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Form **990-EZ****Short Form**  
**Return of Organization Exempt From Income Tax**

OMB No 1545-1150

**2012**Department of the Treasury  
Internal Revenue Service

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

Sponsoring organizations 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.

**Open to Public Inspection****A** For the 2012 calendar year, or tax year beginning April 1, 2012, and ending March 31, 2013**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☒ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

**C** Name of organizationFRIENDS of the Bloomfield Township Public Library

Number and street (or P.O. box, if mail is not delivered to street address)

1099 LONE PINE RD

Room/suite

City or town, state or country, and ZIP + 4

Bloomfield, Michigan 48302-2410**D** Employer identification number38-6142932**E** Telephone number248-642-5800**F** Group Exemption Number**G** Accounting Method. ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_**I** Website: www.btpl.org**J** Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c)( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	\$ 5.00
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	\$ 10,361.00
	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	\$ 72,702.64	
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	\$ 72,702.64	
8	Other revenue (describe in Schedule O)	8	\$ 17.20	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	\$ 83,085.84	
Expenses	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	\$ 1,549.86
	16	Other expenses (describe in Schedule O)	16	\$ 76,888.25
	17	<b>Total expenses.</b> Add lines 10 through 16	17	\$ 78,438.21
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	\$ 4,647.63
	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	\$ 19,524.72
	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	\$ 24,172.35

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2012)

SCANNED JUN 27 2013

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**Part II**    **Balance Sheets** (see the instructions for Part II)

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

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	\$19,524.72	22 \$24,172.35
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	\$19,524.72	25 \$24,172.35
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	\$19,524.72	27 \$24,172.35

<b>Part III</b>	<b>Statement of Program Service Accomplishments</b> (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 )

28	Donations made to Bloomfield Township Public Library to fund various department requests, programs and projects	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	\$ 67,988.00
29		(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
30		(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . . ▶		32	\$ 67,988.00

**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 . . . . . ☐

[illegible]

**Part V Other Information** (Note the Schedule A and personal benefit contract 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
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> 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) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		
<b>36</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a</b> . . . . .		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> 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? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b> . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b> . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b> . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ . . . . .		
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> 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 . . . . . ▶ . . . . .		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ . . . . .		
<b>e</b> 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 . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ▶ <u>Michigan</u> . . . . .		
<b>42a</b> The organization's books are in care of ▶ <u>LAWRENCE Sabbath</u> Telephone no. ▶ <u>248-642-5800</u> Located at ▶ <u>1099 LONE PINE Rd BLOOMFIELD MICHIGAN</u> ZIP + 4 ▶ <u>48302-2410</u> . . . . .		
<b>b</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)? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> . . . . .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . .		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: ▶ . . . . .		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> . . . . .		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</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 . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>45b</b> 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) . . . . .		<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 . . . . .

	Yes	No
46		<input checked="" type="checkbox"/>

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 . . . . . ☐

47 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 . . . . .

	Yes	No
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"/>
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49a Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

49a		<input checked="" type="checkbox"/>
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b If "Yes," was the related organization a section 527 organization? . . . . .

49b		<input checked="" type="checkbox"/>
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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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

*None*

f Total number of other employees paid over \$100,000 . . . . .

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

*None*

d Total number of other independent contractors each receiving over \$100,000 . . . . .

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

*Lawrence Sabbath*  
Signature of officer

*JUNE 3, 2013*  
Date

*LAWRENCE SABBATH, TREASURER*  
Type or print name and title

**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		Phone no	
Firm's address				

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

**2012**

**Open to Public Inspection**

Name of the organization

Employer identification number

**FRIENDS of the Bloomfield Township Public Library**

**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—Non-functionally integrated
  - 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?
    - (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? 

	Yes	No
11g(i)		<input checked="" type="checkbox"/>
11g(ii)		<input checked="" type="checkbox"/>
11g(iii)		<input checked="" type="checkbox"/>
    - (ii) A family member of a person described in (i) above? \_\_\_\_\_
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_
  - 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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) Bloomfield Township Public Library	38-6142932	LOCAL PUBLIC LIBRARY	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>		867,988.00
(B) Library		LIBRARY							
(C)									
(D)									
(E)									
<b>Total</b>									

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .		N/A				
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .		N/A				
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2011.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2012.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2011.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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"/>		

**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .		N/A				
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</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 . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .		N/A				
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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).

