

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2013

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service  $\blacktriangleright$  Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

A	For the	2013 calenda	er year, or tax year begin	ning	1 April	, 2013, 8	and ending	31	March	, 20	14
B	Check if ap	plicable:	C Name of organization	<del> </del>				D Empk	yer ident	ification numbe	er er
	Address c	hange	Friends of the Medford I	_ibrary					93 0	819976	
	Name cha	•	Number and street (or P.O. b	ox, if mail is not delive	red to street addre	ess), .	Room/suite	E, Telepi	hone numb	per .	<del></del>
片	Instead nettur		205 S. Central Ave.		•	,	107		541-7	779-3246	
H	Terminate Amended		City or town, state or provinc	e, country, and ZIP or	foreign postal coo	de .		F Grou	p Exemp		
	Application		Medford, OR 97501-7223	3					ber ▶		
G	Account	ing Method:	✓ Cash	Other (specify) ▶			1	Check ▶	· / If th	e organizatio	n is not
1 7	Website	:► www.	foml.weebly.com			•				Schedule B	
JI	ах-ехеп	rpt status (che	ck only one) - 🗸 501(c)(3	) 501(c)( )	✓ (insert no.)	4947(a)(1) or	<b>□</b> 527	(Form 99	90, 9 <mark>90</mark> -E	Z, or 990-PF).	
					Association	☐ Other					
			7b, to line 9 to determine				nore, or if to	tal assets			
(Pa	rt II, col	umn (B) belov	v) are \$500,000 or more, fi	le Form 990 instead	of Form 990-E	z			<b>▶</b> \$		41,903
F	art I	Revenu	e, Expenses, and Cl	hanges in Net A	Assets or Fu	nd Balanc	es (see th	e instruc	tions fo	or Part I)	
		Check if	the organization used	Schedule O to n	espond to an	y question i	n this Part	i			. 🗸
	1	Contribution	ons, gifts, grants, and si	milar amounts rec	ceived		<del></del>	]	1		\$4,863
	2	Program s	ervice revenue including	g government fee:	s and contract	s		[	2		0
	3	Membersh	ip dues and assessmer	nts		·		[	3		.0
	4	Investmen	tincome					[	4		\$116
	5a	Gross amo	ount from sale of assets	other than invent	ory	. 5a		o			
	b	Less: cost	or other basis and sale	s expenses		. 5b		0	]		
	C	Gain or (lo	ss) from sale of assets of	other than invento	ry (Subtract lin	ne 5b from li	ne 5a) .	]	5c		0
	6	_	d fundraising events		1			. [		_	
_	а		ome from gaming (at	ttach Schedule (	G if greater	than			ŀ	•	:
ž		\$15,000)				6a		0	ŀ	•	4.5
Revenue	b		me from fundraising ev				contributi	ons ·	ł		
æ	1		aising events reported								
	1		ch gross income and co		•	- 6b		0			
			t expenses from gamin			. <u>6</u> c		0			
	d		e or (loss) from gamin	g and fundraising	events (add	lines 6a and	d 6b and s	ubtract	1		
	_	line 6c)							6d		0
	7a		s of inventory, less retu	rns and allowance	es	. 7a		\$36,924			
Ρ	b	Less: cost	of goods sold			Zb		0	_		
2014	C	Gross prot	fit or (loss) from sales of	inventory (Subtra	act line 7b fron	n line 7a	CEIN	- n	7c		<u>\$36,924</u>
	8	Other reve	nue (aescribe in Schea	ule ()			V 6	٠٠٠٠	8		0
<b>_</b>	9		nue. Add lines 1, 2, 3,			<u> </u>	· · ·	· • • • • • • • • • • • • • • • • • • •	9		\$41,903
<del>ඉ</del>	10		d similar amounts paid (	•	,	MUL B	1 3 20	114 9	10		\$30,982
	1	•				٠ ــــــــــــــــــــــــــــــــــــ		101	11	· · · · · · · · · · · · · · · · · · ·	0
8	13		ther compensation, and			. 001	JEW,		12	<del></del>	0
	14		al fees and other paym y, rent, utilities, and ma			<u> </u>	-1V;	<u> </u>	13	·····	0
	15		ublications, postage, ar							··	\$513
复"	16								15		\$3,143
S.	17	Total ava	enses (describe in Sche						16		\$10,471
SCANNED 5   Expe	18	Evenes or	enses. Add lines 10 thre (deficit) for the year (Su	btmat line 17 from	n line (I)	· · · ·	<u> </u>		17		\$45,109
שלי ליי	19		or fund balances at b						18		\$3,206)
Š	"		ar figure reported on pri						19	<b>.</b>	
S Net Assets	20		nges in net assets or fu						20	<u> </u>	128,597
Ž	21		or fund balances at en			-			21	<u> </u>	125 201
Fo	<del></del>		tion Act Notice, see the s				No. 106421	· · •		Form 990-E2	125,391
						val.	140. 100421				- 4-4:0)

