Form **990-PF**

Return of Private Foundation

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

OMB No. 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

2017, and ending December 31 20 17 January 1 For calendar year 2017 or tax year beginning A Employer identification number Name of foundation 43-1372164 FRIENDS OF THE HANNIBAL FREE PUBLIC LIBRARY B Telephone number (see instructions) Number and street (or P.O. box number if mail is not delivered to street address) Room/suite 573-221-0222 Hannibal Free Public Library, 200 South Fifth Street C If exemption application is pending, check here ▶ City or town, state or province, country, and ZIP or foreign postal code Hannibal, MO 63401 Initial return of a former public charity D 1. Foreign organizations, check here G Check all that apply: Initial return ☐ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Name change Address change check here and attach computation · E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . ▶ ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation J Accounting method: <a> Cash Accrual Fair market value of all assets at F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col. (c), (Part I, column (d) must be on cash basis.) line 16) ▶ \$ 888.07 (d) Disbursements Analysis of Revenue and Expenses (The total of Part I (a) Revenue and (c) Adjusted net (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes income books (cash basis only) the amounts in column (a) (see instructions).) 207.76 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ ☐ if the foundation is not required to attach Sch. B 2 .59 Interest on savings and temporary cash investments 3 Dividends and interest from securities 4 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a b Capital gain net income (from Part IV, line 2) 7 Net short-term capital gain 8 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . b Gross profit or (loss) (attach schedule) C 11 208.35 208.35 208.35 Total. Add lines 1 through 11 . . . 12 Compensation of officers, directors, trustees, etc. 13 Operating and Administrative Expenses 14 Other employee salaries and wages Pension plans, employee benefits 15 Legal fees (attach schedule) 16a Accounting fees (attach schedule) Other professional fees (attach schedule) . . . 17 Taxes (attach schedule) (see instructions) . . . 18 Depreciation (attach schedule) and depletion . . . 19 Occupancy 20 Travel, conferences, and meetings . . . 21 22 Printing and publications . . . 17.26 17.26 17.26 17.26 Other expenses (attach schedule) 23 Total operating and administrative expenses. 24 17.26 17.26 17.26 17.26 Add lines 13 through 23 432.35 Contributions, gifts, grants paid 25 449.61 449.61 449.61 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12: 27 -241.26 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) . .

Part II		Attached schedules and amounts in the description column	Beginning of year	End of		
Pa	TILL	Balance Sheets Attached scriedules and amounts in the description country should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing				
1	2	Savings and temporary cash investments	1129.33	888.07	888.07	
	3	Accounts receivable >		512 FF 347 TF	Fire Control	
		Less: allowance for doubtful accounts ▶		- 50		
Ì	4	Pledges receivable ►		A STATE OF THE STATE OF	Section 1	
		Less: allowance for doubtful accounts ▶		III SS AG		
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other			30 E9	
		disqualified persons (attach schedule) (see instructions)		N AS THE STREET		
- [7	Other notes and loans receivable (attach schedule)	1000 700			
	-	Less: allowance for doubtful accounts ▶				
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
AS	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	C	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶	Section Section	\$455000 L		
	'''	Less: accumulated depreciation (attach schedule)	-			
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment: basis	9-2006 27		****	
	14	Less: accumulated depreciation (attach schedule)				
	15	Other assets (describe >				
	16	Total assets (to be completed by all filers—see the				
	10	instructions. Also, see page 1, item I)		888.07	888.07	
	17	Accounts payable and accrued expenses				
	18	Grants payable			。	
es	19	Deferred revenue				
Liabilities		Loans from officers, directors, trustees, and other disqualified persons				
Ö	20	Mortgages and other notes payable (attach schedule)			40	
Ë	21	Other light little (describe)				
	22	Total liabilities (add lines 17 through 22)	-0	-0-	連合ない みがご	
_	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)				
ances		and complete lines 24 through 26, and lines 30 and 31.				
2	24	Unrestricted	1129.33	888.07		
		Temporarily restricted				
ä	26	Permanently restricted				
Net Assets or Fund Bal		Foundations that do not follow SFAS 117, check here ▶ □				
E		and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds			4 3 4 4	
ţ	28	Paid-in or capital surplus, or land, bldg., and equipment fund			等达达。 TELEST	
Se	29	Retained earnings, accumulated income, endowment, or other funds			4 5.48	
As	30	Total net assets or fund balances (see instructions)			September 1	
et	31	Total liabilities and net assets/fund balances (see			and the second	
Z		instructions)	-()-	- 42 1 1 1 1 1 1	
P	art III	Analysis of Changes in Net Assets or Fund Balance	S			
-	1 Tot	al net assets or fund balances at beginning of year-Part II, co	lumn (a), line 30 (mı	ust agree with		
	end	d-of-year figure reported on prior year's return)		1	1129.33	
	2 Ent	ter amount from Part I, line 27a		2	241.26	
	3 Oth	ner increases not included in line 2 (itemize)		3		
	4 Ad	d lines 1, 2, and 3	16 6 8 8 9	4		
	5 De	creases not included in line 2 (itemize) ▶		5	2	
	6 Tot	creases not included in line 2 (itemize) ▶ tal net assets or fund balances at end of year (line 4 minus line 5)	—Part II, column (b),	line 30 6	888.07	
_			-		Form 990-PF (2017)	

