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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 10/1/2012 , and ending 9/30/2013

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
FRIENDS OF THE FAIRHOPE LIBRARY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 633

City or town | state or country | ZIP + 4
FAIRHOPE | AL | 36533

D Employer identification number
63-6078513

E Telephone number
(251) 928-0339

F Group Exemption Number ▶

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

I **Website:** ▶ N/A

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 . . . . ▶ $ 54,351

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	5,424
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	3,905
	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	0
	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	20,470	
	c	Less direct expenses from gaming and fundraising events	6c	7,581	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	12,889
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	24,552
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶ 9	46,770
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	620
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	45,208
	17	**Total expenses.** Add lines 10 through 16		▶ 17	45,828
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	942
	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	1,409
	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	2,351

SCANNED JAN 30 2014

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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form **990-EZ** (2012)

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	1,705	22	2,580
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	1,705	25	2,580
26	**Total liabilities** (describe in Schedule O)	296	26	229
27	**Net assets or fund balances** (line 27 of column (B) must agree with line 21)	1,409	27	2,351

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

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

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

What is the organization's primary exempt purpose? SEE STATEMENT

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.

28	PROVIDE FINANCIAL PERSONNEL AND EQUIPMENT SUPPORT FOR THE FAIRHOPE PUBLIC LIBRARY		
	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	28a	42,856
29			
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	31a	
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	42,856

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 . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
MARY GREGG PRESIDENT	Hr/WK			
JACA MCLAREN VICE PRESIDENT	Hr/WK			
HARRIET GUTKNECHT TREASURER	Hr/WK			
SYNTHIA KAISER SECRETARY	Hr/WK			
LOUIE BLAZE MEMBER	Hr/WK			
JIM DAMICO MEMBER	Hr/WK			
DEAN MOSHER MEMBER	Hr/WK			
JOANN RIGGS MEMBER	Hr/WK			
TAMARA DEAN MEMBER	Hr/WK			
LORI SHAMSZADEH MEMBER	Hr/WK			
SAM COMLY MEMBER	Hr/WK			
PHYLLIS FRITCHEN MEMBER	Hr/WK			

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 . [X]

			Yes	No
33	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.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	X	
35 a	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)?	35a		X
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	35b		
c	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	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed. ▶ AL

42 a The organization's books are in care of ▶ C.O. MCCAWLEY JR., CPA, LLC Telephone no. ▶ (251) 928-0339

Located at ▶ 18811 STATE HWY. 181 City FAIRHOPE ST AL ZIP + 4 ▶ 36532

			Yes	No
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)? If "Yes," enter the name of the foreign country. ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U S.? If "Yes," enter the name of the foreign country: ▶	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ [ ]

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		X
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 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).	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		X

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 ☐

			Yes	No
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.	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

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

(a) Name and 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
Name None Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			
Name Title	Hr/WK 00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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 ▶ [X] 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

X Gail W. Diederich — Signature of officer — X 12/20/13 Date

Gail W. Diederich, Treasurer — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
C. O MCCAWLEY, JR , CPA	C. O. McCawley, Jr CPA	11/15/2013		P00213030

Firm's name ▶ C O MCCAWLEY, JR , CPA, LLC — Firm's EIN ▶ 63-1210130

Firm's address ▶ P O BOX 452, FAIRHOPE, AL 36533 — Phone no (251) 928-0339

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] 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
FRIENDS OF THE FAIRHOPE LIBRARY

Employer identification number
63-6078513

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).**

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? . . . .

(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? . . . .

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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)									
(B)									
(C)									
(D)									
(E)									
Total									0

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	0	0	0	0	0	0
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.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
11 **Total support.** Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	0 00%
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	0 00%

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 . . . . . ▶ ☐

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 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 . . . . . ▶ ☐

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,855	9,431	13,033	8,699	9,329	49,347
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	28,595	28,002	34,061	45,264	37,441	173,363
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	37,450	37,433	47,094	53,963	46,770	222,710
7a 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 amount on line 13 for the year	23,595	23,002				46,597
c Add lines 7a and 7b	23,595	23,002	0	0	0	46,597
8 **Public support** (Subtract line 7c from line 6)						176,113

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	37,450	37,433	47,094	53,963	46,770	222,710
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12)	37,450	37,433	47,094	53,963	46,770	222,710

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	79 08%
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	68 24%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	0 00%
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	0 00%

19a **33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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).

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

FRIENDS OF THE FAIRHOPE LIBRARY

Employer identification number

63-6078513

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1					0	0	0
2					0	0	0
3					0	0	0
4					0	0	0
5					0	0	0
6					0	0	0
7					0	0	0
8					0	0	0
9					0	0	0
10					0	0	0
Total		▶			0	0	0

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 ENTINE FUNDRAIS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	20,470		0	20,470
	2 Less Contributions			0	0
	3 Gross income (line 1 minus line 2)	20,470		0	20,470
Direct Expenses	4 Cash prizes			0	0
	5 Noncash prizes			0	0
	6 Rent/facility costs			0	0
	7 Food and beverages			0	0
	8 Entertainment			0	0
	9 Other direct expenses	7,581		0	7,581
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(7,581)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				12,889

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				0

9 Enter the state(s) in which the organization operates gaming activities.

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ 0 and the amount of gaming revenue retained by the third party ▶ $ 0 .

c If "Yes," enter name and address of the third party

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ $ 0

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $ 0

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable Also complete this part to provide any additional information (see instructions).