P 3

101111	990-EZ (2013)					Page 2
Pa	Balance Sheets (see the instructions					· ·
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		<u> 🗅</u>
			Ĺ	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments			\$128,597	22	\$125,391
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)				24	0
25 26	Total assets			\$128,597	1 1	\$125,391
20 27	Total liabilities (describe in Schedule O)	· · · · · · · · · · · · · · · · · · ·		0		0
	Net assets or fund balances (line 27 of column till Statement of Program Service Accom			\$128,597	2/	\$125,391
u si	Check if the organization used Schedule	plishinents (see u • O to respond to a	e instructions for r	'art III) Do≠ III		Expenses
Wha		Encourage, promote		<del></del>		quired for section (c)(3) and 501(c)(4)
						anizations and section
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise m	snments for each o	Tits three largest p	rogram services,		7(a)(1) trusts; optional
pers	ons benefited, and other relevant information for ea	ach program title.	s services provided	, the number of	for	others.)
28	Jackson County Library Services - Support Children		ograms Adult progra	ms Summer	<del> </del>	
	activities, Library Wish List, Purchase books and DV	Ds for the Medford li	orary.		İ	
			***************************************			
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	28:	\$30,982
29	Libraries For All - A Political Action Committee to su					
	library district for Jackson County.		·		ł	
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🛘	298	\$6,000
30						
	***************************************					
					1	Ì
		includes foreign gra	ints, check here .	, ▶ 🗇 ·	308	9 0
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	▶ 🗆	318	9 0
	Total program service expenses (add lines 28a			•		
Par	IN List of Officers Directors Tructors and Va-		<del></del>		32	
		y Employees (list each	one even if not com	pensated-see the i		
	Check if the organization used Schedule	y Employees (list each O to respond to a	ny question in this	pensated—see the i		
	Check if the organization used Schedule	O to respond to a	n one even if not com ny question in this (c) Reportable compensation	pensated—see the in Part IV	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	(c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV	nstru	ctions for Part IV)
	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	(c) Reportable compensation	pensated — see the in Part IV	nstru	octions for Part IV)
Maur	Check if the organization used Schedule	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ctions for Part IV)  Statement of amount of other compensation
	Check if the organization used Schedule  (a) Name and title  een Swift, President	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC	pensated—see the in Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation	nstru	ctions for Part IV)  Statement of amount of other compensation
	Check if the organization used Schedule  (a) Name and title	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru	octions for Part IV)
Kare	Check if the organization used Schedule  (a) Name and title  een Swift, President  n Foster, Vice President	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru	ctions for Part IV)
Kare	Check if the organization used Schedule  (a) Name and title  een Swift, President	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru eee (e	ctions for Part IV)  Statement of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru nee (e	ctions for Part IV)  Starmated amount of other compensation
Kare	Check if the organization used Schedule  (a) Name and title  een Swift, President  n Foster, Vice President	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare Donr	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	(b) Average hours per week	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru eee (e	ctions for Part IV)  Statement of other compensation  0
Kare Donr	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare Donr	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statistical amount of other compensation  0
Kare	Check if the organization used Schedule  (a) Name and trile  een Swift, President  n Foster, Vice President  a Bladek, Secretary	O to respond to a  (b) Average hours per week devoted to position	ny question in this (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)	pensated—see the in Part IV	nstru n 0	ctions for Part IV)  Statement of other compensation  0