		d(s) of property sold (for example, rea se; or common stock, 200 shs. MLC C		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a						
b						
<u>c</u> d						
e						-
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis bense of sale		in or (loss) (f) minus (g))
а						
<u>b</u>						
<u> </u>						
<u>d</u>						
е	Complete only for assets sho	wing gain in column (h) and owne	d by the foundation	n on 12/31/69	m o : (o	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ess of col. (i) ol. (j), if any	col. (k), but no	ol. (h) gain minus ot less than -0-) or (from col. (h))
а						
b						
c						
d						
е						
2	Capital gain net income or		n, also enter in P ss), enter -0- in P		2	NONI
3	If gain, also enter in Part	n or (loss) as defined in sectio I, line 8, column (c). See inst	tructions. If (los	s), enter -0- in)	3	
(For o	otional use by domestic pri	er Section 4940(e) for Re vate foundations subject to the	duced Tax on	Net Investmen		
(For o If sect Was t If "Yes	otional use by domestic pri ion 4940(d)(2) applies, leav ne foundation liable for the s," the foundation doesn't c	vate foundations subject to the this part blank. section 4942 tax on the distriqualify under section 4940(e).	duced Tax on ne section 4940(a butable amount Do not complete	Net Investmen a) tax on net inves of any year in the this part.	tment income.) base period?	
(For o If sect Was t	otional use by domestic prison 4940(d)(2) applies, leavene foundation liable for the s," the foundation doesn't content the appropriate amount of the state of the second state of the sec	vate foundations subject to the this part blank. section 4942 tax on the districted under section 4940(e). bunt in each column for each years.	duced Tax on ne section 4940(a butable amount Do not complete	Net Investmen a) tax on net inves of any year in the a this part. tructions before m	tment income.) base period?	
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(For o	otional use by domestic prison 4940(d)(2) applies, leavene foundation liable for the s," the foundation doesn't content the appropriate among the second sec	vate foundations subject to the this part blank. section 4942 tax on the distriqualify under section 4940(e). Sount in each column for each young (b) Adjusted qualifying distribut	butable amount Do not complete year; see the institutions Net value divide the total of the institution of	Net Investmen a) tax on net inves of any year in the this part. tructions before m (c) of noncharitable-use a on line 2 by 5.0, o years	base period? making any entries assets (col. (b)	. (d) stribution ratio) divided by col. (c))
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Part \	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see ins	structions)
10	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	
ıa	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	
	here and enter 1% of Part I, line 27b	A Sach
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of	
•	Part I, line 12, col. (b).	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	
3	Add lines 1 and 2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 5	
6	Credits/Payments:	100
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a	68. 45.
b	Exempt foreign organizations—tax withheld at source 6b	10
С	Tax paid with application for extension of time to file (Form 8868) . 6c 6c	
d	Backup withholding erroneously withheld	
7	Total credits and payments. Add lines 6a through 6d	
8	Enter any penalty for underpayment of estimated tax. Officer here in 1911 2229 is attached to	NONE
9	Tax due. If the total of lines 5 and 6 is more than line 7, enter amount owed	HOILE
10	Overbayment, if line / is filore than the total of lines o and of ortion the attraction	
11	Enter the amount of time to to be. Steaked to 2010	
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Yes No
1a	participate or intervene in any political campaign?	1a 🗸
L	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
b	instructions for the definition	1b 🗸
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	TO LY A.S.
	published or distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c 🗸
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	
	(1) On the foundation \(\bigs\) \(\bigs\)	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	10
	on foundation managers. ► \$	2 /
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	A. S.
	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 1
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a 🗸
4a	The state of the s	4b
b 5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 4
9	If "Ves." attach the statement required by General Instruction 1.	10 42 63
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	
•	Distance in the governing instrument or	20 Sec.
	• By state legislation that effectively amends the governing instrument so that no manualory directions that	6 2
	conflict with the state law remain in the governing instrument?	7 /
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	
	MO If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	34 7 8
k	or designate) of each state as required by General Instruction G? If "No," attach explanation (or designate) of each state as required by General Instruction G? If "No," attach explanation (or designate)	8b
	(or designate) of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> " and the each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> " and the each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> " and the each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> " and the each state as required by <i>General Institution G:</i> "110, action of each state as required by <i>General Institution G:</i> " and the each state as required by <i>General Institution G:</i> "110, action of each state as required by the each state as required	10
9	Is the foundation claiming status as a private operating foundation within the meaning of section 16 120(4) 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes,"	
	Port VIV	9
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
10	. I walahaanaa	_
	TRAINED BLUE GOOD TO THE TOTAL OF THE TOTAL	orm 990-PF (2017)

