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

OMB No. 1545-1150

2014**Open to Public Inspection**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.**A** For the 2014 calendar year, or tax year beginning April 1, 2014, and ending March 31, 2015**B** Check if applicable:

- ☐ Address change
☐ Name change
☒ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organizationFriends of the Bloomfield Township Public Library

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

1099 Lone Pine Road

Room/suite

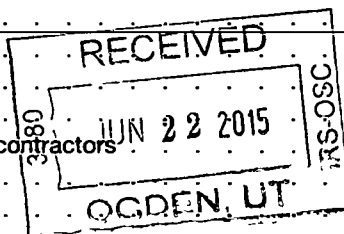
City or town, state or province, country, and ZIP or foreign postal code

Bloomfield Hills, Michigan 48302-2410**D** Employer identification number38-6142932**E** Telephone number248-642-5800**F** Group Exemption Number ▶**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶**I** Website: ▶ www.btpl.org**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**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 Local Public Library Volunteer**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 ▶ \$85,581.38

ORGANIZATION

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	<u>3,203.66</u>
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	<u>10,515.00</u>
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	<u>71,858.73</u>	
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	<u>3.99</u>	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	<u>85,581.38</u>	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	<u>1,567.32</u>
	16	Other expenses (describe in Schedule O)	16	<u>93,859.87</u>
	17	Total expenses. Add lines 10 through 16 ▶	17	<u>95,427.19</u>
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<u>(9,845.81)</u>
	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	<u>20,405.53</u>
	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	<u>10,559.72</u>



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For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2014)

P 23

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	20,405.53	22 10,559.72
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	20,405.53	25 10,559.72
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,405.53	27 10,559.72

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? RAISE FUNDS FOR BLOOMFIELD TOWNSHIP PUBLIC

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	Donations made to Bloomfield Township Public Library to fund various department requests, programs & projects	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	74,487.14
29	Library Advocacy Group - support the library	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	6,602.44
30		(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O)	(Grants \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶		32	81,089.58

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)

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

[illegible]

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

	Yes	No
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	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b	<input type="checkbox"/>	<input type="checkbox"/>
39 Section 501(c)(7) organizations. Enter:	<input type="checkbox"/>	<input type="checkbox"/>
a Initiation fees and capital contributions included on line 9 39a	<input type="checkbox"/>	<input type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b	<input type="checkbox"/>	<input type="checkbox"/>
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶	<input type="checkbox"/>	<input type="checkbox"/>
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	<input type="checkbox"/>	<input type="checkbox"/>
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed ▶ <u>MICHIGAN</u>	<input type="checkbox"/>	<input type="checkbox"/>
42a The organization's books are in care of ▶ <u>LAWRENCE SABBATH</u> Telephone no. ▶ <u>248-642-5800</u> Located at ▶ <u>1099 LONE PINE ROAD BLOOMFIELD HILLS, MI</u> ZIP + 4 ▶ <u>48302-2410</u>	<input type="checkbox"/>	<input type="checkbox"/>
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: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<input type="checkbox"/>	<input type="checkbox"/>
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: ▶	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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

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
None				

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

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

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

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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	<i>Lawrence Sabbath</i> Signature of officer	Date
	LAWRENCE SABBATH, TREASURER	6/10/2015

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust

▶ Attach to Form 990 or Form 990-EZ

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization

Friends of the Bloomfield Township Public Library

Employer identification number

38-6142932

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☒ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). *Local Public Library*
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vii). (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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b ☐ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g 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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) <i>Bloomfield Township Public Library</i>	<i>38-6142932</i>	<i>Local Public Library</i>	<i>x</i>		<i>74,487.14</i>	
(B)						
(C) <i>Library Advocacy Group</i>	<i>38-6142932</i>	<i>Local Support Library Campaign</i>	<i>x</i>		<i>6,602.44</i>	
(D)						
(E)						
Total					<i>81,089.58</i>	

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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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			N/A			
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			N/A			
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 VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	%
16a 33 ¹ / ₃ % support test—2014. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 ¹ / ₃ % support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge			N/A			
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			N/A			
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
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 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8	
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a	
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b	

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).

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

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

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

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

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

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c	

Section B Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b	
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI) See instructions.		
7	Total annual distributions. Add lines 1 through 6		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions.		
9	Distributable amount for 2014 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7.			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Part VI 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.)

Lined area for supplemental information.