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	ie	-3
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this			✓
		_	Yes	
	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		1
	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	✓	
	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		1
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		1
	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			
	Did the organization file Form 1120-POL for this year?	37ь	ļ	<b>✓</b>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			<u> </u>
	<del></del>	ł		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3) 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		ł	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	<u> </u>	1
С	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			
44	·	40e	<u> </u>	
41	List the states with which a copy of this return is filed Oregon  The province in the state of t	. 4 4 77	0.004	
42a			9-324	
b	Located at ≥ 205 S. Central Ave. #107, Medford, OR  ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	9/50	-7223 Yes	
•	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	140
	If "Yes," enter the name of the foreign country: ▶		<u> </u>	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🔲
	and enter the amount of tax-exempt interest received or accrued during the tax year		124	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
444	completed instead of Form 990-EZ	44a	ļ	1
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		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		1
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d	<u> </u>	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	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		✓

01111 330 1								aye -
<b>46</b> D	old the organization engage, directly or in	directly in political c	ampaign activities or	a babalf of a	r in apposit	ion	Yes	No
to	candidates for public office? If "Yes," c	omplete Schedule C	, Part I	· · · ·		. 46		1
Part VI		only					for lin	es
	Check if the organization used Sch	nedule O to respond	I to any question in	this Part VI				. 🛛
							Yes	No
<b>47</b> D	old the organization engage in lobbying ear? If "Yes," complete Schedule C, Part	activities or have a s	section 501(h) election	on in effect	during the	tax   47	1	·
	s the organization a school as described in		-				ļ	1
	old the organization make any transfers to						+	1
	"Yes," was the related organization a se Complete this table for the organization's							nd key
	mployees) who each received more than							
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	(d) Healt contribution benefit plans	h benefits, s to employee s, and deferred ensation	(e) Estimat other co	ed amo	ount of
None								
				<del> </del>				
						,		
							-	
<b>51</b> C	otal number of other employees paid ov Complete this table for the organization 100,000 of compensation from the orga- (a) Name and business address of each independent	's five highest companization. If there is n	ensated independen	<del></del>	1	received		e thar
None			_	····				
	· · · · · · · · · · · · · · · · · · ·			<del></del>	<del> </del>			<del></del>
			1					,
	<del></del>		<del> </del>		<del> </del>			
52	Total number of other independent control  Old the organization complete Schedule	A? Note. All section	501(c)(3) organization	. ► ns and 4947	(a)(1)			
	nonexempt charitable trusts must attach nattes of penury, I declare that I have examined this			nents, and to t		nowledge a		No f, it is
true, corre	ct, and complete. Declaration of preparer (other tha	n officer is based on all int	ormation of which prepare	r has any know	ledge			
Sign	Signature of officer	SIMI		D	06/0 ate	9/14		<u></u>
Here	Mitchell Seidman, Treasurer Type or print name and title			<del></del>	<del></del>			
	Print/Type preparer's name	Preparer's signature		Date	T	η ΡπΝ		
Paid				<del></del>	Check L self-emple	Jif		
Prepa			<del></del>	F	rm's EIN ▶	·		
	Firm's address ▶				hone no.	<u> </u>		
May the	IRS discuss this return with the prepare	r shown above? See	instructions			▶ □ V <sub>4</sub>	ье П	No