Par	VII-A Statements Regarding Activities (continued)			
		11.5	Yes	No
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	44		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		~
	person had advisory privileges? If "Yes," attach statement. See instructions	12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	
	Website address http://hannibal.lib.mo.us/friends%202016.pdf			
14	The books are in care of ► Hallie Yundt Silver Telephone no. ► 5	3-221-	0222	
	Located at ► Hannibal Free Public Library, 200 South Fifth Street, Hannibal, MO ZIP+4 ►	6340	1	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here	28 1287		▶ [
40	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	16		V
	the foreign country		is. Target	
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			ă.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		169	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes Vo	100		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes Vo	- 22		and and
	(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)?	e teme		
	(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	37.1		
	termination of government convice if terminating within 00 days.			, 3
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations		5	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b	2.54	/
	Organizations relying on a current notice regarding disaster assistance, check here			31.
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	30		1.4
_	were not corrected before the first day of the tax year beginning in 2017?	1c		~
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)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			ĿĦ.
_	If "Yes," list the years ▶ 20 , 20 , 20 , 20	17		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	Ч.		
	(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.)			
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		~
	► 20 , 20 , 20 , 20	Ŧ		
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or	1		
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		- 17	17
	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 Schedule C, Form 4720, to determine if the			77
,	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
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 2017?			
	2017?	4b		~

