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Short Form Return of Organization Exempt From Income Tax

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

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning

, 2010, and ending

March 31, 2011

B Check if applicable

☐ Address change

☐ Name change☒ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

FRIENDS of the Bloomfield Township Public Library

1099 LONE PINE ROAD

City or town, state or country, and ZIP + 4
Bloomfield, Michigan 48302-2410

D Employer identification number

38-6142932

E Telephone number

248-642-5800

F Group Exemption
Number ▶

G Accounting Method: ☒ Cash ☐ Accrual ☐ Other (specify) ▶

Website: www.btp1.org

H Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J. Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) () ◀ (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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

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,

line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.

►

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I

7

Revenue		Expenses	
1	Contributions, gifts, grants, and similar amounts received	1	256.00
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	11,230.00
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ 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	
c	Less: direct expenses from gaming and fundraising events	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
7a	Gross sales of inventory, less returns and allowances	7a	62,161.96
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	62,161.96
8	Other revenue (describe in Schedule O)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	73,647.96
10	Grants and similar amounts paid (list in Schedule O)	10	
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	4,288.51
16	Other expenses (describe in Schedule O)	16	67,950.75
17	Total expenses. Add lines 10 through 16	17	72,239.26
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,408.70
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	22,655.53
20	Other changes in net assets or fund balances (explain in Schedule O)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	24,064.26

Check if the organization used Schedule O to respond to any question in this Part II ☐

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? RAISE FUNDS FOR Bloomfield Township Pub. Lib.
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, and other relevant information for each program title.

Expenses

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

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

Check if the organization used Schedule O to respond to any question in this Part IV

Form **990-EZ** (2010)

38-6142932

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
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		X
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?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) 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		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e		X
41 List the states with which a copy of this return is filed. Michigan		
42a The organization's books are in care of LAURENCE CABBATH Telephone no. 248-642-5800 Located at 1099 Lone Pine Rd. Bloomfield, Michigan ZIP + 4 48302-2410		
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)?	Yes	No
If "Yes," enter the name of the foreign country: 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b 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		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
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		

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	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	<input checked="" type="checkbox"/>
a 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)	45a	<input checked="" type="checkbox"/>
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **▶** None

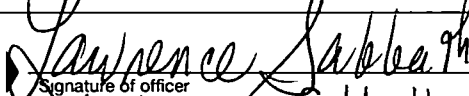
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 **▶** None

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A **▶** ☐ Yes ☐ No

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.

Sign Here  **Signature of officer** 6-9-2011 **Date**
Type or print name and title LAWRENCE SABBATH TREASURER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶			
Firm's address ▶	Phone no. ▶			

May the IRS discuss this return with the preparer shown above? See instructions **▶** ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

Friends of the Bloomfield Township Public Library

Employer identification number

38-6142932

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☒ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).** *Local Public Library*
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		<input checked="" type="checkbox"/>
(ii) A family member of a person described in (i) above?		<input checked="" type="checkbox"/>
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		<input checked="" type="checkbox"/>
 - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) <i>Bloomfield Township Public Library</i>	<i>38-6142932</i>	<i>Local Public Library</i>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<i>62,177.95</i>
(B)									
(C)									
(D)									
(E)									
Total									<i>62,177.95</i>

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2010

38-6142932

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			N/A			
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3.						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on			N/A			
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

38-6142932

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513			N/A			
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			N/A			
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

38-642932

The Friends of the Bloomfield Township Public Library is a typical local group supporting their local public library. Books and media are donated throughout the year by local citizens and are sold at minimal prices through "used book" sales during the year.

Membership is collected for early entry to book sales and to support the friends.

Contributions may be made throughout the year as memorials.

Friends have use of all library services and facilities without charge.

All officers, board members and sale personnel are volunteers.

The friends contribute funds for special library projects and public events. Fund requests are received from library departments and administrators throughout the year.