## SCHEDULE A (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.

2013

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	or the organization						"	employer ic	MINICARO	n number	
	ds of the Medford L				<del></del>			····		19976	
Par			rity Status (All orga						nstructio	ons.	
	•	•	tion because it is: (Fo		•	•	•	•	_		
1			hes, or association of			ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	).		
2			170(b)(1)(A)(ii). (Attac			_					
3			spital service organiza							en e .	
4	hospital's nam	ne, city, and state									
5		on operated for the complete of the complete o	the benefit of a collequie plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmen	tal unit de	escribed in
6 7	An organization	n that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	n the gen	eral public
8	☐ A community	trust described in	n section 170(b)(1)(A)	)( <b>vi).</b> (Cor	nplete Pa	urt II.)				•	
9	receipts from support from	activities related	receives: (1) more that to its exempt funct int income and unrel fter June 30, 1975. Se	ions—sul lated bus	bject to d siness ta	certain ex xable ind	xceptions come (les	s, and (2) ss sectio	no mon	e than 33	31/₃% of its
10	☐ An organization	n organized and	operated exclusively	to test fo	or public s	safety. Se	e sectio	n 509(a)(	(4).	•	
11	purposes of o	ne or more pub	nd operated exclusive dicty supported organ describes the type of	nizations	described	d in sect	ion 509(a	a)(1) or so	ection 50	9(a)(2). S	
	a 🗌 Type I	<b>b</b> Type	II c ☐ Type III	I-Functio	nally inte	grated	d □.	Type II⊢t	Non-funct	tionally in	tegrated
e f	other than fou or section 509 If the organiz	indation manage (a)(2). ation received a	that the organization ers and other than one a written determination	e or more	e publicly	support	ed organi	izations (	described	l in section	on 509(a)(1)
	organization, o	check this box .									· · 🗆
g			he organization acce <sub>l</sub>	pted any	gift or co	ontributio	on from a	iny of the	•		
	following pers										
			ndirectly controls, eitlody of the supported of the suppo					describe	din (ii) a	nd   11g(i)	Yes No
	' (ii) A family m	ember of a person	on described in (i) abo	ove?			. ·			11g(ii)	
	(iii) A 35% cor	ntrolled entity of	a person described in	(i) or (ii)	above? .					· 11g(iii)	
h	Provide the fo	llowing informati	on about the support	ed organ	ization(s).				•		
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	in col. (1) li	organization sted in your document?	the orga col. (i)	you notify nization in of your port?	organiza (i) organ	Is the tion in col ized in the .S.?		nt of monetary pport
		1	<u> </u>	Yes	No	Yes	No	Yes	No	1	
(A)	•.										
(B)											
(C)											
(D)	· · · · · · · · · · · · · · · · · · ·										
(E)								1.			,. ,
	<del> </del>			1	1		<del>†</del>	1	1	<u> </u>	

Total

Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	ne box on line	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qu	i) alify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(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)	l	ii I		,		
6_	Public support. Subtract line 5 from line 4.						
	on B. Total Support		T*	<del></del>	<b>T</b>	T	<del></del>
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 8	Amounts from line 4						
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				<u> </u>		
12 13	Gross receipts from related activities, etc.  First five years. If the Form 990 is for the organization, check this box and stop he	he organizatio	n's first, secor	nd, third, fourth	n, or fifth tax y		
Sect	ion C. Computation of Public Support	rt Percentac	ge	-	·		
14	Public support percentage for 2013 (line			11, column (f))		14	%
15 16a	Public support percentage from 2012 Sci 331/2% support test—2013. If the organi box and stop here. The organization qua	ization did not	check the box	on line 13, an	d line 14 is 33		
b	33¹a% support test—2012. If the organicheck this box and stop here. The organic	nization did n	ot check a bo	x on line 13 o	r 16a, and lin		or more,
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me Part IV how the organization meets the "torganization	ets the "facts facts-and-circ	-and-circumsta cumstances" te	ances" test, ch st. The organiz	eck this box a zation qualifies	and <b>stop here.</b> as a publicly:	Explain in supported
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part IV how the organization is supported organization in the control of the control of the control organization is a supported organization.	ition meets th neets the "fac	ie "facts-and-c ts-and-circums	circumstances' stances" test.	test, check t The organizati	this box and s	a, and line ttop here. a publicly
18	Private foundation. If the organization d					ck this box and	▶ □ d see ▶ □