Yes No	Part	VII-B Statements Regarding Activities	s for W	hich Form	4720 I	Vlay Be R	equire	d (contin	iued)			
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?	5a					2001	•	· · · · · · · · · · · · · · · · · · ·		Y	es N	No
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?										2.0		
(3) Provide a grant to an individual for travel, study, or other similar purposes?												
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions Yes 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? Yes No 10 If any answer is "Yes No 5411-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53, 4945 or in a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance, check here No 11 If the answer is "Yes" to question 54(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No 12 If "Yes," attach the statement required by Regulations section 53, 4945-6(d). 13 Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No 14 If "Yes," attach the statement required by Regulations section 53, 4945-6(d). 15 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No 16 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? The year No 16 If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? The year No 17 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (a) Name and address (b) Tite, and average (c) Compensation (d) Contributions to employee benefit plain and deferred compensation (e) Co										400		
section 4945(6)(4)(A)? See instructions (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelly to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fall to qualify under the exceptions described in Regulations section 53, 4945 or in a current notice regarding disaster assistance, check here c If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? c If "Yes," attach the statement required by Regulations section 53,4945–5(d). 6a Did the foundation, during the year, peap premiums, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," did the foundation or year, was the foundation a party to a prohibited tax shelter transaction? Yes No 6b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Tax At any time during the tax year, was the foundation managers and their compensation. See instructions. Part VIII										7.		
(e) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No												
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									✓ No	35. 4		
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. Organizations relying on a current notice regarding disaster assistance? See instructions. Organizations relying on a current notice regarding disaster assistance? See instructions. If "Yes," to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No b H"Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? The return time during the tax year, was the foundation managers and their compensation. Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation (if not paid, enter -0). (a) Name and address (b) Tria, and average hours per week (e) Compensation (if not paid, enter -0). 4. Hallie Yundt Silver, P.O. Box 307, Hannibal, MO 63401 Friends VP - 0 0. 4. Hallie Yundt Silver, P.O. Box 307, Hannibal, MO 63401 Friends VP - 0 0. (a) Name and address of each employee paid more than \$50,000 (b) Tria, and average hours per week (e) Compensation plans and deferred compensation plans and defer											173	
Regulations section 53.4945 or in a current notice regarding disaster assistance; See instructions											4.0	
Organizations relying on a current notice regarding disaster assistance, check here Carl the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No If "Yes," attach the statement required by Regulations section 53.4945–5c(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No Ib Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No Ib Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No Ib H"Yes," to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No Ib H"Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No Ib H"Yes," did the foundation About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. Carol Bridgeman, 1301 Ruby, Hannibal, MO 63401 Friends Pres O	D								ibed in	************		
c 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?			_	_						5b		
because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d). Both the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes" to 6b, file Form 8870. The "Yes was any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No be if "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address by 10 Title, and average hours per week devoted to position (if not paid, enter-0-) Iarriet Grubb, 912 Hayward, Hannibal, MO 63401. Friends VP Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "NONE." Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "NONE."										1961 T		-
