Short Form

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form, as it may be made public.

2019

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. For the 2019 calendar year, or tax year beginning 2019, and ending B Check if applicable: C Name of organization D Employer identification number Address change Friends of The Nassau County Library, Inc. 59-2673249 Name change E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Initial return 904-530-6500 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number ▶ Fernandina Beach, FL 32035 Application pending G Accounting Method: H Check ▶ ✓ if the organization is not I Website: ▶ fernandinafol.org required to attach Schedule B J Tax-exempt status (check only one) —

501(c)(3)

501(c) ()

(insert no.)

4947(a)(1) or

527 (Form 990, 990-EZ, or 990-PF). K Form of organization:

✓ Corporation Trust Association Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ....... Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 1 Contributions, gifts, grants, and similar amounts received 26,793 2 2 Program service revenue including government fees and contracts . . . 0 3 3 0 4 Investment income 4 4,469 5a Gross amount from sale of assets other than inventory 0 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Gaming and fundraising events: Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$5,000 to 1) o of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . 6b 8,200 Less: direct expenses from gaming and fundraising events 6c 1,453 Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d 6,747 7a Gross sales of inventory, less returns and allowances . . . 7a b 7b 2.025 Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) C 7c 12,816 8 8 252 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 51,077 10 Grants and similar amounts paid (list in Schedule O) 10 32,315 11 Benefits paid to or for members 11 0 12 Salaries, other compensation, and employee benefits 12 0 13 Professional fees and other payments to independent contractors . 13 0 14 14 1,392 15 Printing, publications, postage, and shipping 15 1,233 16 16 15,277 17 Total expenses. Add lines 10 through 16 . 17 50,217 Excess or (deficit) for the year (subtract line 17 from line 9) 18 18 Net Assets Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 253,128 20 Other changes in net assets or fund balances (explain in Schedule O) . . . 20 6 Net assets or fund balances at end of year. Combine lines 18 through 20 21 253,994

Pa	Balance Sheets (see the instructions f					
	Check if the organization used Schedule	O to respond to a	ny question in this			🗆
				(A) Beginning of year	-	(B) End of year
22	Cash, savings, and investments		[252,333	22	252,999
23	Land and buildings	· ·	[23	
24	Other assets (describe in Schedule O)			795		995
25	Total assets			253,128		253,994
26					26	
27	Net assets or fund balances (line 27 of column			253,128	27	253,994
Par				—	١,	5
14.0-	Check if the organization used Schedule			Part III	/Red	Expenses guired for section
	t is the organization's primary exempt purpose?			· · · · · · · · · · · · · · · · · · ·	501	(c)(3) and 501(c)(4)
as n	ribe the organization's program service accomplist reasured by expenses. In a clear and concise mones benefited, and other relevant information for ea	anner, describe the	f its three largest p e services provided	rogram services, , the number of	orga othe	unizations; optional for ers.)
28	Provide our public library with a grant to support library	ary operations and th	ne purchase of equip	ment and other		
	items for use in the library				İ	
	(Grants \$ 25,000) If this amount				28a	32,315
29	Provide programs for adults and children that promo	te literacy and educa	tion in the communit	y		
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
			***************************************		ŀ	İ
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	<u> ▶ □</u>	<b>29</b> a	12,047
30						1
	***************************************					
	/O					
04		includes foreign gra			<b>30</b> a	0
31	Other program services (describe in Schedule O)					
32	(Grants \$ ) If this amount Total program service expenses (add lines 28a t	includes foreign gra	ints, check here .	· · · • •	31a	<del></del>
Par						1 1/002
1 (1)	Check if the organization used Schedule				เรเเนเ	
	Check if the organization used confedure		(c) Reportable	(d) Health benefits.	÷	· · · · <u>L</u>
	(a) Name and title	(b) Average hours per week devoted to position	compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	contributions to employ	```	Estimated amount of other compensation
Char	es Comeau			,	ļ	
Pres		10	0		0	0
	Mackle					
	President	10	0		0	0
	aret Sauer					
Secr		10	0		<u> </u>	0
	aret Bellucci			•		
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	tor, Data Manager	5	0		<u> </u>	0
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	tor, Children's Programs tine Meehan	2	0		9	0
	tor, Arts	2	0	İ	٥	0
	lia Zane				╣	
	tor, Adult Programs	2	0		0	0
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Part	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			E21
1	anstructions for Part V.) Check if the organization used Schedule O to respond to any question in this	bibni	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	Sec	110	TES
	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	50		
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	o arti	610	7.4
1	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	apa A	1
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	35b	III SI	400
C	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	Y II	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	gine	1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			de la
b	Did the organization file Form 1120-POL for this year?	37b	ESSENCE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	1
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 outstanding at the end of the tax year covered by this return? .	00-		,
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved   38b	38a		1
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			nusi.
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed and of the section 501(c)(4), and 501(c)(29) organizations.	STATE OF THE PARTY.		
	on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
41	transaction? If "Yes," complete Form 8886-1	40e		1
		904-53	0-6500	n
-	Located at ▶ 25 4th Street, Fernandina Beach, FL ZIP + 4 ▶	320		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c	eloT Dia	1
43 0	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	rudelo region	nipa) edk. z	<b>▶</b> □
44a	Did the organization registein any depart advised funds during the proof of West Town 200 and be-	11230	Yes	No
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		1
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	ylog	6.0
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ. See instructions	45b		1