## 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	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	5,273	5,125	4,433	4,179	4,863	23,873
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	20.577	22 200	20.004	22.000	26.004	
3	organization's tax-exempt purpose	28,577	32,398	30,891	33,008	36,924	161,798
	unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
6	Total. Add lines 1 through 5	33,850	37,523	35,324	37,187	41,787	185,671
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .	o	0	0	0	0	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	0	0	0	0	0	
^	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)						
Secti	on B. Total Support	1					185,671
	dar year (or fiscal year beginning in)	(a) 2009	<b>(b)</b> 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9	Amounts from line 6	33,850	37,523	35,324	37,187	41,787	185,671
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	502	995	586	207	116	2,406
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
C	Add lines 10a and 10b	502	995	586	207	116	2,406
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
12	Other income. Do not include gain or		-		Ĭ		
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0	o	o	0	O
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	34,352	38,518			41,903	
14	First five years. If the Form 990 is for the organization, check this box and stop he	ne organization	's first, secon	d, third, fourth		ear as a sectio	
Secti	on C. Computation of Public Suppor						
15	Public support percentage for 2013 (line			3. column (fl)		15	98.72 %
16	Public support percentage from 2012 Sci		-			16	98.02 %
	on D. Computation of Investment In			<del>: : : : :</del>	· · · · · ·	1.01	38.02 70
17	Investment income percentage for 2013 (			v line 13. colu	mn (fl)	17	1 %
18	Investment income percentage from 2012			-		18	2 %
19a	331/s% support tests—2013. If the organ		•				
. 36	17 is not more than 331/3%, check this box						
b	331/s% support tests—2012. If the organiz		_			-	
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	

Supplemental Information. Provide the explanations required by Part II. line 10, Part II, line 17 or 17b; and Part III. line 12. Also complete this part for any additional information. (See instructions).  None	Schedule A (F	chedule A (Form 990 or 990-EZ) 2013 Page <b>4</b>								
		Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and								
	None									
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#### **SCHEDULE C** (Form 990 or 990-EZ)

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

 Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► See separate instructions.
 ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

# the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- · Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-B.

Name	of organization		· · · · · · · · · · · · · · · · · · ·	Employer ider	ntification number
Friend	s of the Medford Library				93 0819976
		e organization is exempt und	er section 501(		
1	Provide a description of t	the organization's direct and indire	ct political campa	aign activities in Part IV.	
2	Political expenditures .			<b>&gt;</b> \$	}
3	Volunteer hours				
Part	I-B Complete if the	e organization is exempt und	er section 501(	c)(3).	
1	Enter the amount of any	excise tax incurred by the organiza	ation under sectio	n 4955 ▶ \$	)
2	Enter the amount of any	excise tax incurred by organization	n managers under	r section 4955 🕨 💲	)
3	If the organization incurre	ed a section 4955 tax, did it file For	rm 4720 for this y	ear?	Yes No
4a	Was a correction made?				Yes No
b	If "Yes." describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	Enter the amount direct	ly expended by the filing organiz	ation for section	527 exempt function	
	activities				
2		filing organization's funds contrib			
		vities			
3	Total exempt function e	expenditures. Add lines 1 and 2.	Enter here and	on Form 1120-POL,	
	line 17b			▶ \$	
4	Did the filing organization	n file <b>Form 1120-POL</b> for this year	?		Yes No
5	Enter the names, address	ses and employer identification nur	nber (EIN) of all s	ection 527 political organi	zations to which the filing
		ents. For each organization listed,			
		ontributions received that were pro-			
	as a separate segregated	fund or a political action committe	e (PAC). If addition	onal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	• •		***	filing organization's	contributions received and
				funds. If none, enter -0-	promptly and directly delivered to a separate
					political organization If
					none, enter -0-
(1)			į		
(2)					i
(3)					1
				<u> </u>	
(4)					
			ļ	ļ	
(5)					
(6)		<u> </u>		1	İ