If "Yes," attach the statement required by Regulations section 53.4945–5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	C									33		
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. Tax At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No								∟ res	∐ ио			
Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	6a						miums				3.4	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?									₩ No			
If "Yes" to 6b, file Form 8870. 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	b								_			~
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Part VIII			ŕ	•	3,				- 2	A26 %		
Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position of employee benefit plans and deferred compensation. Carol Bridgeman, 1301 Ruby, Hannibal, MO 63401 Friends Pres -00- Harriet Grubb, 912 Hayward, Hannibal, MO 63401 Secy/Treas -0000000000	7a	At any time during the tax year, was the foundation	a party t	o a prohibited	l tax she	elter transac	tion?	Yes Yes	✓ No		4 5	
and Contractors List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (if not paid, enter -0-) Alarriel Grubb, 912 Hayward, Hannibal, MO 63401 Friends VP -00011												
1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions. (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (d) Contributions to enter 40-y (enter 40-y) (enter 40-y) (for the plant of the plant of the plant of the plant of the principle of the plant of t	Par	- ************************************	tors, T	rustees, Fo	oundat	tion Mana	agers,	Highly P	aid E	mployee	s,	
(a) Name and address (b) Title, and average hours per week devoted to position Carol Bridgeman, 1301 Ruby, Hannibal, MO 63401 Friends Pres -0000000000	4		1 - 4.2		-1 Al 1-		6					
(a) Name and address hours per week devoted to position and deferred compensation of the railowal compensation of the highest-paid employees (other than those included on line 1—see instructions). If none, "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (e) Compensation (e) Compensation of the railowal compensation of the rai	1	List all officers, directors, trustees, and found								•		
Carol Bridgeman, 1301 Ruby, Hannibal, MO 63401 Friends Pres -00- Harriet Grubb, 912 Hayward, Hannibal, MO 63401 Friends VP -000- Hallie Yundt Silver, P.O. Box 307, Hannibal, MO 63401 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "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 at other allows other allows Friends Pres -0000000000		(a) Name and address	hou	rs per week	`´(lf n	ot paid,	emplo	yee benefit į	plans	(e) Expense other allo	accor wance	unt, es
Harriet Grubb, 912 Hayward, Hannibal, MO 63401 Friends VP -00- Hallle Yundt Silver, P.O. Box 307, Hannibal, MO 63401 Secy/Treas -000000000	Carol	Bridgeman 1301 Ruby Hannibal MO 63401			en	ter -0-)	and dere	errea compe	nsation			
Allile Yundt Silver, P.O. Box 307, Hannibal, MO 63401 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "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 other allows (e) Expense as other allows (for the plans and deferred compensation of the remployees paid over \$50,000						-0-			-0-			-0-
Allile Yundt Silver, P.O. Box 307, Hannibal, MO 63401 2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, "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 other allows (e) Expense as other allows (for the plans and deferred compensation of the remployees paid over \$50,000	Harrie	Grubb, 912 Hayward, Hannibal, MO 63401	Friends	s VP								
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(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 at other allows (for the individual of th	4.	519				-0-			-0-			
(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 at other allows (for the individual of th												
(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 at other allows (for the individual of th			()							\ IC		
(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 at other allows other allows Fotal number of other employees paid over \$50,000	2		es (oth	er than thos	se incli	nded on II	ne 1—:	see instri	uctions	s). If non	e, er	nter
(a) Name and address of each employee paid more than \$50,000 Compensation Compensation Compensation Compensation Plans and deferred compensation Compensation		NONE.						(d) Combriby	tions to			
devoted to position plans and deterred compensation other allows Total number of other employees paid over \$50,000 NONE		(a) Name and address of each employee paid more than \$50.00	00	(b) Title, and a	verage veek	(c) Compe		employee	benefit	(e) Expense		
		(-), · · · · · · · · · · · · · · · · · · ·				(0, 000)				otner allo	wance	3 S
	**											
												_
												—
	Total	number of other employees paid over \$50,000							. ▶	NO	NE	
												2017)

