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Department of the Treasury Internal Revenue Service

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)

OMB No 1545-0047

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

Open to Public Inspection

| , | the 2012 calendar year, or tax year beginning and | ending | | |
|--------------------------------------|--|----------------|------------------------------|--|
| B Check | | | D Employer identific | ation number |
| Ad | dress FRIENDS OF THE TEMECULA LIBRARY | | | |
| | me Doing Business As | | 95-33 | 374803 |
| init | Irn Number and street (or P.U. box if mail is not delivered to street address) | Room/suite | 1 | |
| ∟late | 1. (| | 951-0 | <u> 693-8900</u> |
| ret | | | G Gross receipts \$ | 402,123. |
| Ltio | TEMECULA, CA 32333 | | H(a) Is this a group re | |
| | F Name and address of principal officer.BETTY HUGAERT | | for affiliates? | Yes X No |
| | SAME AS C ABOVE exempt status: | 05 50 | H(b) Are all affiliates incl | |
| | exempt status: X 501(c)(3) 501(c)() (Insert no.) 4947(a)(1) c site: ► HTTP: //WWW.FRIENDSOFTHETEMECULALIBRAR | | H(c) Group exemption | list. (see instructions) |
| | of organization: Corporation Trust X Association Other | | | State of legal domicile: CA |
| Part | | L 001 | Oriormation. 2575 | Otate or legar dormone. |
| | | FRIENI | OS OF THE TE | MECULA |
| Activities & Governance | LIBRARIES ARE DEDICATED PEOPLE WHO CARE | | | |
| E 2 | | | | |
| 8 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | g |
| 5 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 9 |
| s 5 | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | . 5 | |
| <u> </u> | Total number of volunteers (estimate if necessary) | | 6 | (|
| 7 Act | a Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 10,363. |
| | b Net unrelated business taxable income from Form 990-T, line 34 | | 7ь | 0. |
| | | - | Prior Year | Current Year |
| 9 8 | | - | 103,812. | 100,706. |
| Revenue | Program service revenue (Part VIII, line 2g) | - | 94,912. | 90,099. |
| ē 10 | | - | 5,738. 0. | <u>10,363</u> . |
| 11 | | - | 204,462. | 201,168 |
| 13 | | | 0. | 0. |
| 14 | 101 MAV 0 0 0 1071 | | 0. | 0. |
| | | | 0. | 0. |
| Expenses | a Professional fundraising fees (Part IX, column (A), line i 1e) | | 0. | 0. |
| X De | b Total fundraising expenses (Part IX-column (D); line 25) | 0. | | |
| ш 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 184,625. | 211,295. |
| 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 184,625. | 211,295. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | | 19,837. | -10,127. |
| Net Assets or Fund Balances 22 | | <u>B</u> | eginning of Current Year | End of Year |
| 20 Base | | | 326,566. | 327,364. |
| Y | • | - | 326,566. | 0. 327,364. |
| <u>목라 22</u> Part | | | 340,300. | 341,304. |
| Under pe | enalties of perjury, I declare that I have examined this return, including accompanying schedules | s and stater | nents, and to the best of my | knowledge and belief, it is |
| true, cor | rect, and complete. Declaration of preparer (other than officer) is based on all information of wh | | | The state of the s |
| | N Better Ly agent | | · Ma | 418,2013 |
| Sign | Signature of offices | | Date | |
| Part Under pe true, cor Sign Here | BETTY HUGAERT, TREASURER | | | |
| | Type or print name and title | | 200 | |
| | Print/Type preparer's name Preparer's signature | | Date Check | PTIN |
| Paid | JOSEPH J. KUEBLER, CPA | | 5/14/13 If self-employe | |
| Preparei | | | Firm's EIN | 33-0257028 |
| Use Only | Firm's address 43500 RIDGE PARK DR. STE 104 TEMECULA, CA 92590 | | Dhono no / 0 | 951)676-3013 |
| May the | RIS discuss this return with the preparer shown above? (see instructions) | | Phone no. (! | X Yes No |
| 232001 1 | | ons. | <u> </u> | Form 990 (2012) |
| 202001 I | SEE SCHEDULE O FOR ORGANIZATION_MISSION ST | | ENT CONTINUA | |

FRIENDS OF THE TEMECULA LIBRARY

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Form 990 (2012)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

FRIENDS OF THE TEMECULA LIBRARY

| Pa | rt IV Checklist of Required Schedules | | | |
|-----|---|----------|-----|--|
| | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | . | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | sımılar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | } |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | 7.7 | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | | X |
| D | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | 11b | Х | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | TID | A | |
| C | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | x |
| | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | 1 |
| u | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | x |
| _ | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | <u> </u> | | |
| • | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | x |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | | Х |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | |] | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | - | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | v |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | ļ | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | v |
| 40 | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G. Part III | 19 | | x |
| | ANTHRON CONTRACTOR VI. I BIL III | | | . 41 |