Part	II-A	Complete if the organization section 501(h)).	on is exempt u	nder section 50	01(c)(3) and filed	l Form 5768 (ele	ction under
A C	heck >	if the filing organization be name, address, EIN, expe					up member's
вС	heck >	☐ if the filing organization c	necked box A a	and "limited cont	rol" provisions a	pply.	
		Limits on Lob (The term "expenditures" n	bying Expendituneans amounts		)	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total le	obbying expenditures to influence		•	<u>-                                      </u>	O	<del></del>
b		obbying expenditures to influence	•		₩/	\$6,000	
c		obbying expenditures (add lines	•		<b>9</b> ,	\$6,000	
d		exempt purpose expenditures .	-			\$39,109	
٥		exempt purpose expenditures (ac				\$45,109	
•		ing nontaxable amount. Enter				\$45,105	
٠	colum	=	ino umount n			<b>*</b> 0.022	
		mount on line 1e, column (a) or (b) i	c. The lebbeing	nontaxable amoun	e iou	\$9,022	<del></del>
		er \$500,000			I ESC		
				nount on line 1e.	4500,000		
		500,000 but not over \$1,000,000		15% of the excess			
		,000,000 but not over \$1,500,000		10% of the excess		,	
		,500,000 but not over \$17,000,000		5% of the excess o	ver \$1,500,000.		
		7,000,000	\$1,000,000.				
9		roots nontaxable amount (enter 2	•			\$2,256	
h		act line 1g from line 1a. If zero or	•			O	
ĺ		act line 1f from line 1c. If zero or l		41		0	
j		e is an amount other than zer ing section 4911 tax for this yea		The or line 1i, did	the organization	file Form 4720	Yes No
		(Some organizations that m	ade a section 5	Period Under Sec 01(h) election do ctions for lines 2a	not have to com	plete all of the five age 4.)	•
		Febbyir	ig Expenditures	Buring 4=Year A	veraging Period		
	<b>Eal</b> (	endar year (or fiscal year beginning in)	<b>(a)</b> 2010	<b>(B)</b> 2011	<b>(e)</b> 2012	<b>(d)</b> 2013	(e) Tetal
<b>2</b> a	Lobby	ing nontaxable amount				\$9,022	\$9,022
b	-	ring ceiling amount of line 2a, column (e))					\$13,533
С	Total I	obbying expenditures				\$6,000	\$6,000
d		roots nontaxable amount				\$2,256	\$2,256
е		roots ceiling amount o of line 2d, column (e))	-				\$3,384
f	Grassi	roots lobbying expenditures					