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En	iployees,
2	and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON	F "
3	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(b) Compensation
s		
ota	number of others receiving over \$50,000 for professional services	NONE
Par	IX-A Summary of Direct Charitable Activities	
Lis	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of anizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
_	Provided funds to Hannibal Free Public Library in support of its semi-annual Chess Tournament. Funds donated	
•	specifically to encourage literacy in children by encouraging them to learn to play chess. Funds used to purchase	203.35
	books, which were given as prizes to participants in the Junior Division of the Tournaments.	
2	Provided funds to Hannibal Free Public Library for the purchase of a tree to display over the winter holidays.	
		129.00
3		
		5
4		
Par	t IX-B Summary of Program-Related Investments (see instructions)	
	scribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1		
·		
2		A
		.
Al	other program-related investments. See instructions.	
3		8
		e l
Tota	Add lines 1 through 3	332.3
TOLE	I. Add lines 1 through 3	Form 990-PF (201

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei	ign foundations.
	see instructions.)	,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,	
	purposes:	- A
а	Average monthly fair market value of securities	1a
b	Average of monthly cash balances	1b 1096.23
С	Fair market value of all other assets (see instructions)	1c
d	Total (add lines 1a, b, and c)	1d 1096.23
е	Reduction claimed for blockage or other factors reported on lines 1a and	NATE:
	1c (attach detailed explanation)	
2	Acquisition indebtedness applicable to line 1 assets	2
3	Subtract line 2 from line 1d	3
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	
	instructions)	4 16.44
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 1079.79
6	Minimum investment return. Enter 5% of line 5	6 53.99
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f	
	and certain foreign organizations, check here ► and do not complete this part.)	ouridations
1	Minimum investment return from Part X, line 6	1 53.99
2a	Tax on investment income for 2017 from Part VI, line 5	5.6.6.5
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b	
C	Add lines 2a and 2b	2c
3	Distributable amount before adjustments. Subtract line 2c from line 1	3
4	Recoveries of amounts treated as qualifying distributions	4
5	Add lines 3 and 4	5
6	Deduction from distributable amount (see instructions)	6
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	0
-	line 1	7 53.99
NAME OF THE OWNER, WHEN		7 53.99
Part	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	10 440.41
b	Program-related investments—total from Part IX-B	1a 449.61
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10
_	purposes	2
3	Amounts set aside for specific charitable projects that satisfy the:	2
а	Suitability test (prior IRS approval required)	
		3a
ь 4	Cash distribution test (attach the required schedule)	3b
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	4 449.61
•	Enter 1% of Part I, line 27b. See instructions	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	5 -0-
J		6 449.61
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g wnetner the foundation

Part		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI, line 7	Corpus	Years prior to 2016	2016	2017
•				7	53.99
2	Undistributed income, if any, as of the end of 2017: Enter amount for 2016 only	and the state of the		-0-	61.4.7%
a b	Total for prior years: 20 ,20 ,20	KAME NAGASI	-0-	en e	
3	Excess distributions carryover, if any, to 2017:	STATE OF THE STATE	24-24-4		
а	From 2012				Emily Take
b	From 2013				la:
С	From 2014	OME TO SERVICE		The second second	Du Barrier St.
d	From 2015		220.0	330,600	
е	From 2016	Control of the contro	(1) 中心	1. E T T 1.	(Prosection)
f 1	Total of lines 3a through e	-0-			
4	line 4: \bigs \$ 449.61		278.000		
а	Applied to 2016, but not more than line 2a .	A. 在11. 17 11		-0-	7.3
b	Applied to undistributed income of prior years	essential expenses		40.00	Telephone -
	(Election required - see instructions)		-0-		
С	Treated as distributions out of corpus (Election		Say Land	A CONTRACTOR OF THE PARTY OF TH	
	required—see instructions)	-0-			A student of
d	Applied to 2017 distributable amount	1000	X 250		-0-
e	Remaining amount distributed out of corpus	-0-		2775	N 100-100-100
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same	-0-	4.2	A Commence of the Commence of	-0-
	amount must be shown in column (a).)		505 L		144 755
6	Enter the net total of each column as	i Par		12/14/24	Street
•	indicated below:		AND THE		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	-0		99 Jan 1988	
b	•				CAMPAC AT
	line 4b from line 2b	10000	-0-		
С	Enter the amount of prior years' undistributed	Esta Alexandria			
	income for which a notice of deficiency has been issued, or on which the section 4942(a)	对 是基本是的		2 482 he	
	tax has been previously assessed	三大学	-0-	多种中的型	
d	Subtract line 6c from line 6b. Taxable			.8.0.3273	A Service of the
-	amount-see instructions	250	-0-	1000	
е	Undistributed income for 2016. Subtract line	1.75 #137F1			
	4a from line 2a. Taxable amount-see	件 潜泉东南			
	instructions	74.51	The Land	-0-	44-11-15-X-15-
f	Undistributed income for 2017. Subtract lines	gramme to the second of	200	The second second	
	4d and 5 from line 1. This amount must be distributed in 2018			· 在是在11年1	-0
7					
1	Amounts treated as distributions out of corpus to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be		1000年	73	
	required—see instructions)	-0		1 3 3 5 5 6 A	
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions).	-0	- THOUSALL	100000000000000000000000000000000000000	CARLES LA
9	Excess distributions carryover to 2018.			7.7	
	Subtract lines 7 and 8 from line 6a	-0	The second second second	Section 1	A SERVICE STATE
10	Analysis of line 9:				13.02 h 36.00
а	- A1 45				
b	- (0015				The state of the s
d		a space of the space of the	The second of the		134
	Excess from 2017		3 P. 74 (1970)	Salar Sa	San Company and

