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# Short Form

## Return of Organization Exempt From Income Tax

2013

Department of the Treasury  
Internal Revenue Service

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

- 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](http://www.irs.gov/form990).

Open to Public  
Inspection

<b>A</b> For the 2013 calendar year, or tax year beginning <b>7/1/2013</b> , and ending <b>6/30/2014</b> <b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Friends of the Grand Rapids Public Libraries</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>111 Library St NE</b> Room/suite City or town <b>Grand Rapids</b> State <b>MI</b> ZIP code <b>49503</b> Foreign country name <b></b> Foreign province/state/county <b></b> Foreign postal code <b></b>	<b>D</b> Employer identification number <b>38-3290597</b> <b>E</b> Telephone number <b>616-988-5400</b> <b>F</b> Group Exemption Number ►
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<b>G</b> Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>I</b> Website: ► <b>N/A</b>	

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other

**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ **26,703**

**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 ►

<b>Revenue</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1</td> <td>Contributions, gifts, grants, and similar amounts received . . . . .</td> <td style="width: 15%; text-align: right;">1</td> <td>625</td> </tr> <tr> <td>2</td> <td>Program service revenue including government fees and contracts . . . . .</td> <td style="text-align: right;">2</td> <td></td> </tr> <tr> <td>3</td> <td>Membership dues and assessments . . . . .</td> <td style="text-align: right;">3</td> <td></td> </tr> <tr> <td>4</td> <td>Investment income . . . . .</td> <td style="text-align: right;">4</td> <td></td> </tr> <tr> <td>5a</td> <td>Gross amount from sale of assets other than inventory . . . . .</td> <td style="text-align: right;">5a</td> <td></td> </tr> <tr> <td>b</td> <td>Less, cost or other basis and sales expenses . . . . .</td> <td style="text-align: right;">5b</td> <td></td> </tr> <tr> <td>c</td> <td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .</td> <td style="text-align: right;">5c</td> <td>0</td> </tr> <tr> <td>6</td> <td>Gaming and fundraising events <b>FEB 19 2015</b></td> <td></td> <td></td> </tr> <tr> <td>a</td> <td>Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .</td> <td style="text-align: right;">6a</td> <td></td> </tr> <tr> <td>b</td> <td>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) . . . . .</td> <td style="text-align: right;">6b</td> <td></td> </tr> <tr> <td>c</td> <td>Less, direct expenses from gaming and fundraising events . . . . .</td> <td style="text-align: right;">6c</td> <td></td> </tr> <tr> <td>d</td> <td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .</td> <td style="text-align: right;">6d</td> <td>0</td> </tr> <tr> <td>7a</td> <td>Gross sales of inventory, less returns and allowances . . . . .</td> <td style="text-align: right;">7a</td> <td>26,078</td> </tr> <tr> <td>b</td> <td>Less, cost of goods sold . . . . .</td> <td style="text-align: right;">7b</td> <td>1,482</td> </tr> <tr> <td>c</td> <td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .</td> <td style="text-align: right;">7c</td> <td>24,596</td> </tr> <tr> <td>8</td> <td>Other revenue (describe in Schedule O) . . . . .</td> <td style="text-align: right;">8</td> <td></td> </tr> <tr> <td><b>9</b></td> <td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .</td> <td style="text-align: right;">9</td> <td>25,221</td> </tr> </table>	1	Contributions, gifts, grants, and similar amounts received . . . . .	1	625	2	Program service revenue including government fees and contracts . . . . .	2		3	Membership dues and assessments . . . . .	3		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 <b>FEB 19 2015</b>			a	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a		b	Gross income from fundraising events (not including \$ . . . . . of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b		c	Less, direct expenses from gaming and fundraising events . . . . .	6c		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d	0	7a	Gross sales of inventory, less returns and allowances . . . . .	7a	26,078	b	Less, cost of goods sold . . . . .	7b	1,482	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	24,596	8	Other revenue (describe in Schedule O) . . . . .	8		<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .	9	25,221	<b>Expenses</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">10</td> <td>Grants and similar amounts paid (list in Schedule O) . . . . .</td> <td style="width: 15%; text-align: right;">10</td> <td>33,404</td> </tr> <tr> <td>11</td> <td>Benefits paid to or for members . . . . .</td> <td style="text-align: right;">11</td> <td></td> </tr> <tr> <td>12</td> <td>Salaries, other compensation, and employee benefits . . . . .</td> <td style="text-align: right;">12</td> <td></td> </tr> <tr> <td>13</td> <td>Professional fees and other payments to independent contractors . . . . .</td> <td style="text-align: right;">13</td> <td>413</td> </tr> <tr> <td>14</td> <td>Occupancy, rent, utilities, and maintenance . . . . .</td> <td style="text-align: right;">14</td> <td></td> </tr> <tr> <td>15</td> <td>Printing, publications, postage, and shipping . . . . .</td> <td style="text-align: right;">15</td> <td>53</td> </tr> <tr> <td>16</td> <td>Other expenses (describe in Schedule O) . . . . .</td> <td style="text-align: right;">16</td> <td></td> </tr> <tr> <td><b>17</b></td> <td><b>Total expenses.</b> Add lines 10 through 16 . . . . .</td> <td style="text-align: right;">17</td> <td>33,870</td> </tr> </table>	10	Grants and similar amounts paid (list in Schedule O) . . . . .	10	33,404	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	413	14	Occupancy, rent, utilities, and maintenance . . . . .	14		15	Printing, publications, postage, and shipping . . . . .	15	53	16	Other expenses (describe in Schedule O) . . . . .	16		<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	17	33,870
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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2013)