20a

20b

X

| | n 990 (2012) FRIENDS OF THE TEMECULA LIBRARY 95-3374 rt IV Checklist of Required Schedules (continued) | <u>803</u> | Р | age 4 |
|-----|---|------------|----------|----------|
| | - Transmitted Contraction (continued) | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | <u> </u> | 103 | 140 |
| | United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | <u> </u> |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| - | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | х |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25 | 24a | | x |
| b | | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | Х |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified | | | |
| | person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions) | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | l | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | X |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | ļ | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | ł | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | X |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | <u> </u> | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | <u> </u> | X |
| b | If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2 | 35b | | <u> </u> |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes." complete Schedule R. Part V. line 2 | 36 | I | X |

37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Form **990** (2012)

38 X

37

X

012) FRIENDS OF THE TEMECULA LIBRARY Statements Regarding Other IRS Filings and Tax Compliance Part V

| , | Check if Schedule O contains a response to any question in this Part V | | | |
|----|---|-----|-----|------------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | | -110 |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0 | | | ļ |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 0 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| | 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)? | 4a | | x |
| b | If "Yes," enter the name of the foreign country | 74 | | |
| | See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | x |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | x |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | х |
| | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | - |
| | to file Form 8282? | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | | | |
| | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| þ | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans That the amount of received and health plans | | | |
| | Enter the amount of reserves on hand | | _ | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | <u>X</u> _ |
| D | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

| - | Check if Schedule O contains a response to any question in this Part VI | | | \mathbf{X} |
|-----|--|----------|----------|--------------|
| Sec | tion A. Governing Body and Management | | - | |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | 1 | Ì | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other | 1 | | |
| - | officer, director, trustee, or key employee? | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | | | |
| Ŭ | of officers, directors, or trustees, or key employees to a management company or other person? | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | Х |
| 6 | Did the organization have members or stockholders? | 6 | Х | |
| 7a | The body state of the state of the body state of | | | |
| , . | more members of the governing body? | 7a | | х |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | |
| | persons other than the governing body? | 7b | | х |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | |
| | The governing body? | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | <u> </u> | | |
| • | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | x |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) | | | |
| | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | |
| - | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | | Х |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | | x |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | |
| - | in Schedule O how this was done | 12c | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | | Х |
| 15 | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | | Х |
| b | Other officers or key employees of the organization | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | |
| | taxable entity during the year? | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | |
| | exempt status with respect to such arrangements? | 16b | | |
| Sec | tion C. Disclosure | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ►CA | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) | avaılab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a | nd finar | icial | |
| | statements available to the public during the tax year | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organiz | ation 🕨 | - | |
| | BETTY HUGAERT - 951-676-8891 | | | |
| | P. O. BOX 817, TEMECULA, CA, TEMECULA, CA 92593 | | | |

| -orm | 990 | (2012) | |
|------|-----|--------|--|
| | | | |

FRIENDS OF THE TEMECULA LIBRARY

95-3374803

age 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order. individual trustees or directors; institutional trustees, officers, key employees; highest compensated employees, and former such persons.