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 FAIRHOPE LIBRARY

Employer identification number

63-6078513

Form 990-EZ, Part I, Line 8, Other Revenue. SALE OF DONATED BOOKS: 24,552

Form 990-EZ, Part I, Line 16, Other Expenses SUPPLIES. 967

Form 990-EZ, Part I, Line 16, Other Expenses ONE LINE SALES EXPENSES: 715

Form 990-EZ, Part I, Line 16, Other Expenses SALES TAX PAID 1,751

Form 990-EZ, Part I, Line 16, Other Expenses CC FEES: 482

Form 990-EZ, Part I, Line 16, Other Expenses: ANNUAL MEETING - SUPPLIES: 120

Form 990-EZ, Part I, Line 16, Other Expenses. ANNUAL MEETING - SPEAKERS 250

Form 990-EZ, Part I, Line 16, Other Expenses BANK CHARGES: 56

Form 990-EZ, Part I, Line 16, Other Expenses: DUES 80

Form 990-EZ, Part I, Line 16, Other Expenses: INSURANCE: 1,098

Form 990-EZ, Part I, Line 16, Other Expenses: LIBRARY - BOOK REVIEW FOOD. 42

Form 990-EZ, Part I, Line 16, Other Expenses. LIBRARY - BOOK REVIEW MATERIALS. 319

Form 990-EZ, Part I, Line 16, Other Expenses LIBRARY - DISCRETIONARY FUNDS 407

Form 990-EZ, Part I, Line 16, Other Expenses LIBRARY - DONATION 23,000

Form 990-EZ, Part I, Line 16, Other Expenses LIBRARY - EQUIPMENT 4,255

Form 990-EZ, Part I, Line 16, Other Expenses LIBRARY - SCHOLARSHIP. 1,000

Form 990-EZ, Part I, Line 16, Other Expenses. LIBRARY - SUMMER READING PROGRAM: 5,000

Form 990-EZ, Part I, Line 16, Other Expenses MEMBERSHIP - SUPPLIES/NEWSLETTER: 858

Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLIES & EXPENSES. 745

Form 990-EZ, Part I, Line 16, Other Expenses: POSTAGE & BOX RENTAL 258

Form 990-EZ, Part I, Line 16, Other Expenses: RAISE-A-READER PROGRAM: 2,343

Form 990-EZ, Part I, Line 16, Other Expenses RECEPTION 117

Form 990-EZ, Part I, Line 16, Other Expenses: WEB SITE 1,345

Form 990-EZ, Part II, Line 26, Liabilities SALES TAX PAYABLE Beginning of year 296, End of year 229

Form 990-EZ Part V Line 34 THE ORGANIZATION VOTED TO CHANGE FROM A FISCAL YEAR END OF 9/30 TO

Name of the organization	Employer identification number
FRIENDS OF THE FAIRHOPE LIBRARY	63-6078513

A CALENDER YEAR END FOR 12/31/13

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	5,424
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	5,424

Part IV (990-EZ) - List of Officers, Directors, Trustees, and Key Employees

Name of Organization
FRIENDS OF THE FAIRHOPE LIBRARY

Employer identification number
63-6078513

Name and title	Average hours per week devoted to position	Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-.)	Health benefits contributions to employee benefit plans, and deferred compensation	Estimated amount of other compensation
MARY HODGKINS MEMBER	Hr/WK			
PEGGY REAGAN MEMBER	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

2012-2013 Friends of Fairhope Public Library Board

President — Mary Gregg (Harry)
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librarymary13@bellsouth.net

Vice President — Jaca McLaren (Mac)
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jlmclaren@bellsouth.net

Secretary — Synthia Kaiser
215 Perdido Ave. Fairhope, 36532
454-8733
synkaiser@hotmail.com

Treasurer — Harriet Gutknecht (John)
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990-3516
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Tamara Dean — 929-0366
director@fairhopelibrary.org

Friends of the Fairhope Public Library Board Meeting

August 28, 2013

Present: Mary Gregg, Synthia Kaiser, Louie Blaze, Jim Damico, Mary Hodgkins, Lori Shamszadeh, Harriet Gutknecht, Sam Comly, Phyllis Fritchen, Peggy Reagan, Tamara Dean

Absent: Dean Mosher, Jaca McLaren, Jo Ann Riggs

The meeting was called to order by Mary Gregg, president. The minutes from the last meeting on May 22, 2013 were read and approved as read.

