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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2007

Open to Public Inspection

Form

990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form.

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning October 1, 2007, and ending September 30, 2008

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization: Patrons of the Minot Public Library
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 516 2nd Ave SW
 City or town, state or country, and ZIP + 4: Minot, ND 58701-3792

D Employer identification number: 45-0349293
E Telephone number: (701) 839-5723
F Group Exemption Number:

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
 Other (specify) ►

I Website: ► None

J Organization type (check only one): ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	376,815.1	18	Excess or (deficit) for the year Subtract line 17 from line 9
2	Program service revenue including government fees and contracts	2		19	Net assets or fund balances at beginning of year (from line 27, column (B)) (must agree with end-of-year figure reported on prior year's return)
3	Membership dues and assessments	3	895-	20	Other changes in net assets or fund balances (attach explanation) <u>Statement 4</u>
4	Investment income	4	870	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a			
5b	Less: cost or other basis and sales expenses	5b			
5c	Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schedule)	5c			
6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	45,826		
6b	Less: direct expenses other than fundraising expenses	6b			
6c	Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	45,826		
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory Subtract line 7b from line 7a	7c			
8	Other revenue (describe) <u>See Statement 1</u>	8	1859.74		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	86220.95		
10	Grants and similar amounts paid (attach schedule)	10	64353.11		
11	Benefits paid to or for members	11			
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13			
14	Occupancy, rent, utilities, and maintenance	14			
15	Printing, publications, postage, and shipping	15	1058.57		
16	Other expenses (describe) <u>See Statement 2</u>	16	9784.23		
17	Total expenses. Add lines 10 through 16	17	75195.91		
18	Excess or (deficit) for the year Subtract line 17 from line 9	18	11025.04		
19	Net assets or fund balances at beginning of year (from line 27, column (B)) (must agree with end-of-year figure reported on prior year's return)	19	67915.53		
20	Other changes in net assets or fund balances (attach explanation) <u>Statement 4</u>	20	19492.43		
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	98439.00		

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	67915.53	22 98438
23 Land and buildings		23
24 Other assets (describe) <u></u>		24
25 Total assets	67915.53	25 98438
26 Total liabilities (describe) <u></u>		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	67915.53	27 98438

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421 Form 990-EZ (2007)

SCANNED MAR 28 2011

Part III Statement of Program Service Accomplishments (See page 60 of the instructions)**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28	To support the Minut Public Library through purchase of books, equipment, children's & teen programming and enhance the library facility	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	47,192.89
29	To increase the endowment principal from which dividends and interest are used to enhance library services	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	17,160.22
30		(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses. Add lines 28a through 31a			32 64353.11

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 61 of the instructions.)

(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 & deferred compensation	(E) Expense account and other allowances
See attached				

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a		
b Did the organization file Form 1120-POL for this year?		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter.	39a	
a Initiation fees and capital contributions included on line 9	39b	
b Gross receipts, included on line 9, for public use of club facilities		

Part V Other Information (Note the statement requirement in General Instruction V.) (Continued)**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:

section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶

b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

	Yes	No
40b		<input checked="" type="checkbox"/>
40c		
40e		

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶**d** Enter amount of tax on line 40c reimbursed by the organization ▶**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?**41** List the states with which a copy of this return is filed. ▶**42a** The books are in care of ▶ Telephone no. ▶ ()

Located at ▶ ZIP + 4 ▶

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

If "Yes," enter the name of the foreign country: ▶

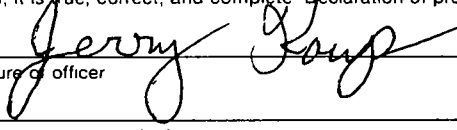
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country: ▶

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check hereand enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** NA**Please 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 officer) is based on all information of which preparer has any knowledge.

Signature of officer 

Date 1/24/09

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶

Date

Check if self-employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

EIN ▶
Phone no ▶ ()

PATRONS OF THE MINOT PUBLIC LIBRARY

45-0349293

Form 990-EZ	Other Revenue	Statement 1
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Description

Dividend & Interest Income from Endowment Fund	1,639.31
Payment for Annual Meeting Meal	220.43
TOTAL TO FORM 990-EZ, Line 8	<u>1,859.74</u>

Form 990-EZ	Other Expenses	Statement 2
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Description

Annual Meeting Meal Expense	157.08
Tomato Festival Expenses	9,627.15
Total Included on Form 990-EZ, Line 16	<u>9,784.23</u>

Form 990-EZ	Payments to Affiliates	Statement 3
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Affiliate' Name: Minot Public Library

Affiliates Address: 516 2nd Ave SW, Minot, ND 58701

Purpose of Payments:

Support the Minot Public Library	47,193.11
Increase Endowment Principal	17,160.00
Total Included on Form 990-EZ, Line 10	<u>64,353.11</u>

STATEMENTS 1, 2, 3

PATRONS OF THE MINOT PUBLIC LIBRARY

45-0349293

Form 990-EZ	Other Changes in Net Assets or Fund Balances	Statement 4
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Description

Unrealized Gain on Endowment Investments	2,337.43
Donations towards Endowment Principle	17,160.00
Total Included on Form 990-EZ, Line 20	<u>19,497.43</u>

FRIENDS BOARD

MINOT PUBLIC LIBRARY

Name and address	Title & Hours	Compensation	Contributions To employee Benefit Prog.	Expense Account and other
Verna Aleshire 1027 10 th St NW, Minot ND 58703	Director ½ hr	0	0	0
Donna Christen 101 6 th Ave NE, Minot, ND 58703	Director ½ hr	0	0	0
Jerry Kaup 1816 9 th St SW, Minot, ND 58701	Treasurer, 1 hr			
Joe King PO Box 1572, Minot, ND 58702	Director ½ hr	0	0	0
Jenelle Krueger 1215 15 th Ave SW, Minot, ND 58701	Vice President ½ hr	0	0	0
Karen Martin, 2104 7 th Ave NW, Minot, ND 58703	President 1 hr	0	0	0
Theresa Nyre 2905 Elk Dr, Apt 314 Minot, ND 58701	Director ½ hr	0	0	0
Carol Stolt 1205 5 th Ave SW, Minot, ND 58701	Director ½ hr	0	0	0
Susan Taft 129 25 th St SW , Minot, ND 58702	Director 1 hr	0	0	0
Vivian Vandenoever 2905 Elk Dr., Apt 317, Minot, ND 58701	Director ½ hr	0	0	0
Jack Watts 1312 10 th St SW, Minot, ND 58701	Director ½ hr	0	0	0
Timothy Wood 708 Lincoln, Minot, ND 58703	Secretary 1 hr	0	0	0