The Friends of the Bloomfield Township Public Library is a local group of residents working to support their local public library.

Books and media are donated throughout the year by residents and are sold at minimal prices through "used book sales" monthly at the library.

Memberships are collected for early entry to book sales and to support the friends.

The friends have use of all library services and facilities without charge.

All officers, board members and sale volunteers are un-paid. There are no paid employees.

Requests for funds are received from the library departments and administrators throughout the year to support special projects, programs and events.

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

2012

Open to Public  
Inspection

Name of the organization

FRIENDS of the Bloomfield Township Public Library

Employer identification number

38-6142932

LINE 10: RE-deposited checks \$15.00

RE-paid bank fees 2.20

\$17.20

LINE 16: ANNUAL MEETING \$826.73

MISC. EVENTS \$585.22

BOOK SALES \$707.16

OFFICE SUPPLIES \$2,079.84

MICHIGAN SALES TAX \$3,831.43

RETURNED CHECKS \$70.00

BANK FEES \$36.00

CREDIT CARD FEES \$563.87

OTHERS (LICENSE FEES) \$200.00

To Bloomfield Town

Public Library \$67,988.00

\$76,888.25

38.614-2932

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY						
TREASURER'S REPORT: FISCAL YEAR APRIL, 2012 --> MARCH, 2013						
	April, 2012	May, 2012	June, 2012	July, 2012	August, 2012	September, 2012
						YTD 2012 - 2013
<b>STARTING BANK</b>						
<b>BALANCE</b>	\$ 19,524.72	\$ 24,608.52	\$ 28,022.39	\$ 10,173.23	\$ 16,041.63	\$ 21,790.17
<b>RECEIPTS</b>						
Saturday Book Sales	\$ 3,075.50	\$ 2,772.55	\$ 2,464.50	\$ 3,506.00	\$ 3,195.00	\$ 2,958.50
Store Book Sales	\$ 1,822.59	\$ 2,287.00	\$ 2,071.00	\$ 2,552.50	\$ 2,406.50	\$ 2,229.50
Credit Card Sales						
Other Book Sales						
Semi-Annual Sale			\$ 375.00			\$ 375.00
Memberships	\$ 1,330.00	\$ 295.00	\$ 475.00	\$ 580.00	\$ 825.00	\$ 1,150.00
Donations/Gifts		\$ 5.00				\$ 5.00
Re-Deposited Checks		\$ 15.00				\$ 15.00
Re-Paid Bank Fees						
<b>TOTAL</b>	\$ 6,228.09	\$ 5,374.55	\$ 5,385.50	\$ 6,638.50	\$ 6,426.50	\$ 6,338.00
<b>DISBURSEMENTS</b>						
Annual Meeting		\$ 826.73				\$ 826.73
Annual Report		\$ 675.82				\$ 675.82
Events	\$ 23.27	\$ 42.07	\$ 25.54	\$ 51.62	\$ 67.32	\$ 28.97
Flowers/Gifts						
Book Sales						
Office Expenses	\$ 47.59		\$ 8.47	\$ 398.49	\$ 131.43	\$ 126.35
Postal	\$ 500.00	\$ 46.19		\$ 56.70	\$ 135.00	\$ 737.89
Sales Tax	\$ 543.43	\$ 263.87	\$ 275.65	\$ 263.29	\$ 324.21	\$ 307.65
Returned Checks		\$ 70.00				\$ 1,978.10
Bank Fees		\$ 36.00				\$ 70.00
Credit Card Fees						\$ 36.00
Others	\$ 30.00				\$ 20.00	\$ 50.00
<b>TO LIBRARY</b>			\$ 22,925.00			\$ 22,925.00
<b>TOTAL</b>	\$ 1,144.29	\$ 1,960.68	\$ 23,234.66	\$ 770.10	\$ 677.96	\$ 462.97
<b>Ending Bank</b>						\$ 28,250.66