Treasurer's Report: The balance for May 31, 2013 was $7922.19. The balance on June 30, 2013 was $8,625.26. Harriet reported that book store sales had been flat and online sales were not good. We had an unbudgeted expensive of $1345 to Site One our website company. The company had not billed us since 2004. This payment catches us up to July, 2013. After July billing will be quarterly at a discounted rate of $15 a month. We have access to the calendar page, front page and pictures on the website, but other pages have to be accessed by Site One. The $15 per month covers any changes we need to make on the other pages. The liability insurance was also paid in the expenses at a cost of $1098. Harriet also suggested we might begin to charge sales tax on book store purchases, as we do have to pay local, state and federal taxes on the money we receive from the sale of books. We were presented with an actual budget for the year to date. As the fiscal year ends in September, we will get another report at the October meeting.

The balance for July 31, 2013 was $9857. The current balance is $9494.30. Bookstore sales are down $7,638 for the year and online sales are down $4,144. At present Raise-A-Reader is slightly over budget. We received a benefactor membership of $500 with a request the money be designated for the children's program.

So far this year we have donated $25,563.34 to the library. A motion was made to accept the treasurer's report. All agreed. (Report attached)

President's Report: Mary thanked Sam Comly for working to update the Friends' website. Also Peggy Reagan received applause from the board for making the Consanguinity program such a success this summer. During the summer many boxes of books were donated to Habitat for Humanity and Synthia packed paperback books for the jail that could not be used otherwise. Jaca has a speaker lined up for the Annual meeting on November 3, Jack Granade, a member of the board of directors for the Alabama Lighthouse Association. At the meeting he will do a slide presentation and history of lighthouses. The membership committee met and planned the fall membership drive which will begin in October. Committee consists of Mary H., Jo Ann Riggs, Lori Shamszadeh, Mary G. and Synthia. Lori and Mary G. met and planned the Fall newsletter to be mailed October 1 and outlined the Winter newsletter that will go out in January. Harriet will meet with the budget committee to formalize the 2013-2014 budget to be voted on at the September 25 meeting. Budget committee members are Phyllis, Jim, Lori, Jo Ann and

Harriet. Synthia and Phyllis are working on a 'how to' guideline for the Raise-A-Reader program and trying to get a handle on the who, what, when of the operation. Lori is working on C&C graphics. (Comments attached)

Bookstore: By the Inch sale is scheduled for October 18 & 19. Setup will be October 17. Peggy suggested a weekly sale on certain categories (non-fiction and children's) in the bookstore to stimulate sales. Everyone agreed it was a good idea since sales are off. Louie suggested we have a buy one get one free to move more books out. He also suggested we move or do away with the free cart. It is not conducive to the bookstore sales.

Amazon Sales: Sam said he and Susan Acree are working with what is made available to them.

Consanguinity: Peggy reported this is year 12 for the program. Each year builds on the year before. This year the attendance is at 666 with another program to be presented. Last year the total attendance was 533, which is a 25% increase. The gift cards were a great help with refreshments. 3-$50 cards from Wal-Mart, $50 card from Cain's and $50 card from Publix. For the program next year Peggy requested that we try to get Boy Scouts involved to help with the set up and take down as the Giddens Room has many activities scheduled during June and July that require setup and clean-up be done quickly. She also informed us that an upcoming event to celebrate Shakespeare's 450 birthday with 4 weeks of Shakespeare plays that have been made into movies.

Website: Anything that needs to be posted on the website contact Sam.

Publicity: Lori purchased banners and posters for C&C and book sale signs at a much discounted rate. She has made punch cards so that every person that joins the Friends can buy 5 books and get one free. She has also designed a brochure of the Top 10 reasons to be a Friend. She has the fall newsletter and the postcards for the October sale and annual meeting ready to go out.

Scholarship: Jim met with Tamara to discuss the professional development for the staff. Tamara suggested Susan DeMert be awarded the first scholarship. Susan is excited and has already found a course online that she wants to take.

Raise-A-Reader: After the newsletter went out asking for volunteers, several people came forward asking to participate. PNC is partnering with us by donating 1500 tote bags and 1500 placemats for the "Read-To-Me" packets. This will save on some of the expense of the packets. The materials will be delivered this afternoon. Phyllis asked that anyone who can come for the presentation by PNC. We will continue working with PNC in hopes they will help sponsor the C&C.

Membership: Mary H. said preparation for the fall membership drive is underway. We have 170 members at present. There are 406 membership invitations going out in the mail. She is also working on job descriptions for the Friends positions. Please contact her to document your responsibilities. This will ensure smooth transition within the Friends organization. (Report attached)

Old Business: Credit card machine was researched by Harriet. For a machine, the cost is $500-$600. For us to purchase a terminal, the cost is about $375. Or we might possibly do an Ipad where BB&T would charge us per transaction with no annual fee. She will put together a proposal for the board to consider.

New Business: The topic of possibly changing the Fiscal year from October-September to a calendar year January-December was discussed. Mary presented the idea to our account and he said it was a matter of filing the paper work. After discussion a vote was taken and all members agreed to make the change to the calendar year of January-December. Mary will give a copy of the minutes with other paperwork to the account to begin the process.

Next meeting September 25 at 10:30.

Meeting adjourned.