Part		ations (see instru	ctions and Part	VII-A. question 9)	
1a	If the foundation has received a ruling	g or determination	letter that it is a	private operating		
_	foundation, and the ruling is effective fo	or 2017, enter the da	ate of the ruling .			
b	Check box to indicate whether the fou		operating foundat		ection 4942	2(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(0)
b	each year listed					
C	Qualifying distributions from Part XII,				-	
	line 4 for each year listed					
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:					
	(1) Value of all assets					
	(2) Value of assets qualifying under		0.0			
b	section 4942(j)(3)(B)(i)					
	of minimum investment return shown in Part X, line 6 for each year listed					
С	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
V-40-048	(4) Gross investment income					
Part		on (Complete th	is part only if th	e foundation h	ad \$5,000 or	more in assets at
1	any time during the year-		s.)			
	Information Regarding Foundation List any managers of the foundation v		ted more than 2%	of the total contr	ibutions roccive	ad by the foundation
	before the close of any tax year (but o	only if they have co	ntributed more tha	an \$5,000). (See se	ection 507(d)(2).)
NONE					.,,,	,
b	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	(or an equally	large portion of the
NIONE	ownership of a partnership or other er	ntity) of which the f	oundation has a 1	0% or greater inte	erest.	
NONE 2	Information Pagarding Contribution	Cront Cift Lan	a Cabalanaliin at	- B		
-	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. See instructions.					nd does not accept der other conditions,
а	The name, address, and telephone nu	ımber or email add	ress of the persor	to whom applica	tions should be	addressed:
b	The form in which applications should	l be submitted and	information and r	naterials they shou	ald include:	
С	Any submission deadlines:					
	Any restrictions or limitations on aw factors:	vards, such as by	geographical are	eas, charitable fie	lds, kinds of in	nstitutions, or other

	Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Year or Approved for Future Payment									
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
	Name and address (home or business)	or substantial contributor	recipient						
а	Paid during the year								
		:							
				1					
			1						
	Total			38	a NON				
ýV	Total								
	B Approved for fatare payment								
					i.				
	Tabel				Bb NO				
	Total	· · · · · · · · ·			990-PF (20)				

Pa	rt X	VI-A Analysis of Income-Producing Ad	ctivities				1 490 12
		s amounts unless otherwise indicated. Unrelated business income Excluded by section 512, 513,		ion 512, 513, or 514			
1		gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	а	FUNDRAISER: Note cards					10.00
	b	FUNDRAISER: Summer 18 Kick Off					10.00
	С						21.24
	d						
	е						
	f						
	g	Fees and contracts from government agencies					
2		mbership dues and assessments					124.00
3		rest on savings and temporary cash investments					124.00
4		idends and interest from securities					.59
5		rental income or (loss) from real estate:		18 55 55 12			
		Debt-financed property		3537 (463) (503)			And the Same of the William
		Not debt-financed property					
6		rental income or (loss) from personal property					
7		er investment income					<u> </u>
8		n or (loss) from sales of assets other than inventory	-				
9		income or (loss) from special events					
10		oss profit or (loss) from sales of inventory					
11	Oth	er revenue: a DONATIONS					35.26
	b						
	С						
	d						
	е						
12	Sub	ototal. Add columns (b), (d), and (e)	17.8.25		10 3000		
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	191.09
(See	wor	ksheet in line 13 instructions to verify calculation	ns.)				
Pa	rt X\	VI-B Relationship of Activities to the A	Accomplishm	ent of Exemp	t Purposes		
Lin	e No ▼	accomplishment of the foundation's exempt pur					
50		Friends of the Hannibal Free Public Library By-L					
		and groups interested in libraries; to focus publ					
_		Hannibal through fund-raising, volunteerism, an					
		compliments the Library's mission and provides					
		national library issues; and to support the freed	om to read as ex	xpressed in the A	merican Librar	/ Association's B	ill of Rights.
		In 2017, the Friends contributed to the Library Is			-1111		11-
		In 2017, the Friends contributed to the Library's February and August, participating at public even					
		tree. Friends showed support of Library staff ef					
		another job.	iorts unoagirat	onation of a gift c	aru upori orie s	iaii illellibei 5 dej	Daiture for
146.		dilottici job.					
							<u>~</u>
_							
							98
			•				
-20							
77.01							
							102
nec.				,			