38-6142932

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY						
TREASURER'S REPORT: FISCAL YEAR APRIL, 2010 --> MARCH, 2011						
	April, 2010	May, 2010	June, 2010	July, 2010	August, 2010	September, 2010
						YTD
STARTING BANK						
BALANCE	\$ 22,655.53	\$ 25,384.86	\$ 30,029.47	\$ 31,441.89	\$ 16,577.90	\$ 20,564.63
						\$ (22,655.53)
RECEIPTS						
Saturday Book Sales	\$ 2,038.35	\$ 2,221.00	\$ 2,225.00	\$ 2,422.80	\$ 2,840.00	\$ 3,162.00
Store Book Sales	\$ 1,683.00	\$ 2,071.71	\$ 1,894.00	\$ 1,725.50	\$ 2,267.00	\$ 1,825.00
Other Book Sales						
Semi-Annual Sale						
Membership	\$ 520.00	\$ 1,190.00	\$ 335.00	\$ 535.00	\$ 665.00	\$ 1,105.00
Donations/Gifts		\$ 100.00				\$ 100.00
TOTAL	\$ 4,241.35	\$ 5,582.71	\$ 4,454.00	\$ 4,683.30	\$ 5,772.00	\$ 6,092.00
						\$ 30,825.36
DISBURSEMENTS						
Annual Meeting	\$ 67.83	\$ 316.98				\$ 384.81
Annual Report		\$ 367.16	\$ 149.32			\$ 516.48
Events	\$ 18.78	\$ 33.44	\$ 8.00	\$ 12.76		\$ 25.78
Flowers/Gifts						\$ 98.76
Book Sales						
Office Expenses		\$ 26.47	\$ 31.79		\$ 1,485.52	\$ 103.92
Postal	\$ 77.68		\$ 21.70	\$ 112.18	\$ 86.99	\$ 1,630.77
Sales Tax	\$ 556.93	\$ 194.05	\$ 230.77	\$ 222.35	\$ 219.75	\$ 157.52
Others					\$ 80.00	\$ 273.06
						\$ 50.00
TO LIBRARY	\$ 790.80		\$ 2,600.00	\$ 19,200.00		\$ 22,590.80
TOTAL	\$ 1,512.02	\$ 938.10	\$ 3,041.58	\$ 19,547.29	\$ 1,785.27	\$ 697.27
						\$ 27,521.53
Ending Bank						
Balance	\$ 25,384.86	\$ 30,029.47	\$ 31,441.89	\$ 16,577.90	\$ 20,564.63	\$ 25,959.36
						\$ 25,959.36

38-6142932

	October	November	December	January	February	March	YTD 2010-2011
STARTING BANK							
<u>BALANCE</u>	\$ 25,959.36	\$ 36,440.23	\$ 14,230.08	\$ 20,148.93	\$ 24,939.88	\$ 28,992.66	\$ (22,655.53)
<u>RECEIPTS</u>							
Saturday Book Sales		\$ 3,446.50	\$ 2,764.00	\$ 3,227.35	\$ 2,732.50	\$ 3,101.00	\$ 30,180.50
Store Book Sales	\$ 1,592.00	\$ 1,839.00	\$ 1,924.00	\$ 1,562.00	\$ 1,287.50	\$ 2,776.50	\$ 22,447.21
Other Book Sales							
Semi-Annual Sale	\$ 9,534.25						\$ 9,534.25
Membership	\$ 1,270.00	\$ 595.00	\$ 1,830.00	\$ 555.00	\$ 285.00	\$ 2,345.00	\$ 11,230.00
Donations/Gifts							\$ 100.00
Other			\$ 156.00				\$ 156.00
<u>TOTAL</u>	\$ 12,396.25	\$ 5,880.50	\$ 6,674.00	\$ 5,344.35	\$ 4,305.00	\$ 8,222.50	\$ 73,647.96
<u>DISBURSEMENTS</u>							
Annual Meeting							\$ 384.81
Annual Report							\$ 516.48
Events	\$ 35.85	\$ 16.99	\$ 66.03	\$ 15.26	\$ 252.22		\$ 485.11
Flowers/Gifts	\$ 100.00		\$ 100.00				\$ 200.00
Book Sales	\$ 1,462.17	\$ 17.75					\$ 1,583.84
Office Expenses	\$ 38.00	\$ 50.85	\$ 59.98	\$ 98.37		\$ 935.90	\$ 2,813.87
Postal			\$ 88.00	\$ 185.00			\$ 642.08
Sales Tax	\$ 279.28	\$ 602.91	\$ 285.14	\$ 254.80			\$ 3,119.04
Others	\$ 0.08		\$ 156.00			\$ 30.00	\$ 316.08
(Book Sale Cash)	\$ (100.00)						
<u>TO LIBRARY</u>		\$ 27,402.15				\$ 12,185.00	\$ 62,177.95
<u>TOTAL</u>	\$ 1,915.38	\$ 28,090.65	\$ 755.15	\$ 553.43	\$ 252.22	\$ 13,150.90	\$ 72,239.26
Ending Bank							
<u>Balance</u>	\$ 36,440.23	\$ 14,230.08	\$ 20,148.93	\$ 24,939.88	\$ 28,992.66	\$ 24,064.26	\$ 24,064.26
				Bank Corr = \$.03			
X							