46 D	old the organization engage, directly or in	directly in political c	amnaign activities on	hehalf of	nr in annasii	ion [	Ye	SINO	
to	candidates for public office? If "Yes," c	omplete Schedule C	, Part I				46	1	
Part VI			for viviti . Insolingi	a une oil es	etion engag	e la cont	o erib	3.3	
\	All section 501(c)(3) organizations		estions 47-49b and	52, and c	omplete th	e tabl	les for l	ines	
	50 and 51. The market is	ainen i onti i miniavi			mede toked				
	Check if the organization used Sch	edule O to respond	to any question in t	his Part VI	udo babriai	ur ur	Jayou	. 🗆	
	34			e mstructic	e2.0 slubs	132 /1	Ye	s No	
47 D	old the organization engage in lobbying	activities or have a		n in effect	during the	tax	HE THE	1 668	
	ear? If "Yes," complete Schedule C, Part			i da dabba	in promise	. Due	47	1	
	the organization a school as described in					. emil	48	1	
	old the organization make any transfers to "Yes," was the related organization a se			zation? .	RESERVATION ASSESSED.	-	49a 49b	V	
	complete this table for the organization's			er than off				and key	
е	mployees) who each received more than	\$100,000 of comper	nsation from the organ	nization. If	there is non	e. ente	er "None	3."	
	Lore Stal o	(b) Average	(c) Reportable		h benefits,	o frilic	in.	.7a E	
	(a) Name and title of each employee	hours per week	compensation	contributions to employee benefit plans, and deferred compensation					
	the or key employed, or were little	devoted to position	(Forms W-2/1099-MISC)						
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4 T	otal number of other employees paid over	<b>\$4.00.000</b>	ore remine i mid su	na vingilia	Lightingship	90 Zur			
<b>51</b> C	complete this table for the organization's 100,000 of compensation from the organization	s five highest compe	ensated independent	contractor	rs who each	rece	ived mo	re than	
	(a) Name and business address of each independ	(b) Type of serv	(c) Compensation						
	ty to a prohibited tax shelter.   1927	en e notestregno a na	ING ITS your Vest I		is. At any				
n/a	1406			reference etter actes a 1511 FB					
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			1		HARRI STILL		izibesu.	A	
d T	otal number of other independent contra	ctors each receiving	over \$100,000	►sey vetr	ing the cale	lub er	rut yau.	4 5	
	id the organization complete Schedu	le A? Note: All se	ection 501(c)(3) orga	nizations	must attach	a			
C	ompleted Schedule A	noll: .e.m [].000	t re of goilla states old	igi charital	ill nonexed	.▶✓	Yes [	No	
Under pena	alties of perjury, I declare that I have examined this re t, and complete. Declaration of preparer (other than	eturn, including accompan	ying schedules and statement	ents, and to th	e best of my kr	owledg	e and beli	ef, it is	
ado, correc	, and desirplete. Declaration of preparer totrier than	onicer) is based on all Inic	ormation of writer preparer i	ias arry KriOWi	euye.			21 253	
Sign	Signature of officer					cosen b	estato no		
Here	Charles Comeau, President		no st	ate of 10 ora					
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D-I-I	Print/Type preparer's name	Preparer's signature	iliania i mani ni a la Da	te		,   P	TIN	7 3	
Paid	The second second second	d to report those in	then had a Pomi 72		Check L self-emplo	11			
Prepar Use Or	1	-		Fir	Firm's EIN ▶				
USE UI	Firm's address >					Phone no.			
May the	IRS discuss this return with the preparer	shown above? See i	instructions	TV80 VD8 5	wiegen port	<b>▶</b> □	Yes [	No	
	to be completed instead of Fig.	ean van 11 slubaria	2 Prs ugo m oi sa	er High	(a)\$18 not	Forr	n 990-E		