**Part II Balance Sheets.** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	44,799	22 36,150
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	44,799	25 36,150
26	Total liabilities (describe in Schedule O) . . . . .		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	44,799	27 36,150

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? To provide funds for the public library and its programs

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 funds and supplies to the Grand Rapids Public Library system to supplement the services at the Library. Items provided during this fiscal year include monies for the Summer Reading Program and other supplies	(Grants \$ 33,404 ) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	28a	33,404
29		(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	29a	
30		(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . .	(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	► <input type="checkbox"/>	31a	
32	<b>Total program service expenses.</b> (add lines 28a through 31a)		► <input type="checkbox"/>	32	33,404

**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 Lou Wallace Pres	Hr/WK 10 00			
Deborah Oosterhouse Treas	Hr/WK 5 00			
Colleen Tobin Sec	Hr/WK 5 00			
	Hr/WK			

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

<b>Part V Other Information</b> (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. <input type="checkbox"/>		<b>Yes</b>	<b>No</b>				
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	37b	X				
b	Did the organization file Form 1120-POL for this year?	38a	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?	38b					
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	39a					
39	Section 501(c)(7) organizations. Enter:	39b					
a	Initiation fees and capital contributions included on line 9.	40a					
b	Gross receipts, included on line 9, for public use of club facilities.	40b	X				
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 ► _____	40c					
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.	40d					
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.	40e					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization.	41					
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.	42 a					
41	List the states with which a copy of this return is filed ► _____	42 a					
42 a	The organization's books are in care of ► Shirley Allen	Telephone no.	► 616-988-5399				
	Located at ► 111 Library NE	City	Grand Rapids	ST	MI	ZIP + 4	► 49503
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43	44 a					
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					
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	X				
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				

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		X
48		X
49a		X
49b		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49 a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

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	(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 ►

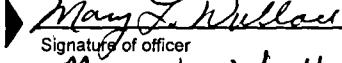
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

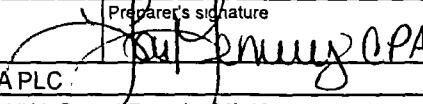
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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. ►  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		Date 02-11-15
	Signature of officer Mary L. Wallace President	
Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name Lori Lemieux CPA	Preparer's signature 	Date 1/27/2015	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00064724
	Firm's name ► Lori J Lemieux CPA PLC			Firm's EIN ► 38-3619382	
	Firm's address ► 910 Maplerow Ave NW, Grand Rapids, MI 49534			Phone no 616-735-4233	

May the IRS discuss this return with the preparer shown above? See instructions. ►  Yes  No

# Public Charity Status and Public Support

**2013**

**Open to Public  
Inspection**

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.

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

Name of the organization

Friends of the Grand Rapids Public Libraries

Employer identification number

38-3290597

## 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		
(A)							
(B)							
(C)							
(D)							
(E)							
<b>Total</b>							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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .	0	0	1,260	200	625	2,085
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 . . . . .	5,000	5,000	5,000	5,000	5,000	25,000
4 <b>Total.</b> Add lines 1 through 3 . . . . .	5,000	5,000	6,260	5,200	5,625	27,085
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 <b>Public support.</b> Subtract line 5 from line 4. . . . .						27,085

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	5,000	5,000	6,260	5,200	5,625	27,085
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 <b>Total support.</b> Add lines 7 through 10. . . . .						27,085
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						► <input type="checkbox"/>

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

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	100 00%
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	100 00%
16a <b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	► <input checked="" type="checkbox"/>	
b <b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
17a <b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
b <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .	► <input type="checkbox"/>	
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .	► <input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						0
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 . . . . .						0
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 . . . . .	0	0	0	0	0	0
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 . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
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.) . . . . .	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ► <input type="checkbox"/>						

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

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0 00%
16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .	16	0 00%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0 00%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .	18	0 00%
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** 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 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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

Friends of the Grand Rapids Public Libraries

Employer identification number

38-3290597

Form 990-EZ, Part I, Line 10, Grants Paid: Activity, Library Grants, Grantee, Grand Rapids

Public Library 111 Library NE Grand Rapids MI 49503, Cash Grant 33,404, Relationship

Name of the organization

Friends of the Grand Rapids Public Libraries

Employer identification number

38-3290597

Form 8868

(Rev January 2014)

Department of the Treasury  
Internal Revenue ServiceApplication for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box. . . . . ►
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only . . . . . ► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions Friends of the Grand Rapids Public Libraries	Employer identification number (EIN) or 38-3290597
	Number, street, and room or suite no. If a P.O. box, see instructions 111 Library St NE	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Grand Rapids, MI 49503	

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Shirley Allen

Telephone No. ► 616-988-5399 Fax No ►

► If the organization does not have an office or place of business in the United States, check this box. . . . . ►

► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box . . . . . ►  If it is for part of the group, check this box . . . . . ►  and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year \_\_\_\_\_ or

►  tax year beginning 7/1/2013, and ending 6/30/2014

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
►  Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

HTA

Form 8868 (Rev 1-2014)