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.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Employer identification number

PART I, LINE 8: \$3.99 = RE-paid bank fees

PART I, LINE 16 ANNUAL MEETING \$556.90

MONTHLY BOARD MEETINGS \$647.77

Gifts \$61.46

Book Sale Expenses \$30.00

Office supplies, Equipment \$5,147.06

Michigan Sales Tax \$3,688.69

Credit Card Bank Fees \$352.87

MISCELLANEOUS \$2,285.54

Library Advocacy Group \$6,602.44

To Library \$74,487.14

PART V, LINE 33 Supported Library Advocacy Group, get-out-the-vote campaign
\$6,602.44

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY							38-6142932
TREASURER'S REPORT: FISCAL YEAR APRIL, 2014 --> MARCH, 2015							
	April, 2014	May, 2014	June, 2014	July, 2014	August, 2014	September, 2014	YTD 2014 - 2015
STARTING BANK							
BALANCE	\$ 20,405.53	\$ 27,599.35	\$ 30,900.19	\$ 37,898.88	\$ 27,232.61	\$ 32,952.87	\$ (20,405.53)
RECEIPTS							
Saturday Book Sales	\$ 2,958.75	\$ 2,240.90	\$ 3,002.50	\$ 2,466.50	\$ 3,017.50	\$ 3,006.00	\$ 16,692.15
Store Book Sales	\$ 2,516.50	\$ 1,889.00	\$ 2,050.00	\$ 2,988.00	\$ 2,371.00	\$ 2,351.50	\$ 14,166.00
Credit Card Sales	\$ 535.50	\$ 333.50	\$ 754.00	\$ 114.00	\$ 319.00	\$ 1,033.50	\$ 3,089.50
Other Book Sales	\$ 572.00		\$ 850.00			\$ 919.00	\$ 2,341.00
Semi-Annual Sale							
Memberships	\$ 980.00	\$ 535.00	\$ 720.00	\$ 1,220.00	\$ 400.00	\$ 1,035.00	\$ 4,890.00
Donations/Gifts	\$ 650.00	\$ 100.00	\$ 25.00				\$ 775.00
Re-Deposited Checks							
Re-Paid Bank Fees		\$ 3.99					\$ 3.99
TOTAL	\$ 8,212.75	\$ 5,102.39	\$ 7,401.50	\$ 6,788.50	\$ 6,107.50	\$ 8,345.00	\$ 41,957.64
DISBURSEMENTS							
Annual Meeting	\$ 153.96	\$ 402.94					\$ 556.90
Annual Report		\$ 749.82					\$ 749.82
Events	\$ 46.93		\$ 29.21	\$ 35.00	\$ 31.08	\$ 35.06	\$ 177.28
Flowers/Gifts				\$ 61.46			\$ 61.46
Book Sales							
Office Expenses		\$ 268.43	\$ 120.19				\$ 388.62
Postal	\$ 220.00					\$ 548.75	\$ 768.75
Sales Tax	\$ 556.48	\$ 358.22	\$ 238.37	\$ 364.96	\$ 302.66	\$ 305.85	\$ 2,126.54
Returned Checks							
Bank Fees							
Credit Card Fees	\$ 16.56	\$ 22.14	\$ 15.04	\$ 33.35	\$ 3.50	\$ 16.84	\$ 107.43
Others						\$ 20.00	\$ 20.00
Millage Campaign						\$ 5,433.00	\$ 5,433.00
TO LIBRARY	\$ 25.00			\$ 16,960.00	\$ 50.00		\$ 17,035.00
TOTAL	\$ 1,018.93	\$ 1,801.55	\$ 402.81	\$ 17,454.77	\$ 387.24	\$ 6,359.50	\$ 27,424.80
Ending Bank							
Balance	\$ 27,599.35	\$ 30,900.19	\$ 37,898.88	\$ 27,232.61	\$ 32,952.87	\$ 34,938.37	\$ 34,938.37