## SCHEDULE A

(Form 990 or 990-EZ)

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ▶ Attach to Form 990 or Form 990-EZ.

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

Employer identification number

Name	of the organization ( )	) VFUS (b)	(b) 2016	(f) (f)	न (मा ह	Employer identification	n number		
	nds the The Nassau County Public Lib				1581 (174		73249		
	rt I Reason for Public Char						ons.		
The	organization is not a private founda								
1	A church, convention of church					THE RESERVE AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE			
2	A school described in section								
3									
	hospital's name, city, and state	e:				levied for the	4 Tax revenues		
້5 ີ	An organization operated for t section 170(b)(1)(A)(iv). (Comp		college or university	owned	or operate	ed by a governmen	tal unit described in		
6		ate, or local government or governmental unit described in section 170(b)(1)(A)(v). To assume to subsynthere							
. <b>7</b>	An organization that normally described in section 170(b)(1)			port fror	n a govern	nmental unit or from	n the general publi		
8	A community trust described in	section 170(k	)(1)(A)(vi). (Complete	Part II.)			6 Total Add lin		
9	An agricultural research organi or university or a non-land-gran university:	zation describe nt college of ag	ed in section 170(b)(1 riculture (see instructi	)(A)(ix) or ons). Ent	perated in er the nam	conjunction with a ne, city, and state o	land-grant college f the college or		
10	An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt fur income and ur	unctions—subject to our nrelated business taxa	certain ex able incor	ceptions, ne (less se	and (2) no more the ection 511 tax) from	an 331/3% of its		
11	An organization organized and	operated exclu	sively to test for publi	c safety.	See secti	on 509(a)(4).	c Add Hites Tala		
12	An organization organized and								
	of one or more publicly support Check the box in lines 12a thron								
а	Type I. A supporting organi	ization operate	d, supervised, or cont	rolled by	its suppor	rted organization(s)	typically by giving		
	the supported organization supporting organization. You					he directors or trus	tees of the		
b	☐ Type II. A supporting organ	nization supervi	sed or controlled in co	onnection	with its s	upported organizat	ion(s), by having		
	control or management of to organization(s). You must of				e persons	that control or man			
C	Type III functionally integree its supported organization(s								
asid	Type III non-functionally in that is not functionally integrequirement (see instruction	rated. The orga	anization generally mu	st satisfy	a distribu	ition requirement ar			
, е		ization received	l a written determinati	on from t	he IRS tha	at it is a Type I, Typ	e II, Type III		
f	Enter the number of supported o					sale of espired asset	loss iron the		
₀ 9	Provide the following information	about the sup					(Explain in Par		
542		(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in yo	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
	Ifth tay year as a section 501(c)(2)		ficin's first, second.	MIL BD (D	ent lot al	ns. In the Form Sea	isy avit tent to the		
حليا				Yes	No	sneck this box and	organization.		
(A)			age	repried.	noddire		ection C. Compt		
(B)	001 16 100	(ft moules	I), divided by line 13, an III, line 15	A mult	do 2 810	t percentage for 25 Lipercentag <mark>e from</mark> 2	15 Public supports 16 Public support		
(C)	0)171	ne 13. column (	centage riumn (f), divided by	orne Per la 10a, m	nerri in di n 2019 (n	tation of Investrations of the come percentage for	ection D. Compl  7 Investment in		
Yo.	1.0		A. Part III, line 17	det ente	8tus mo	come percentage to	n tnemisevn) 8		
(D)	e 15 is more than 33%%, and fine lick supported arganization .		not check the box of are. The organization	bin noite Lquit in	magio e Exevisió	rt fests—2019. If the than 83 to %, chick	(Ba 331/4% suppo 17 is not more		
(E)	nd line 16 is more than 33 a.g., and publicly supported organization.	14 or line 19a. on or sines as a	of check a box on line to here. The organiza-	i bib io	turregro e	1 tests - 2018, it the fore than 33 a96, cm	b 23 Valla suppo		
T-4			Samuel of the Control of			The latest the title in the lot			