| | This box it fletther the organization | nor any related | orga | anıza | ition | COI | npei | ารลเ | ted any current officer, o | director, or trustee | |
|------------|---------------------------------------|-------------------|--------------------------------|-----------------------|----------|----------|--|----------|---------------------------------|-------------------------|-----------------------------|
| | (A) | (B) | | _ (C) | | | | | (D) | (E) | (F) |
| | Name and Title | Average | (do | | Pos | | than | one | Reportable | Reportable compensation | Estimated |
| | | hours per | box | , unle | ss pe | rson | is bot | h an | compensation | | amount of |
| | | week | - | cerar | o a o | recto | ritrus | tee) | from | from related | other |
| | | (list any | liectc | | | | | | the | organizations | compensation |
| | | hours for related | 0 00 | ee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | from the |
| | | organizations | ruste | Itrus | | g | преп | | (44-2/1099-141130) | | organization and related |
| | | below | dual t | tona | _ | l ge | st col | <u>,</u> | | | organizations |
| | | line) | Individual trustee or director | Institutional trustee | Officer | Key er | Highest compensated employee | Former | | | o gamzanono |
| (1) GRACE | MELLMAN | 25.00 | _ | <u> </u> | | | | Ī | | | |
| PRESIDENT | | | X | | Х | | | | 0. | 0. | 0. |
| (2) STAN W | ILLIAMS | 20.00 | | | | | | | | | |
| 2ND VICE P | RES. | | X | | X | | | | 0. | 0. | 0. |
| (3) BETTY | | 20.00 | | | | | | | | | |
| TREASURER | | | X | | X | L. | | | 0. | 0. | 0. |
| (4) MICHAE | L SHIRLEY | 4.00 | | | | | | | | | |
| SECRETARY | | | X | <u>L</u> | X | | | | 0. | 0. | 0. |
| (5) SUSAN | ZANE | 2.00 | 1 | | | | | | | | |
| 1ST VICE P | RES. | | X | | X | | | | 0. | 0. | 0. |
| (6) DR. HA | RRIET EGERTSON | 4.00 | | | | | | | | | |
| DIRECTOR | _ | | X | | <u></u> | <u> </u> | ļ | | 0. | 0. | 0. |
| (7) MARYAN | COMEAUX | 0.50 | 1 | | | | | | | | |
| DIRECTOR | | | X | | | | | | 0. | 0. | 0. |
| (8) LEE RY | ZEWSKI | 0.50 | 1 | | | | | | | | |
| DIRECTOR | | | X | | | | | ļ | 0. | 0. | 0. |
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| _ | 95-3 es (continued) | <u> 374</u> | <u>803</u> | Pa | age 8 | | | | |
|----|---|-------------|--|----------------|--------------|--|--|--|--|
| | (E) Reportable compensation from related organization (W-2/1099-MIS | n d s | (F) Estimated amount of other compensation from the organization and related organizations | | | | | | |
| | | | | | | | | | |
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| • | | 0. | | | 0. | | | | |
| • | | 0. | | | 0. | | | | |
| 00 | 0,000 of reportab | | | | | | | | |
| _ | | | | Yes | No No | | | | |
| е | mployee on | | 3 | | x | | | | |
| n | the organization | | 4 | | <u>x</u> | | | | |
| IV | idual for services | S | 5 | | X | | | | |
| | \$100,000 of cor year. | npens | ation 1 | rom | | | | | |
| É | services | С | ompe | C) nsatio | n | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| • | (A) Name and title | Average hours per week | box | not c , unle | ss pe | ition more rson | than is bot or/trus | h an | Reportable compensation from | Reportable compensation from related | | (F) Estimate amount other | |
|-----|---|--|--------------------------------|-----------------------|----------|-----------------------|------------------------------|----------|--|--|--------|--|-----------------|
| | | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Кеу етрюуее | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | o | mpensa from th rganizat and relat ganizati | e ion ied |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 1b | Sub-total | | <u> </u> | | <u> </u> | <u> </u> | | | 0. | 0 | - | | 0. |
| | Total from continuation sheets to Part V | II, Section A | | | | | • | | 0. | 0 | | | 0. |
| d | Total (add lines 1b and 1c) | | | | | | ▶ | | 0. | 0 | | | 0. |
| 2 | Total number of individuals (including but i | not limited to th | ose | liste | ed al | bov | e) wi | ho re | eceived more than \$100 | 0,000 of reportable | | | ^ |
| | compensation from the organization | | | | | | | | | | | Yes | 0 No |
| 3 | Did the organization list any former officer | . director, or tri | uste | e. ke | ev er | olan | ovee | . or | highest compensated e | mplovee on | | 1.03 | 100 |
| • | line 1a? If "Yes," complete Schedule J for | | | -, | ., | | -, | , | ···g | | 3 | | х |
| 4 | For any individual listed on line 1a, is the s | um of reportab | le co | omp | ensa | atior | n and | d oth | her compensation from | the organization | | | |
| | and related organizations greater than \$15 | | | | | | | | | | 4 | | X |
| 5 | Did any person listed on line 1a receive or | | | | | | | elat | ed organization or indiv | idual for services | _ | | v |
| Sec | rendered to the organization? If "Yes," contion B. Independent Contractors | пріете оспеаці | e J I | or s | ucn | pen | son | | | | 5 | | X |
| 1 | Complete this table for your five highest countries the organization. Report compensation for | - | | | | | | | | | nsatio | n from | |
| | (A) | trie caleridar y | Cai | Cridi | ng v | VILIT | O1 VV | 10111 | (B) | year. | | (C) | |
| | Name and business | s address | N | INC | <u> </u> | | | | Description of s | services | | pensatio | n |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2 | Total number of independent contractors | | ot iı | mıte | d to | | _ | sted | d above) who received n | nore than | | | |
| | \$100,000 of compensation from the organ | ization 📂 | | | | | 0 | | | l | For | m 990 (| (2012) |
| | _ | | | | | | | | | | | | / |

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII Revenue excluded from tax under sections 512, 513, or 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a 5,605. 1b **b** Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 95,101. similar amounts not included above 1f 90,000. g Noncash contributions included in lines 1a-1f \$_ 100,706 h Total. Add lines 1a-1f Business Code Program Service 90,099. 451211 90,099. f All other program service revenue 90,099. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 4,192. 4,192. other similar amounts) 571 571. Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 206,555. assets other than inventory b Less: cost or other basis 200,955. and sales expenses 5,600. c Gain or (loss) 5,600 5,600 d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 а b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 а **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances а b Less. cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b d All other revenue Total. Add lines 11a-11d 90,099. 0. 201,168. 10,363. Total revenue. See instructions.