During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  i Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  c if "Yes," enter the amount of any tax incurred by organization managers under section 4912  d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization in sexempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yeart III-B  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(5), or section 501(c)(6), or section 501(c)	Vee   No   Amount		each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(£	(a)		(b)
legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?  f Grants to other organizations for lobbying purposes?  g Direct contact with legislators, their staffs, government officials, or a legislative body?  h Raillies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  l Other activities?  j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  b if "Yes," enter the amount of any tax incurred under section 4912  f if "Yes," enter the amount of any tax incurred by organization managers under section 4912  f if the filling organization incurred a section 4912 tax, did if file Form 4720 for this year?  2art III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6);  1 Were substantially all (90% or more) dues received nondeductible by members?  2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?  2 Did the organization agree to carry over lobbying and political expenditures from the prior year?  1 Dues, assessments and similar amounts from members  2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  a Urrent year  b Carryover from last year  c Total  A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  if notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  5 Taxable amount of lobbying and politic	legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:  a Volunteers?  b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements?  d Mailings to members, legislators, or the public?  publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  i Total. Add lines 1c through 1i  and if "Yes," enter the amount of any tax incurred under section 4912  if "Yes," enter the amount of any tax incurred under section 4912  if "Yes," enter the amount of any tax incurred under section 4912  if "Yes," enter the amount of any tax incurred by organization managers under section 9912  if "Yes," enter the amount of any tax incurred under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Were substantially all (90% or more) dues received nondeductible by members?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Dues, assessments and similar amounts from members  Carryover from last year  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  fin notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does th	SCI		Yes	No	A	moun
Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?  Mailings to members, legislators, or the public?  Publications, or published or broadcast statements?  Grants to other organizations for lobbying purposes?  Direct contact with legislators, their staffs, government officials, or a legislative body?  Railles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities?  Total. Add lines 1c through 1i  Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?  If "Yes," enter the amount of any tax incurred under section 4912  If the filling organization incurred a section 4912 tax, did if file Form 4720 for this year?  Part III-A  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Yere substantially all (90% or more) dues received nondeductible by members?  Did the organization make only in-house lobbying expenditures of \$2,000 or less?  Did the organization agree to carry over lobbying and political expenditures from the prior year?  Total  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes."  Dues, assessments and similar amounts from members  Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  Current year  Carryover from last year  Total  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?  Taxable amount of lobbying and political expenditures (see instructions)  First IV  Supplemental Inf	b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?  c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  If Were substantially all (90% or more) dues received nondeductible by members?  If Were substantially all (90% or more) dues received nondeductible by members?  If the filing organization make only in-house lobbying expenditures of \$2,000 or less?  If the organization make only in-house lobbying expenditures from the prior year?  If the organization agree to carry over lobbying and political expenditures from the prior year?  If Dues, assessments and similar amounts from members Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line answered "Yes."  Dues, assessments and similar amounts from members Agregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible lobbying and political expenditure next year?  Aggregate amount of lobbying and political e	1	legislation, including any attempt to influence public opinion on a legislative matter or				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? l Other activities? j Total. Add lines 1c through 1i  2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b if "Yes," enter the amount of any tax incurred under section 4912 if the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).  Were substantially all (90% or more) dues received nondeductible by members? 1 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? 4 Dues, assessments and similar amounts from members 5 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No.," OR (b) Part III-A, line snawered "Yes."  1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not Include amounts of political expenses for which the section 527(f) tax was paid).  a Current year  2 Did the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 Total 5 Total 5 Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amou	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? h Railies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If the filing organization incurred a section 4912 tax, did if file Form 4720 for this year?  If Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political expenditures from the prior year?  Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues Aggregate amount of lobbying and political expenditures (do not include amounts of political expenditure next year? Aggregate amount of lobbying and political expenditures (do not include amounts of political expenditure next year? Aggregate amount of lobbying and political expenditures (see instructions)  Aggregate amount of lobbying and political expenditures (see instructions)  Aggregate amount of lob	а					
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Schedule C (Fon	rm 990 or 990-EZ) 2013	Page 4
Part IV	Supplemental Information (continued)	
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## SCHEDULE O (Form 990 or 990-EZ)

## 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization	Employer identification number
Friends of the Medford Library	93 0819976
Line 10. See answer in line 28.	
Line 16. Expenses for Book Shop, Insurance, Membership, Supplies, State Fees, and lobbying activity (Schedule C).	
Line 16. Expenses for Book Snop, insurance, membership, Supplies, State rees, and lobbying activity (Schedule C).	
Line 34. Revised the Statement of Purpose to reflect focus of support to the Medford Library. Added	Article VI which addresses
Indemnification for board members, officers, and volunteers.	
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