38-614293a

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY				
MONTHLY SALES SUMMARY: FISCAL YEAR 2010 - 2011				
	SATURDAY BOOK SALES	BOOK STORE BOOK SALES	OTHER BOOK SALES	SEMI-ANNUAL BOOK SALES
				TOTAL BOOK SALES
APRIL '10	\$ 2,038.35	\$ 1,683.00		\$ 3,721.35
MAY '10	\$ 2,221.00	\$ 2,071.71		\$ 4,292.71
JUNE '10	\$ 2,225.00	\$ 1,894.00		\$ 4,119.00
JULY '10	\$ 2,422.80	\$ 1,725.50		\$ 4,148.30
AUGUST '10	\$ 2,840.00	\$ 2,267.00		\$ 5,107.00
SEPTEMBER '10	\$ 3,162.00	\$ 1,825.00		\$ 4,987.00
OCTOBER '10		\$ 1,592.00	\$ 9,534.25	\$ 11,126.25
NOVEMBER '10	\$ 3,446.50	\$ 1,839.00		\$ 5,285.50
DECEMBER '10	\$ 2,764.00	\$ 1,924.00		\$ 4,688.00
JANUARY '11	\$ 3,227.35	\$ 1,562.00		\$ 4,789.35
FEBRUARY '11	\$ 2,732.50	\$ 1,287.50		\$ 4,020.00
MARCH '11	\$ 3,101.00	\$ 2,776.50		\$ 5,877.50
TOTAL	\$ 30,180.50	\$ 22,447.21	\$ 9,534.25	\$ 62,161.96
TOTAL ANNUAL BOOK SALES				
TOTAL DONATIONS TO LIBRARY				
1995-96 =	\$ 33,420.00	\$ 31,024.00		
1996-97 =	\$ 32,469.00	\$ 47,341.00		
1997-98 =	\$ 39,370.00	\$ 18,306.00		
1998-99 =	\$ 50,919.00	\$ 77,620.00		
1999-2000 =	\$ 51,556.00	\$ 60,280.00		
2000-01 =	\$ 61,645.00	\$ 65,490.00		
2001-02 =	\$ 68,195.00	\$ 64,326.00		
2002-03 =	\$ 69,410.00	\$ 84,057.00		
2003-04 =	\$ 74,926.30	\$ 63,550.00		
2004-05 =	\$ 88,029.57	\$ 90,645.00		
2005-06 =	\$ 69,078.30	\$ 106,450.00		
2006-07 =	\$ 46,370.01	\$ 42,500.00		
2007-08 =	\$ 49,250.75	\$ 66,024.90		
2008-09 =	\$ 58,339.90	\$ 67,417.15		
2009-10 =	\$ 67,268.36	\$ 67,044.56		
2010-11 =	\$ 62,161.96	\$ 62,177.95		
	\$ 922,409.15	\$ 1,014,253.56		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FRIENDS of the Bloomfield Township Public Library

Employer identification number

38-6142932

Public Meeting Expenses \$ 485.11

Flowers, gifts \$ 200.00

Book Sale Expenses (tables) \$ 1,583.84

Michigan Sales Tax \$ 3,119.04

Annual Meeting \$ 384.81

\$ 5,772.80

Donated to Library \$ 62,177.95

Total \$ 67,950.75

38-6142932

2011-2012 ROSTER OF BTPL FRIENDS BOARD MEMBERS

			TERM EXPIRES
Bard, Glenda <i>President</i>	1946 Torquay Avenue Royal Oak, MI 48073	248-280-2609 glendabardspecialtravel@yahoo.com	2012
Carlson, Allen	1975 N. Hammond Lake Bloomfield Hills, MI 48302	248-758-0503 ACARLSON3@COMCAST.NET	2013
Chayt, Wolf	5352 W. Doherty West Bloomfield, MI 48323	248-932-5473 w.chayt@att.net	2012
Filbin, Susan	6828 Crestway Drive Bloomfield, MI 48301	248-757-2026 FILBINS@yahoo.com	2012
Lambert, Nancy <i>Secretary</i>	3930 W. Orchard Hill Bloomfield Hills, MI 48304	248-645-9105 Ploma364@aol.com	2013
Love, Terry <i>Vice President</i>	5562 Fieldston Ct. Bloomfield Hills, MI 48301	248-855-9567 terber21@comcast.net	2013
Mack, Germaine	2711 Aldgate Drive Bloomfield Hills, MI 48304	248-335-9851	2013
Notke, Pat	1967 Kemp Road Bloomfield Twp., MI 48302	248-858-2684	2013
Nielsen, Warren	3710 Brookside Drive Bloomfield Hills, MI 48302	248-647-3092 wvnjrn@yahoo.com	2013
Pullar, Bob & Sally	5720 Crabtree Bloomfield Twp., MI 48301	248-626-8049 rs.pullar@gmail.com	Bob 2013 Sally 2012
Ranke, Cathy	1635 Trading Post Bloomfield Hills, MI 48302	248-626-1360 cathyranke@comcast.net	2012
Sabbath, Larry <i>Treasurer</i>	1881 Pine Ridge Lane Bloomfield Twp., MI 48302	248-737-0075 lsabbath@ameritech.net	2012
Smalley, Barb	2784 Aldgate Bloomfield Hills, MI 48304	248-338-3326 bsmalley1@comcast.net	2013
Smith, Virginia	3758 Wedgewood Bloomfield Twp., MI 48301	248-646-0409 smithvir@comcast.net	2013
<u>Library Director:</u>			
Kotulis Carter, Karen	5771 Coomer Road West Bloomfield, MI 48324	248-709-8609 kotulisk@btpl.org	
<u>Trustee Representative:</u>			
Williams, Pamela	4600 Kircaldy Bloomfield Hills, MI 48304	248-705-8025 pjb_williams@yahoo.com	