Form 990 (2012) FRIENDS OF TH Part IX Statement of Functional Expenses

| Sect | ion 501(c)(3) and 501(c)(4) organizations must com | | | mpiete column (A) | |
|----------|--|----------------|-----------------------------|---------------------------------|---------------------------------------|
| | Check if Schedule O contains a respon | (A) | s Part IX (B) | (C) | (D) |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | | | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| _ | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | |
| _ | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | _ | | | |
| 8 | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| ''a | Management | | | | |
| b | Legal | | | | |
| c | Accounting | 10,925. | | 10,925. | |
| d | Lobbying | | | | · · · · · · · · · · · · · · · · · · · |
| e | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 1,776. | | 1,776. | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | , <u></u> | |
| | column (A) amount, list line 11g expenses on Sch O.) | | | | |
| 12 | Advertising and promotion | 2,370. | 2,370. | | |
| 13 | Office expenses | 1,890. | 1,590. | 300. | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | 360. | 360. | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | . . | | |
| 20 | Interest Payments to affiliates | | | - | |
| 21 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | 952. | | 952. | , |
| 24 24 | Other expenses. Itemize expenses not covered | 332. | | 752. | |
| | above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) | | | | |
| а | COST OF BOOKS SOLD | 90,000. | 90,000. | | |
| | BOOKS, DVD, VIDEOS | 48,511. | 48,511. | | |
| С | PROGRAM SUPPLIES | 29,167. | 29,167. | | |
| d | PLAY & LEARN CENTER | 10,236. | 10,236. | | |
| е | All other expenses | 15,108. | 5,529. | 9,579. | |
| 25 | Total functional expenses Add lines 1 through 24e | 211,295. | 187,763. | 23,532. | 0. |
| 26 | Joint costs Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | į | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

| Par | tΧ | Balance Sheet | | | |
|---------------|--------------------|---|--------------------------|----------|--------------------|
| | | Check if Schedule O contains a response to any question in this Part X | | | |
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 174,580. | 1 | 166,791. |
| | 2 | Savings and temporary cash investments | 33,157. | 2 | <u>38,266.</u> |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees. Complete | | | |
| | | Part II of Schedule L | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| | | employees' beneficiary organizations (see instr). Complete Part II of Sch L | | 6 | <u> </u> |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | <u></u> |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a |] | | |
| | ь | Less accumulated depreciation 10b | | 10c | |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | 118,829. | 12 | 122,307. |
| | 13 | Investments - program-related See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | · |
| | 15 | Other assets See Part IV, line 11 | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 326,566. | 16 | 327,364. |
| | 17 | Accounts payable and accrued expenses | | 17 | |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| es | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| Liabilities | 22 | Loans and other payables to current and former officers, directors, trustees, | | | |
| iat. | | key employees, highest compensated employees, and disqualified persons | | | |
| | | Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third | | | |
| | | parties, and other liabilities not included on lines 17-24) Complete Part X of | | 0.5 | |
| | 00 | Schedule D | 0. | 25 26 | 0. |
| | 26 | Total liabilities. Add lines 17 through 25 | <u> </u> | 20 | 0. |
| | | Organizations that follow SFAS 117 (ASC 958), check here ▶ | | | |
| ĕ | 07 | complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets | | 27 | |
| <u>la</u> | 27 | Temporanly restricted net assets | | 28 | |
| Fund Balances | 28 29 | Permanently restricted net assets | | 29 | |
| Š | 29 | Organizations that do not follow SFAS 117 (ASC 958), check here | | 20 | |
| Ē | | and complete lines 30 through 34. | | | |
| ts o | 30 | Capital stock or trust principal, or current funds | 0. | 30 | 0. |
| sse | 31 | Paid-in or capital surplus, or land, building, or equipment fund | 0. | _ | 0. |
| Net Assets or | 31 | Retained earnings, endowment, accumulated income, or other funds | 326,566. | | 327,364. |
| Ž | 33 | Total net assets or fund balances | 326,566. | | 327,364. |
| | 34 | Total liabilities and net assets/fund balances | 326,566. | | 327,364. |
| | , , , , | Total habilities and not assets/fully balances | , 320,300. | , 5-7 | Form 990 (2012) |