38-614-2932

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY						
TREASURER'S REPORT: FISCAL YEAR APRIL, 2012 --> MARCH, 2013						
	October, 2012	November, 2012	December, 2012	January, 2013	February, 2013	March, 2013
						YTD
						2012 - 2013
<b>STARTING BANK BALANCE</b>	\$ 27,665.20	\$ 14,523.95	\$ 23,707.56	\$ 29,578.51	\$ 24,454.68	\$ 30,758.09
<b>RECEIPTS</b>						\$ (19,524.72)
Saturday Book Sales	\$ 2,577.00		\$ 2,951.00	\$ 3,286.00	\$ 2,353.50	\$ 3,045.00
Store Book Sales	\$ 2,791.50	\$ 2,538.00	\$ 2,666.50	\$ 2,967.00	\$ 3,143.00	\$ 2,817.00
Credit Card Sales	\$ 460.00	\$ 928.00	\$ 382.50	\$ 370.50	\$ 455.00	\$ 330.00
Other Book Sales						\$ 2,926.00
Semi-Annual Sale		\$ 6,925.00				\$ 7,300.00
Memberships	\$ 946.00	\$ 755.00	\$ 700.00	\$ 890.00	\$ 1,085.00	\$ 1,330.00
Donations/Gifts						\$ 5.00
Re-Deposited Checks						\$ 15.00
Re-Paid Bank Fees				\$ 2.20		\$ 2.20
<b>TOTAL</b>	\$ 6,774.50	\$ 11,146.00	\$ 6,700.00	\$ 7,513.50	\$ 7,038.70	\$ 7,522.00
<b>DISBURSEMENTS</b>						\$ 83,085.84
Annual Meeting						\$ 826.73
Annual Report						\$ 675.82
Events	\$ 29.12		\$ 100.76	\$ 38.23	\$ 144.47	\$ 33.85
Flowers/Gifts						\$ 585.22
Book Sales		\$ 707.16				\$ 707.16
Office Expenses	\$ 79.58	\$ 359.76	\$ 137.49	\$ 50.00	\$ 126.35	\$ 614.33
Postal		\$ 44.75			\$ 91.50	\$ 874.14
Sales Tax	\$ 279.92	\$ 318.34	\$ 563.93	\$ 329.24	\$ 361.90	\$ 3,831.43
Returned Checks						\$ 70.00
Bank Fees						\$ 36.00
Credit Card Fees	\$ 5.13	\$ 482.38	\$ 26.87	\$ 14.86	\$ 11.07	\$ 23.56
Others	\$ 100.00	\$ 50.00				\$ 200.00
<b>TO LIBRARY</b>	\$ 19,422.00			\$ 12,205.00		\$ 13,436.00
<b>TOTAL</b>	\$ 19,915.75	\$ 1,962.39	\$ 829.05	\$ 12,637.33	\$ 735.29	\$ 14,107.74
<b>Ending Bank Balance</b>	\$ 14,523.95	\$ 23,707.56	\$ 29,578.51	\$ 24,454.68	\$ 30,758.09	\$ 24,172.35
						\$ 24,172.35

38-6142932

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY						
MONTHLY SALES SUMMARY: FISCAL YEAR 2012 - 2013						
	SATURDAY BOOK SALES	BOOK STORE BOOK SALES	CREDIT CARD SALES	OTHER BOOK SALES	SEMI-ANNUAL BOOK SALES	TOTAL BOOK SALES
APRIL '12	\$ 3,075.50	\$ 1,822.59				\$ 4,898.09
MAY '12	\$ 2,772.55	\$ 2,287.00				\$ 5,059.55
JUNE '12	\$ 2,464.50	\$ 2,071.00			\$ 375.00	\$ 4,910.50
JULY '12	\$ 3,506.00	\$ 2,552.50				\$ 6,058.50
AUGUST '12	\$ 3,195.00	\$ 2,406.50				\$ 5,601.50
SEPTEMBER '12	\$ 2,958.50	\$ 2,229.50				\$ 5,188.00
OCTOBER '12	\$ 2,577.00	\$ 2,791.50	\$ 460.00			\$ 5,828.50
NOVEMBER '12		\$ 2,538.00	\$ 928.00		\$ 6,925.00	\$ 10,391.00
DECEMBER '12	\$ 2,951.00	\$ 2,666.50	\$ 382.50			\$ 6,000.00
JANUARY '13	\$ 3,286.00	\$ 2,967.00	\$ 370.50			\$ 6,623.50
FEBRUARY '13	\$ 2,353.50	\$ 3,143.00	\$ 455.00			\$ 5,951.50
MARCH '13	\$ 3,045.00	\$ 2,817.00	\$ 330.00			\$ 6,192.00
TOTAL	\$ 32,184.55	\$ 30,292.09	\$ 2,926.00		\$ 7,300.00	\$ 72,702.64
TOTAL ANNUAL BOOK SALES						
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		
2011-12 =	\$ 68,357.28			\$ 75,006.57		
2012-13 =	\$ 72,702.64			\$ 67,988.00		
	\$ 1,063,469.07			\$ 1,157,248.13		