Part	(Complete only if you checked the	e box on line	10 of Part I c	or if the organ	ization failed	to qualify un	der Part II.
C4	If the organization fails to qualify	under the tes	ts listed belo	w, please cor	mplete Part I	.) Victoria	a transam
	ion A. Public Support	1.2045	# 7 0010	namena, genran	1000014	1, 22, 2	
Caler 1	ndar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
•	received. (Do not include any "unusual grants.")	000 504	200000000000000000000000000000000000000	1101 - 122	model ouders	d Massau Coun	Triend the th
2	Gross receipts from admissions, merchandise	320,594	92,218	46,066	31,342	26,793	517,013
	sold or services performed, or facilities		in a south to the	ALL BEAUBUSE	tous printed and	utes as a de	
	furnished in any activity that is related to the organization's tax-exempt purpose	22.000	50 454	1 / / Apple 24	The double see	inigen i de	- Zha han
3	Gross receipts from activities that are not an	33,800	56,454	32,674	24,434	14,841	162,203
-	unrelated trade or business under section 513	0	office out on	0 100	onesis sinen	dausezurla	an A C
4	Tax revenues levied for the	0	- 0	0	terera bruc.	anien a ir	0
ni to	organization's benefit and either paid to	range and	7 WHO 1	19 190	- II 101 I - 161	as valuer di	
	or expended on its behalf	0	0	of hard	te impCi (vo	170(u)(1)(A	fore o
5	The value of services or facilities	olloga i realic	actin por desi	nms.oc.ac.in	cal on en mo	mel state, on	at a Li a
	furnished by a governmental unit to the	most to grad 2	di to hear di	Lynus a serie	normally rec	self modes he d	
	organization without charge	0	0	a redquireQ1 . n	178(b)(t,(A)	nitous if begin	n n
6	Total. Add lines 1 through 5	354,394	148,672	78,740	55,776	41,634	679,216
7a	Amounts included on lines 1, 2, and 3	no (xi)(A) ()(d)	asction 170	hadmoet su	rch organizat	DEST ISSUITANT	S DALL 9
	received from disqualified persons .	0	tania tayan o	onga o sgoo	o 1 marg-pres 1 c	O'ISAY O' A DE	1U 0
b	Amounts included on lines 2 and 3					.VAR	37110
	received from other than disqualified	an the lefth st	to the 7 may	From 1 set	nonnally race	end a deserva-	
	persons that exceed the greater of \$5,000		SS DISON - SOU	and the same	r - Dalbiel 38.	agen of out to	
	or 1% of the amount on line 13 for the year	09(3)(2), (Con	nutrage 50.0	Me L. Sno	orzation s/ter	gro brill vd no	0
C	Add lines 7a and 7b (AVA 100 m. a.a.	vide alu o	To Flash ST to	riagiaxa batto	or bas besto	omization org	0
8	Public support. (Subtract line 7c from line 6.)						679,216
Secti	on B. Total Support	o primegatra to	equi ant and i	O SIGN DE LI DE LI	es iza unougi	пилиход эптэ	Jens
Calen	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	354,394	148,672	78,740	55,776	41,634	679,216
10a	Gross income from interest, dividends,	Bons Alanab	e Part IV. Secr	mist complete	r ve Y morrayi	agro go front	8