| orm | 990 (2012) FRIENDS OF THE TEMECULA LIBRARY | 95-33/4 | <u>803</u> | Pag | ge 12 |
|-----|---|------------|------------|------------|-------------|
| Paı | t XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | 1 | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | <u>68.</u> |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | | <u>95.</u> |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | <u>-1</u> | <u>0,1</u> | <u> 27.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 32 | 6,5 | <u>66.</u> |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | 1 | 0,9 | <u> 25.</u> |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 32 | 7,3 | 64. |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990 X Cash Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | ļ | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | i on a | | | |
| | separate basis, consolidated basis, or both. | ļ | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | e basis, | | | |
| | consolidated basis, or both | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | edule O | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil | ngle Audit | | | |
| | Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | ired audit | | | |
| | or guidite, explain why in Schedule O and describe any steps taken to undergo such audits | | 3h | | |

Form **990** (2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Employer identification number

Name of the organization <u>95-3374</u>803 FRIENDS OF THE TEMECULA LIBRARY Reason for Public Charity Status (All organizations must complete this part) See instructions Part i The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 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). 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)(ıv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 X 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 b ___ Type II c ____ Type III - Functionally integrated d Type III - Non-functionally integrated 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) 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iv) Is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (iii) Type of organization (vii) Amount of monetary organization in col. (described on lines 1-9 in col. (i) listed in your organization in col. organization (i) organized in the support governing document? (i) of your support? above or IRC section (see instructions)) Yes Yes No Yes No

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) 2008 **(b)** 2009 (c) 2010 (d) 2011 (e) 2012 (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 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 (c) 2010 (d) 2011 (e) 2012 (f) Total (a) 2008 (b) 2009 Calendar year (or fiscal year beginning in) 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 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 12 Gross receipts from related activities, etc. (see instructions) 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 Section C. Computation of Public Support Percentage % 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2012. 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 b 33 1/3% support test - 2011. 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 17a 10% -facts-and-circumstances test - 2012. 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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 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

b 10% -facts-and-circumstances test - 2011. 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

(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.)

| Sec | ction A. Public Support | | | | | | | | | |
|-----------|---|----------------------|-----------------------|------------------------|---------------------|---------------------|--|--|--|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | | |
| | ınclude any "unusual grants ") | 29,638. | 19,300. | 14,407. | 13,812. | 10,706. | <u>87,863.</u> | | | |
| 2 | Gross receipts from admissions, | | | | | | | | | |
| | merchandise sold or services per- | , | | | | | | | | |
| | formed, or facilities furnished in any activity that is related to the | 1 | | | | | | | | |
| | organization's tax-exempt purpose | 101,185. | 104,512. | 102,183. | 93,107. | 90,099. | 491,086. | | | |
| 3 | Gross receipts from activities that | 1 | | | | | | | | |
| | are not an unrelated trade or bus- | | | | | | | | | |
| | iness under section 513 | | | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | | | | |
| | ızatıon's benefit and either paid to | j | | ī | | | | | | |
| | 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 | 130,823. | 123,812. | 116,590. | 106,919. | 100,805. | 578,949. | | | |
| 7 a | Amounts included on lines 1, 2, and | | | | | | | | | |
| | 3 received from disqualified persons | | | | | | 0. | | | |
| 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 | ĺ | | | | | | | | |
| | amount on line 13 for the year | | | | | | 0. | | | |
| (| : Add lines 7a and 7b | | _ | | | | 0. | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | | 578,949. | | | |
| Se | ction B. Total Support | | | , | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total | | | |
| - | Amounts from line 6 | 130,823. | 123,812. | 116,590. | 106,919. | 100,805. | 578,949. | | | |
| 10a | Gross income from interest, | | | | | | | | | |
| | dividends, payments received on securities loans, rents, royalties | | | | | | | | | |
| | and income from similar sources | | 652. | 2,242. | 5,738. | 10,364. | 18,996. | | | |
| Ł | Unrelated business taxable income | | | | | | | | | |
| | (less section 511 taxes) from businesses | | | | | | | | | |
| | acquired after June 30, 1975 | | | | | 12 221 | | | | |
| | Add lines 10a and 10b | | 652. | 2,242. | 5,738. | 10,364. | 18,996. | | | |
| 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 | | | | 1 | | | | | |
| | assets (Explain in Part IV) | 122 222 | 104 464 | 110 020 | 110 657 | 111 160 | F07 04F | | | |
| | Total support. (Add lines 9, 10c, 11, and 12) | | | | 112,657. | | 597,945. | | | |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thii | d, fourth, or fifth to | ax year as a sectio | n 501(c)(3) organiz | ation, | | | |
| | check this box and stop here | in Command Da | | | | | <u> </u> | | | |
| | ction C. Computation of Publ | | | (0) | | | 06 92 % | | | |
| | Public support percentage for 2012 (| | 15 | 96.82 % 98.00 % | | | | | | |
| | Public support percentage from 2011 | | | | | 16 | <u>98.00 %</u> | | | |
| | ction D. Computation of Inves | | | | | 47 | 3.18 % | | | |
| | Investment income percentage for 20 | | | ne 13, column (t)) | | 17 | $\begin{array}{rrr} 3.18 & \% \\ \hline 2.00 & \% \end{array}$ | | | |
| 18 | • • | | | line 4.4 line | - 15 is mare than 9 | <u></u> | | | | |
| 19 | a 33 1/3% support tests - 2012. If the | | | | | | I7 is not ►X | | | |
| | more than 33 1/3%, check this box a | | | | | | | | | |
| t | 33 1/3% support tests - 2011. If the | | | | | | . — | | | |
| ~~ | line 18 is not more than 33 1/3%, che | | - | | | | | | | |
| <u>20</u> | 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions | | | | | | | | | |

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

FRIENDS OF THE TEMECULA LIBRARY

Employer identification number

95-3374803 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? _ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II | Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

| Sched | | OF THE TEN | | | | <u>95-33748</u> | | | | |
|----------|---|------------------------|-----------------------|------------------------|-------------|--------------------|----------------|--|--|--|
| Par | t III Organizations Maintaining C | ollections of Ar | t, Historical Tre | easures, or Oth | er Simil | ar Assets(cor | itinued) | | | |
| , з | Using the organization's acquisition, accession | on, and other records | s, check any of the t | following that are a s | significant | use of its collect | ion items | | | |
| | (check all that apply). | | | | | | | | | |
| а | Public exhibition | d | Loan or exch | nange programs | | | | | | |
| b | Scholarly research | е | Other | | | | | | | |
| c | Preservation for future generations | | | | | | | | | |
| _ | Provide a description of the organization's co | ollections and explain | n how they further th | ne organization's exe | empt purpo | ose in Part XIII. | | | | |
| | During the year, did the organization solicit or | | | | | | | | | |
| • | to be sold to raise funds rather than to be maintained as part of the organization's collection? | | | | | | | | | |
| Par | Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or | | | | | | | | | |
| | reported an amount on Form 990, Par | | ū | | | | | | | |
| | Is the organization an agent, trustee, custodi | | ary for contribution | s or other assets no | t included | | | | | |
| | on Form 990, Part X? | | , | | | Yes | No | | | |
| h | If "Yes," explain the arrangement in Part XIII | and complete the fol | lowing table: | | | | | | | |
| U | Tres, explain the arrangement in tare xiii | and complete the for | ownig table. | | | Amo | unt | | | |
| _ | Beginning balance | | | | 1c | | | | | |
| | Additions during the year | | | | 1d | | | | | |
| | • , | | | | 1e | | | | | |
| _ | Distributions during the year Ending balance | | | | 1f | | | | | |
| t Oo | Did the organization include an amount on Fo | orm 900 Part V line | 212 | | | Yes | No No | | | |
| | If "Yes," explain the arrangement in Part XIII | | | provided in Part YIII | | 163 | = "" | | | |
| Par | - · · · · · - · · · · · · · · · · · · · | | | | | | | | | |
| 1 41 | Elidowille it alias. Complete | (a) Current year | (b) Prior year | (c) Two years back | | years back (e) F | our years back | | | |
| . | Danish and share halance | | | (C) TWO YEARS DACK | (u) Tillee | years back (e) | our years back | | | |
| 1a | Beginning of year balance | 49,975. | 57,105, | F7 F30 | | | | | | |
| b | Contributions | | Z 430 | 57,528. | | | | | | |
| С | Net investment earnings, gains, and losses | | -7,130. | 100, | | | | | | |
| đ | Grants or scholarships | · | | | | | | | | |
| е | Other expenditures for facilities | | | | | 1 | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | 523. | | - | | | | |
| g | End of year balance | 49,975, | 49,975, | 57,105. | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end balanc | | i)) held as | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | |
| b | Permanent endowment | % | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | | | | | | | | | |
| 3а | Are there endowment funds not in the posse | ession of the organiza | ation that are held a | nd administered for | the organi | zation | | | | |
| | by Yes No | | | | | | | | | |
| | (i) unrelated organizations | | | | | 3a | | | | |
| | (ii) related organizations | | | | | <u>3a(</u> | | | | |
| b | b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | | | | | | | | |
| 4 | Describe in Part XIII the intended uses of the | | | | | | | | | |
| Par | t VI Land, Buildings, and Equipm | | | | | | | | | |
| | Description of property | (a) Cost or o | | 1 ' ' | Accumulat | , | ook value | | | |
| | | basis (investr | nent) basis | (other) de | epreciation |) | | | | |
| 1a | Land | | | | | | | | | |
| b | Buildings | | | | - | | | | | |
| С | Leasehold improvements | _ | | | | | | | | |
| d | Equipment | | | | | | | | | |
| | Other | | | | | | | | | |
| Total | . Add lines 1a through 1e (Column (d) must e | qual Form 990, Part | X, column (B), line 1 | (0(c)) | | | 0. | | | |