## Regular Sorters as of January 2013

38-6142932

Baker	Nancy		248-335-7754	nanbbaker@gmail.com
Bard	Glenda	1946 Torquay Ave. Royal Oak 48073	248-280-2609	glendabardspecialtravel@yahoo.com
Bartoloni	Evelyn	42358 Woodward Unit B BH 48304	248-335-6157	Bartoloni-Tillig, Cecil HA, C.I.I
Bockemuehl	Robert	4800 N. Harsdale Bloomfield 48302	248-646-0748	Robtbock@yahoo.com
Bonda	Lynne	538 Newburne Pte. Bloomfield 48304	248-333-6048	lynnebonda@yahoo.com
Carlson	Allen	1975 N. Hammond Lake Blmflld Hills 48302	248-758-0503	acarlon3@comcast.net
Chayt	Wolf	5352 W. Doherty W. Bloomfield 48323	248-932-5473	wchayt@att.net
Conner	Kathryn	2055 Bootmaker Ln. Bl Hills 48304	248-858-9877	katconn@hotmail.com
Filbin	Sue	6828 Crestway, Bloomfield Twp 48301	248-757-2026	filbins@yahoo.com
Firestone	Ira	1285 Lake Crescent, Bloomfield 48302	248-626-8962	aa1358@wayne.edu
Harris	Camille	6545 Red Maple Bloomfield Twp. 48301	248-646-0503	echarris8212@att.net
Kelley	Barbara	1040 Stratford Lane Bloomfield 48304	248-646-8086	bsilverk@gmail.com
Lambert	Nancy	3930 Orchard Hill, Bloomfield Hills	248-645-9105	nancy.lambert13@gmail.com
Lay	Margo	1984 Park Ridge Bloomfield Hills 48304	248-338-1483	jackmlay@aol.com
Leitao	Mary	42160-61 Woodward Bloomfield Hills 48304	248-333-2486	leit43@hotmail.com
Love	Ell Rose	6136 Lantern Lane Bloomfield Hills 48301	248-736-7382	Home phone 737-4642
Love	Terry	5562 Fieldston Ct. BH 48301	248-835-9284	terber21@comcast.net
Mack	Bill and Germaine	2711 Aldgate Bloomfield Hills 48304	248-335-9851	
Mackelburg	Bonnie	5670 Crabtree Rd. Bloomfield Hills 48301	248-932-9122	bonniemack1@hotmail.com
Matie	Carol	7177 Parkhurst Dr Bloomfield Hills 48301	248-819-0030	cmatie@comcast.net
McGee	Martha	6646 Cathedral Bloomfield Twp. 48301	248-737-0479	mcgeemar@btpl.org
Miotke	George and Pat	1967 Kemp Rd. Bloomfield 48302	248-858-2684	
Nielsen	Warren	6257 Telegraph, Apt. 210 Bloomfield 48301	248-765-0619	wvnjrn@yahoo.com
Pappas	John	1735 Tiverton Rd Unit 16 Bloomfield 48304	248-642-4274	
Pullar	Bob and Sally	5720 Crabtree Bloomfield 48301	248-626-8049	rs pullar@gmail.com
Ranke	Cathy	1635 Trading Post Bloomfield 48302	248-626-1360	cathyranke@comcast.net
Reese	Larry	1450 Trailwood Path Bloomfield Hills 48301	248-855-1335	larryreeside@sbcglobal.net
Robbins	Dolores	5663 Westwood Ct. Bloomfield 48301	248-851-0489	
Sabbath	Larry and Beverly	1881 Pine Ridge Lane Bloomfield Hills 48302	248-737-0075	Isabbath@ameritech.net
Smalley	Barbara	2784 Aldgate Dr. BH 48304	248-338-3326	bsmalley1@comcast.net
Smith	Virginia	3758 Wedgewood Blmflld 48301	248-646-0409	smithvir@comcast.net

Pres

Sec.

TREASURER