



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

OMB No 1545-1160

2013

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

Department of the Treasury
Internal Revenue Service

- 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
InspectionA For the 2013 calendar year, or tax year beginning **May 1**, 2013, and ending **June 30**, 2014

B Check if applicable	C Name of organization Friends of the Athens Clarke County Library, Inc.		D Employer identification number 58-1952910
<input type="checkbox"/> Address change	Number and street (or P O box, if mail is not delivered to street address) 2025 Baxter St		E Telephone number 706-613-3650
<input type="checkbox"/> Name change	Room/suite		F Group Exemption Number ► ✓
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method Cash Accrual Other (specify) ►

I Website: ►

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527K Form of organization Corporation Trust Association Other **Tax Exempt Organization**

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 ► \$

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 □

1 Contributions, gifts, grants, and similar amounts received	1 420
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 1,795
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) MAR 11 2016	5c
6 Gaming and fundraising events	6a
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b 552
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)	6c
c Less: direct expenses from gaming and fundraising events	6d
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6e
7a Gross sales of inventory, less returns and allowances	7b
b Less: cost of goods sold	7c
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7d
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 2,690
10 Grants and similar amounts paid (list in Schedule O)	10 4,787
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12
13 Professional fees and other payments to independent contractors	13
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15 453
16 Other expenses (describe in Schedule O)	16 618
17 Total expenses. Add lines 10 through 16 ►	17 5,858
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (3,168)
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)	19 108,696
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	21 105,528

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form 990-EZ (2013)

0423261453 APR 05 2016

SCANNED APR 2016

Revenue

Expenses

Net Assets

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	106,350	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	2,346	24
25	Total assets	108,696	25
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	108,696	27
			105,191

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 financial support to the ACC Library

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

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

28	Provide financial resources to augment the Library's digital and print collection s, renew periodicals, and purchase equipment and supplies			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	3,382
29	Provide financial resources for the library staff support - professional development travel and expense reimbursement, business membership support, and other services not funded by Athens-Clarke County			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	0
30	Provide financial resources enabling the library to offer enrichment and educational programs to benefit Youth, Young Adult, and Adult patrons and programming			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	1,405
31	Other program services (describe in Schedule O)			
	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	►	32	4,787

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
Delmer Dunn 425 Southview Drive Athens, GA 30605	President - 8	0	0	0
Karen Hankins 598 Forest Road Athens, GA 30606	Vice President - 4	0	0	0
Ian Thomas 645 Boulevard, Apt. 4, Athens GA 30601	Secretary - 4	0	0	0
Sean Boyle 104 Buttonwood Loop, Athens, GA 30605	Treasurer - 8	0	0	0
Carolyn Abney 511 Woodhaven Way Athens, GA 30606	Board Member - 1			
Hortense Bates 125 Richard Athens, GA 30605	Board Member - 1	0	0	0
Kasey Clayton 130 Spruce Valley Rd. 30605	Board Member - 1			
Hester Meyers 180 Hidden Hills Lane Athens, GA 30605	Board Member - 1	0	0	0
Helen Plymale 365 Segrest Circle Athens, GA 30605	Board Member - 1			
Gene Weeks 183 Mell Street Athens, GA 30605	Board Member - 1	0	0	0
Jean Campbell 130 Highland Trace, Athens, GA 30606	Board Member - 1			
Barbara Laughlin 320 Riverview Road, Athens, GA 30606	Board Member - 1	0	0	0
Gene Leverett 200 Biscayne Drive Athens, GA 30606	Board Member - 1			
Tom Kenyon 1320 Scarlet Oak Circle Athens, GA 30606	Board Member - 1	0	0	0
Terry Stewart 475 Belvoir Heights Athens, GA 30606	Board Member - 1			
Helen Plymale 365 Segrest Circle Athens, GA 30605	Board Member - 1	0	0	0
Gwen Bailey 517 Southview Drive, Athens, GA 30605	Board Member - 1			
Jonah Berkowitz, 412 Jefferson River Road, Athens, GA 30606	Board Member - 1	0	0	0
Sherry Caven, 610 Kings Road, Athens, GA 30606	Board Member - 1			
Mary Frey, 563 Blacksnake Road, Arnoldsburg, GA 30619	Board Member - 1	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

	Yes	No
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	✓
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	✓
35a 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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	✓
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?	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		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	✓
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		
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	✓
41 List the states with which a copy of this return is filed ► _____		
42a The organization's books are in care of ► _____ Telephone no. ► _____ Located at ► _____ ZIP + 4 ►	42b	✓
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.	42c	✓
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: ► _____		
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
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	✓

		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	<input checked="" type="checkbox"/>

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

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		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	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?		49a	<input checked="" type="checkbox"/>
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	(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

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

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	►	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	► Signature of officer	Date			
	► Sean Boyle, Treasurer	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►	Firm's EIN ►			
	Firm's address ►	Phone no.			

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