	payments received on securities loans, rents,	TO BE SHOULD THE	patro card		विकास अधिक विकास	yee H. A Sucre	
	royalties, and income from similar sources .	965	962	827	1,103	4,469	8,326
b	Unrelated business taxable income (less	3-bN	Sections A a	nolete Part IV,	noo leum vo!	reenzandh(s).	
	section 511 taxes) from businesses	n white areas	TO TEST SPILE	nia your exile	daily integrate	oli on ill function	
	acquired after June 30, 1975	Day a elquis	a January , i	uroup establish	al altonia tinu	se periodifinale	Ji.
C	Add lines 10a and 10b	965	962	827	1,103	4,469	8,326
11	Net income from unrelated business	A SHIPS IN SHIPS A	ilatorny iv rigit	ec ille organi	dright integrat	manut Jon SETE	
	activities not included in line 10b, whether	E A S IONUBEL	ALLIES S. STATE	realismu no.	"(Supply)	instituente ista	
40	or not the business is regularly carried on	0	mensu i o	0 1201 31 3	S (E) (C = 0	0	0
12	Other income. Do not include gain or	o Summilans in	SIE INSTALL BEI	nestra - Post III e	advise being	aru Araucusu	
	loss from the sale of capital assets (Explain in Part VI.)			25 1020	egra periorina	S to tentral on the	
13	Total support. (Add lines 9, 10c, 11,	0	0	0	ds nousiyino o	0	0
10	and 12.)	100	si iapao ii ia y	) 21(3 (ii)	11.414	and it can address	петакт п
14	First five years. If the Form 990 is for the	355,359	149,634	79,567	56,879	46,103	687,542
	organization, check this box and stop here			, uma, rourur,			501(0)(3)
Secti	on C. Computation of Public Support				· · · · ·	<del></del>	· · · ·
15	Public support percentage for 2019 (line 8,			3 column (f))		15	99 %
16	Public support percentage from 2018 Scho				• • • • • • •	16	100 %
	on D. Computation of Investment Inc			<u> </u>	<del></del>	1.01	100 70
17	Investment income percentage for 2019 (li			line 13. colun	nn (fi)	17	1.2 %
18	Investment income percentage from 2018 Schedule A, Part III, line 17						
19a	331/3% support tests-2019. If the organiz						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests-2018. If the organiza	ation did not ch	eck a box on li	ne 14 or line 19	a, and line 16	is more than 33	31/3%, and
	line 18 is not more than 331/3%, check this be						
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	ind see instruc	tions ▶ □

### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

Friends of The Nassau County Public Library, Inc.	59-2673249
Part 1, Line 16, Other expenses:	
Program 12,047	
Business licenses & fees – 216	
•	
V-1	
Membership 350	
Total other expenses - 15,277	
Part 1, Line 8, Other revenue - miscellaneous income - 252	
Part 1, Line 20, Other changes in net assets or fund balances -	
Correction of error \$6	
Part II, Line 24, Other assets Deposits \$995	***************************************
***************************************	
***************************************	