		Organizatio	113				1. 19	ped Yes No	
	in se organ	ection 501(c) (ot nizations?	her than section 501	age in any of the following (c)(3) organizations) or	in section	her organization 527, relating	n describ to politi	,00	
а	Trans	fers from the rep	orting foundation to a r	noncharitable exempt orga	anization of:				
								. 1a(1)	
								. 1a(2)	
		r transactions:							
D	(1) Sales of assets to a noncharitable exempt organization								
	(1) Sales of assets to a noncharitable exempt organization								
	(2) P	urchases or asse	equipment or other as	ssets				. 1b(3)	
								1b(4) V	
				P P R R R R R R R			4 2 2	41 (=1)	
	(5) L	oans or loan gua	rantees	a g g a a a a a		** (** * * * *		0.0	
	(6) P	erformance of se	rvices or membership	or fundraising solicitations			A 15 150		
С	Shar	ing of facilities, e	quipment, mailing lists,	other assets, or paid emp	Jioyees .		d always	show the fair market	
d	If the	answer to any	of the above is "Yes,"	complete the following se	cnedule. Col	the foundation	received	less than fair market	
	value	e of the goods, o	ther assets, or services	given by the reporting for	oundation. II	the louridation	r accate	or services received.	
			on or sharing arrangem	ent, show in column (d) the	ne value of the	le goods, other	assets,	of Services received.	
(a) Line	no.	(b) Amount involved		able exempt organization	(d) Description	on of transfers, tran	sactions, a	nd sharing arrangements	
1b4	1		Hannibal Free Public Li		Library staff	bought supplie	s and Lib	rary invoiced Friends	
1b	5	124.00	Hannibal Free Public Li	brary	Library staff	collected dues	& kept th	e accounts	
10			Hannibal Free Public Li	brary				st. Library Director	
					served as	Secy/Treas of the	ne Friends	<u>s</u>	
			Hannibal Free Public Li	brary is a political					
200			subdivision of the State	e of Missouri					
					1			1021	
					 				
			1 1	ated with, or related to,	one or more	tax-exempt or	rganizatio	ons	
2a	ls th	he foundation dir	rectly or indirectly amili	ion 501(c)(3)) or in section	5272	tax exempt of	94	. □ Yes □ No	
				1011 50 1(0)(3)) or in section	0211				
b	If "\	res," complete th	e following schedule.	# 1 T		(c) D	escription c	of relationship	
		(a) Name of orga	nization	(b) Type of organization		(0) 2.	300115110110		
						1-1	o boot of m	knowledge and belief it is true	
	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. May the IRS discuss this return.							/ Kilowiedge and boildr, it is tras	
Sign		errect, and complete. De	eclaration of preparer (other than	Laxpayer) is based on an information	or missi propu	/	N	May the IRS discuss this return vith the preparer shown below?	
	Here See instructions. Tyles No								
	S	ignature of officer or t	rustee	Date Tit	tle		ᅳᆜ	DTIN	
		Print/Type prepar		Preparer's signature		Date	Check		
Paid							self-em	ployed	
	pare					Firr	m's ElN ▶		
Use	Onl	Firm's name				Pho	one no.		
Firm's address						Form 990-PF (2017)			