Schedule D (Form 990) 2012

FRIENDS OF THE TEMECULA LIBRARY

95-3374803 Page 3

Schedule D (Form 990) 2012

| Par | ŀXI ∣ | Decembilitation of Devenue new Audited Financial Ctotom | anda Mikh Dan | |
|-----|---------|---|---------------|-------------------|
| | | Reconciliation of Revenue per Audited Financial Statem | ents with Rev | enue per Return |
| 1 | Total r | evenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amou | nts included on line 1 but not on Form 990, Part VIII, line 12. | | |
| а | Net un | realized gains on investments | 2a | |
| b | Donate | ed services and use of facilities | 2b | |
| C | Recov | eries of prior year grants | 2c | |
| ď | Other | Describe in Part XIII.) | 2d | |
| е | Add lir | es 2a through 2d | | 2e |
| 3 | Subtra | ct line 2e from line 1 | | 3 |
| 4 | Amour | its included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Invest | ment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other | Describe in Part XIII) | 4b | |
| С | Add lir | es 4a and 4b | | 4c |
| 5 | Total r | evenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) | | 5 |
| | | Reconciliation of Expenses per Audited Financial Stater | nents With Ex | penses per Return |
| 1 | Total e | xpenses and losses per audited financial statements | | 1 |
| 2 | Amou | nts included on line 1 but not on Form 990, Part IX, line 25 | | |
| а | Donate | ed services and use of facilities | 2a | |
| Ь | Prior y | ear adjustments | 2b | |
| С | Other | osses | 2c | |
| d | Other | Describe in Part XIII) | 2d | |
| е | Add Irr | nes 2a through 2d | | 2e |
| 3 | Subtra | ct line 2e from line 1 | | 3 |
| 4 | Amou | nts included on Form 990, Part IX, line 25, but not on line 1. | | |
| а | | ment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other | Describe in Part XIII) | 4b | |
| С | Add Iır | nes 4a and 4b | ` | 4c |
| 5 | Total e | xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) | | 5 |
| Par | | Supplemental Information | | |
| | | is part to provide the descriptions required for Part II, lines 3, 5, and 9, Part t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part | | |
| | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | |
| | • | | | |
| | | | | |

