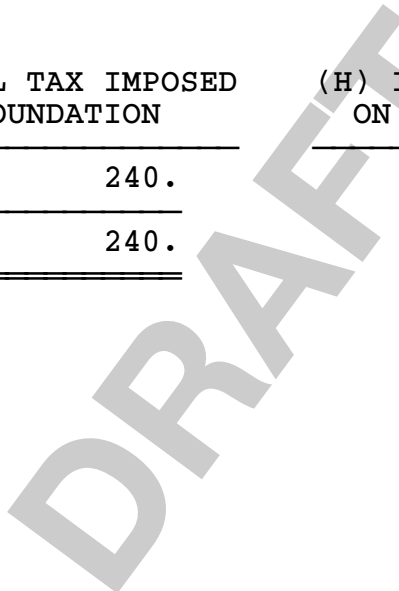
(D) NAME AND ADDRESS OF RECIPIENT

MINNESOTA LIBRARY ASSOCIATION  
 400 S 4TH ST STE 754E  
 MINNEAPOLIS, MN 55415

(E) DESCRIPTION OF EXPENDITURE AND PURPOSE FOR WHICH MADE

SPONSORSHIP SUPPORTING THE CONFERENCE

| (F) QUESTION NUMBER | (G) INITIAL TAX IMPOSED ON FOUNDATION | (H) INITIAL TAX IMPOSED ON FOUNDATION MANAGERS |
|---------------------|---------------------------------------|--|
| 5A(4)               | 240.                                  |  |
| TOTAL INITIAL TAX   | 240.                                  |  |



**Mail To:**

Minnesota Attorney General's Office  
Charities Division  
445 Minnesota Street, Suite 1200  
St. Paul, MN 55101-2130

**STATE OF MINNESOTA  
CHARITABLE ORGANIZATION  
ANNUAL REPORT FORM**

C2

**Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization MINNESOTA ASSOCIATION OF LIBRARY FRIENDS

Federal EIN: 41-1423551

Fiscal Year-End: 12312019  
mm/dd/yyyy

Did the organization's fiscal year-end change?  Yes  No

|   |  |
|---|--|
| <b>Mailing Address:</b><br><u>KATHY WELLS</u><br>Contact Person<br><u>1080 MONTREAL AVENUE, NO. 2</u><br>Street Address<br><u>ST. PAUL, MN 55116</u><br>City, State, and ZIP Code<br><u>651-366-6492</u><br>Phone Number<br><u>INFO@MNLIBRARYFRIENDS.ORG</u><br>Email Address | <b>Physical Address:</b><br><u>KATHY WELLS</u><br>Contact Person<br><u>1080 MONTREAL AVENUE, NO. 2</u><br>Street Address<br><u>ST. PAUL, MN 55116</u><br>City, State, and ZIP Code<br><u>651-366-6492</u><br>Phone Number<br><u>INFO@MNLIBRARYFRIENDS.ORG</u><br>Email Address |
|---|--|

1. Organization's website: WWW.MNLIBRARYFRIENDS.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).  
\_\_\_\_\_  
\_\_\_\_\_  
 Alternate  Former  
 Alternate  Former

3. List all names under which the organization solicits contributions (attach list if more space is needed). **SEE STATEMENT 1**  
MN ASSOCIATION OF LIBRARY FRIENDS  
MALF

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 1,630.

6. Has the organization's tax-exempt status with the IRS changed?  
 Yes  No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?  
 Yes  No If yes, attach explanation.



CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota?  Yes  No  
If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser Compensation

Street Address City, State, and ZIP Code

10. Is the organization a food shelf?  Yes  No  
If yes, is the organization required to file an audit?  Yes, audit attached  No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000?  Yes  No  
If yes, provide the following information for the five highest paid individuals:

| Name and title | Compensation* | Other compensation |
|----------------|---------------|--------------------|
|                |               |                    |
|                |               |                    |
|                |               |                    |
|                |               |                    |
|                |               |                    |

\*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.  
Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

|                            |    |                   |   |
|----------------------------|----|-------------------|---|
| 1. Contributions Received  | \$ | <u>1,630.</u>     | 1 |
| 2. Government Grants       | \$ | <u>          </u> | 2 |
| 3. Program Service Revenue | \$ | <u>          </u> | 3 |
| 4. Other Revenue           | \$ | <u>27,466.</u>    | 4 |
| 5. <b>TOTAL INCOME</b>     | \$ | <u>29,096.</u>    | 5 |

**EXPENSES**

|                                  |    |                 |    |
|----------------------------------|----|-----------------|----|
| 6. Program Expenses              | \$ | <u>34,071.</u>  | 6  |
| 7. Management & General Expenses | \$ | <u>15,400.</u>  | 7  |
| 8. Fund-raising Expenses         | \$ | <u>105.</u>     | 8  |
| 9. <b>TOTAL EXPENSES</b>         | \$ | <u>49,576.</u>  | 9  |
| 10. <b>EXCESS or DEFICIT</b>     | \$ | <u>-20,480.</u> | 10 |
| (Line 5 minus Line 9)            |    |                 |    |

**ASSETS**

|                                 |    |                   |    |
|---------------------------------|----|-------------------|----|
| 11. Cash                        | \$ | <u>22,960.</u>    | 11 |
| 12. Land, Buildings & Equipment | \$ | <u>          </u> | 12 |
| 13. Other Assets                | \$ | <u>505,479.</u>   | 13 |
| 14. <b>TOTAL ASSETS</b>         | \$ | <u>528,439.</u>   | 14 |