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

➤ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

2012

Open to Public Inspection

Name of the organization

FRIENDS OF THE TEMECULA LIBRARY

Employer identification number 95-3374803

| Pai | τι lypes of Property | | | | | | | | | | |
|-----|--|---------------------|----------------------------|------------------|--------------------------|-----------------|---------------------------|------|--------|--------|--|
| | | (a) | (b) | | (c) | A 4 - 41 | (d) | | | | |
| | | Check if applicable | Number of contributions or | | contribution reported on | | hod of det n contribut | | _ | e | |
| | | applicable | items contributed | | | | | | | | |
| 1 | Art - Works of art | | | | | | <u> </u> | | | | |
| 2 | Art - Historical treasures | | | | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | | | | |
| 4 | Books and publications | X | | 9 | <u>,000,</u> | THRIFT | SHOP | VAI | LUE | | |
| 5 | Clothing and household goods | | | | | | | | | | |
| 6 | Cars and other vehicles | | | | | | | | | | |
| 7 | Boats and planes | | | | | | | | | | |
| 8 | Intellectual property | | | | | | | | | | |
| 9 | Securities - Publicly traded | | | | | | | | | | |
| 10 | Secunties - Closely held stock | | | | | | | | | | |
| 11 | Securities - Partnership, LLC, or | | | | | | | | | | |
| | trust interests | | | <u> </u> | | | | | | | |
| 12 | Securities - Miscellaneous | | | | | | | | | | |
| 13 | Qualified conservation contribution - | | | | | | | | | | |
| | Historic structures | | | | | | | | | | |
| 14 | Qualified conservation contribution - Other | | | | _ | | | | | | |
| 15 | Real estate - Residential | | | | | | | | | | |
| 16 | Real estate - Commercial | | | | | | | | | | |
| 17 | Real estate - Other | | | | | 1 | | | | | |
| 18 | Collectibles | | | | | | | | | | |
| 19 | Food inventory | | | | | | | | | | |
| 20 | Drugs and medical supplies | | | | | | | | | | |
| 21 | Taxidermy | | | | | | | | | | |
| 22 | Historical artifacts | | | | | | | | | | |
| 23 | Scientific specimens | | | | | | | | | | |
| 24 | Archeological artifacts | | | | | | | | | | |
| 25 | Other • () | - | | | | | | | | | |
| 26 | Other | | | | - | | | | | | |
| 27 | Other | | | | | | | | | | |
| 28 | Other () | | | | | | | | | | |
| 29 | Number of Forms 8283 received by the organi | zation durin | g the tax year for o | contributions | | | | | | | |
| | for which the organization completed Form 8283, Part IV, Donee Acknowledgement | | | | | | | | 0 | | |
| | - | | | | · · | | | | Yes | No | |
| 30a | During the year, did the organization receive b | y contributi | on any property re | ported in Part | I, lines 1-28 t | hat it must hol | d for | | | ļ | |
| | at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for | | | | | | | | | İ | |
| | the entire holding period? | | | | | | | | | | |
| b | o If "Yes," describe the arrangement in Part II | | | | | | | | | | |
| 31 | Does the organization have a gift acceptance | policy that r | equires the review | of any non-st | andard contri | butions? | | 31 | } | X | |
| | Does the organization hire or use third parties | | • | • | | | | | | | |
| | contributions? | | • | ., | | | | 32a | | х | |
| b | If "Yes," describe in Part II | | | | | | | | | | |
| 33 | If the organization did not report an amount in | column (c) | for a type of prope | erty for which o | column (a) is o | checked, | | , [| | | |
| | describe in Part II | ν-/ | 2 | | ` , - | | | | | | |
| LHA | | the Instruc | ctions for Form 99 | 90. | | Sch | edule M (| Form | 990) (| (2012) | |

| Schedule N | vi (Form 9 | 90) (2012) | FRIEN | DS OF | THE | TEME | CULA L | IBRA | RY | | 95-3 | 374 | 1803 | Page 2 |
|------------|------------|---------------------------------|--------------|-------------|--------------|-------------|--------------|-----------|---------------|--------------|-------------|--------|-------------|---------|
| Part II | Suppl | emental | Informa | tion. Co | mplete thi | s part to | provide the | ınforma | tion required | by Part I, I | ines 30b, 3 | 32b, a | nd 33, and | whether |
| , | the org | anızatıon ıs r mplete this į | reporting ii | n Part I, c | olumn (b), | the numl | ber of contr | ibutions. | , the number | of items re | ceived, or | a con | nbination o | f both. |
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SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public Inspection

Name of the organization

FRIENDS OF THE TEMECULA LIBRARY

Employer identification number 95-3374803

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|--|
| TO PROMOTE THEIR WELFARE. THEY ARE INTERESTED IN PRESERVING THEIR PLACE |
| AS A SOURCE OF FREEDOM BY ENRICHING THE LIBRARIES' RESOURCES AND BY |
| MAKING THEIR SERVICES BETTER KNOWN TO THE COMMUNITY. |
| |
| FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
| KNOWN TO THE COMMUNITY. |
| |
| FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS APPROXIMATELY |
| 200 MEMBERS. |
| |
| FORM 990, PART VI, SECTION B, LINE 11: FORM 990 IS REVIEWED BY THE |
| PRESIDENT AND TREASURER OF THE ASSOCIATION. COPIES OF THE 990 ARE PROVIDED |
| TO ANY OTHER MEMBER UPON REQUEST. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: ALL FINANCIAL INFORMATION AND TAX |
| DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST. |
| |
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: |
| GRACE MELLMAN - 36500 DE PORTOLA ROAD, TEMECULA, CA 92592 |
| STAN WILLIAMS - 29791 VAIL BROOK DRIVE, TEMECULA, CA 92591 |
| BETTY HUGAERT - 27481 STANFORD DRIVE, TEMECULA, CA 92591 |
| MICHAEL SHIRLEY - P.O. BOX 890626, TEMECULA, CA 92589 |
| SUSAN ZANE - 33079 HARMONY LANE, TEMECULA, CA 92592 |
| DR. HARRIET EGERTSON - 33163 FOX ROAD, TEMECULA, CA 92592 |
| MARYAN COMEAUX - 40775 CHAPARRAL DRIVE, TEMECULA, CA 92592 |

| | ule O (Form 990 or | 990-EZ) (2012) | | | | | | Page 2 |
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| Name | of the organization | FRIENDS | S OF THE | TEMECULA | LIBRARY | | | Employer identification number 95-3374803 |
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