**LIABILITIES**

|                              |    |                   |    |
|------------------------------|----|-------------------|----|
| 15. Accounts Payable         | \$ | <u>1,617.</u>     | 15 |
| 16. Grants Payable           | \$ | <u>          </u> | 16 |
| 17. Other Liabilities        | \$ | <u>1,210.</u>     | 17 |
| 18. <b>TOTAL LIABILITIES</b> | \$ | <u>2,827.</u>     | 18 |

**FUND BALANCE/NET WORTH**

|                         |    |                 |  |
|-------------------------|----|-----------------|--|
|                         | \$ | <u>525,612.</u> |  |
| (Line 14 minus Line 18) |    |                 |  |

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**CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)**

**Section B (continued): Statement of Functional Expenses**

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

|  | (A)<br>Total expenses | (B)<br>Program service<br>expenses | (C)<br>Management and<br>general expenses | (D)<br>Fundraising<br>expenses |
|--|-----------------------|------------------------------------|---|--------------------------------|
| 1. Grants and other assistance to governments and organizations in the U.S.  | 2,600.                | 2,600.                             |   |                                |
| 2. Grants and other assistance to individuals in the U.S.  |                       |                                    |   |                                |
| 3. Grants and other assistance to governments, organizations, and individuals outside the U.S.   |                       |                                    |   |                                |
| 4. Benefits paid to or for members   |                       |                                    |   |                                |
| 5. Compensation of current officers, directors, trustees, and key employees  |                       |                                    |   |                                |
| 6. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)  |                       |                                    |   |                                |
| 7. Other salaries and wages  |                       |                                    |   |                                |
| 8. Pension plan contributions (include section 401(k) and section 403(b) employer contributions)   |                       |                                    |   |                                |
| 9. Other employee benefits   |                       |                                    |   |                                |
| 10. Payroll taxes  |                       |                                    |   |                                |
| 11. Fees for services (non-employees):   |                       |                                    |   |                                |
| a. Management  |                       |                                    |   |                                |
| b. Legal   | 2,460.                |                                    | 2,460.                                    |                                |
| c. Accounting  | 2,500.                |                                    | 2,500.                                    |                                |
| d. Lobbying  |                       |                                    |   |                                |
| e. Professional fundraising services   |                       |                                    |   |                                |
| f. Investment management fees  | 2,553.                |                                    | 2,553.                                    |                                |
| g. Other   | 1.                    |                                    | 1.  |                                |
| 12. Advertising and promotion  | 1,687.                |                                    | 1,687.                                    |                                |
| 13. Office expenses  | 4,707.                |                                    | 4,707.                                    |                                |
| 14. Information technology   | 8,261.                | 8,261.                             |   |                                |
| 15. Royalties  |                       |                                    |   |                                |
| 16. Occupancy  |                       |                                    |   |                                |
| 17. Travel   |                       |                                    |   |                                |
| 18. Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                    |   |                                |
| 19. Conferences, conventions, and meetings   | 825.                  | 825.                               |   |                                |
| 20. Interest   |                       |                                    |   |                                |
| 21. Payments to affiliates   |                       |                                    |   |                                |
| 22. Depreciation, depletion, and amortization  |                       |                                    |   |                                |
| 23. Insurance  | 1,262.                |                                    | 1,262.                                    |                                |
| 24. Other expenses. Itemize expenses not covered above. Expenses labeled miscellaneous may not exceed 5% of total expenses (Line 25).  |                       |                                    |   |                                |
| a. OTHER GRANT EXPENSES  | 9,580.                | 9,580.                             |   |                                |
| b. EDUCATIONAL PROGRAM   | 9,512.                | 9,512.                             |   |                                |
| c. MEMBERSHIP  | 2,676.                | 2,676.                             |   |                                |
| d. ALL OTHER EXPENSE STMT 2  | 952.                  | 617.                               | 230.                                      | 105.                           |
| 25. Total functional expenses. Add lines 1 through 24d   | 49,576.               | 34,071.                            | 15,400.                                   | 105.                           |
| 26. Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in Column B joint costs from a combined educational campaign and fundraising solicitation |                       |                                    |   |                                |

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

\_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_, approving the contents of the document, and do hereby certify that the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the

organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

**NANCY GUERINO**

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

ANNUAL REPORT NAMES ORGANIZATION SOLICITS CONTRIBUTIONS UNDER STATEMENT 1  
 INITIAL  
 REGISTRATION

NAME

MINNESOTA ASSOCIATION OF LIBRARY FRIENDS

ANNUAL REPORT ALL OTHER EXPENSES FOR FUNCTIONAL EXPENSE STATEMENT 2  
 STATEMENT

| DESCRIPTION  | TOTAL | PROGRAM | MANAGEMENT | FUNDRAISING |
|--|-------|---------|------------|-------------|
| OTHER PROGRAM EXPENSES                                     | 617.  | 617.    | 0.         | 0.          |
| TAXES  | 230.  | 0.      | 230.       | 0.          |
| FUNDRAISING  | 105.  | 0.      | 0.         | 105.        |
| TOTAL TO LINE 24D<br>OF STATEMENT OF<br>FUNCTIONAL EXPENSE | 952.  | 617.    | 230.       | 105.        |

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