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY							38-6142932
TREASURER'S REPORT: FISCAL YEAR APRIL, 2014 --> MARCH, 2015							
	October, 2014	November 2014	December, 2014	January, 2015	February 2015	March, 2015	YTD 2014 - 2015
STARTING BANK							
BALANCE	\$ 34,938.37	\$ 16,858.30	\$ 24,369.57	\$ 31,212.48	\$ 38,207.37	\$ 41,336.38	\$ (20,405.53)
RECEIPTS							
Saturday Book Sales	\$ 3,062.50	\$ 3,416.00	\$ 3,322.75	\$ 2,630.75	\$ 2,626.50	\$ 2,944.50	\$ 34,695.15
Store Book Sales	\$ 2,342.50	\$ 2,285.00	\$ 2,511.00	\$ 1,929.50	\$ 1,804.00	\$ 2,154.00	\$ 27,192.00
Credit Card Sales	\$ 555.50	\$ 466.50	\$ 449.50	\$ 628.55	\$ 248.00	\$ 323.50	\$ 5,761.05
Other Book Sales		\$ 1,189.53		\$ 680.00			\$ 4,210.53
Semi-Annual Sale							
Membership	\$ 540.00	\$ 700.00	\$ 1,135.00	\$ 1,830.00	\$ 610.00	\$ 810.00	\$ 10,515.00
Donations/Gifts				\$ 72.00			\$ 847.00
Re-Deposited Checks							
Re-Paid Bank Fees							\$ 3.99
Others	\$ 1,820.00		\$ 536.66				\$ 2,356.66
TOTAL	\$ 8,320.50	\$ 8,057.03	\$ 7,954.91	\$ 7,770.80	\$ 5,288.50	\$ 6,232.00	\$ 85,581.38
DISBURSEMENTS							
Annual Meeting							\$ 556.90
Annual Report							\$ 749.82
Events	\$ 30.45	\$ 20.00	\$ 80.72	\$ 292.50	\$ 46.82		\$ 647.77
Flowers/Gifts							\$ 61.46
Book Sales		\$ 30.00					\$ 30.00
Office Expenses	\$ 3,768.56	\$ 69.96	\$ 609.35	\$ 142.08		\$ 168.49	\$ 5,147.06
Postal					\$ 48.75		\$ 817.50
Sales Tax	\$ 503.08	\$ 313.54	\$ 404.20	\$ 341.33			\$ 3,688.69
Returned Checks							
Bank Fees							
Credit Card Fees	\$ 42.06	\$ 112.26	\$ 17.73		\$ 41.25	\$ 32.14	\$ 352.87
Others	\$ 50.00				\$ 2,022.67	\$ 192.87	\$ 2,285.54
Millage Campaign	\$ 1,169.44						\$ 6,602.44
TO LIBRARY	\$ 20,836.98					\$ 36,615.16	\$ 74,487.14
TOTAL	\$ 26,400.57	\$ 545.76	\$ 1,112.00	\$ 775.91	\$ 2,159.49	\$ 37,008.66	\$ 95,427.19
Ending Bank							
Balance	\$ 16,858.30	\$ 24,369.57	\$ 31,212.48	\$ 38,207.37	\$ 41,336.38	\$ 10,559.72	\$ 10,559.72

38-6142932

FRIENDS OF THE BLOOMFIELD TOWNSHIP PUBLIC LIBRARY						
MONTHLY SALES SUMMARY: FISCAL YEAR 2014 - 2015						
	SATURDAY BOOK SALES	BOOK STORE BOOK SALES	CREDIT CARD SALES	OTHER BOOK SALES	SEMI-ANNUAL BOOK SALES	TOTAL BOOK SALES
APRIL '14	\$ 2,958.75	\$ 2,516.50	\$ 535.50	\$ 572.00		\$ 6,582.75
MAY '14	\$ 2,240.90	\$ 1,889.00	\$ 333.50			\$ 4,463.40
JUNE '14	\$ 3,002.50	\$ 2,050.00	\$ 754.00	\$ 850.00		\$ 6,656.50
JULY '14	\$ 2,466.50	\$ 2,988.00	\$ 114.00			\$ 5,568.50
AUGUST '14	\$ 3,017.50	\$ 2,371.00	\$ 319.00			\$ 5,707.50
SEPTEMBER '14	\$ 3,006.00	\$ 2,351.50	\$ 1,033.50	\$ 919.00		\$ 7,310.00
OCTOBER '14	\$ 3,062.50	\$ 2,342.50	\$ 555.50			\$ 5,960.50
NOVEMBER '14	\$ 3,416.00	\$ 2,285.00	\$ 466.50	\$ 1,189.53		\$ 7,357.03
DECEMBER '14	\$ 3,322.75	\$ 2,511.00	\$ 449.50			\$ 6,283.25
JANUARY '15	\$ 2,630.75	\$ 1,929.50	\$ 628.55	\$ 680.00		\$ 5,868.80
FEBRUARY '15	\$ 2,626.50	\$ 1,804.00	\$ 248.00			\$ 4,678.50
MARCH '15	\$ 2,944.50	\$ 2,154.00	\$ 323.50			\$ 5,422.00
TOTAL	\$ 34,695.15	\$ 27,192.00	\$ 5,761.05	\$ 4,210.53		\$ 71,858.73
TOTAL ANNUAL BOOK SALES						
1995-96 =	\$ 33,420.00			\$ 31,024.00		
1996-97 =	\$ 32,469.00			\$ 47,341.00		
1997-98 =	\$ 39,370.00			\$ 18,306.00		
1998-99 =	\$ 50,919.00			\$ 77,620.00		
1999-2000 =	\$ 51,556.00			\$ 60,280.00		
2000-01 =	\$ 61,645.00			\$ 65,490.00		
2001-02 =	\$ 68,195.00			\$ 64,326.00		
2002-03 =	\$ 69,410.00			\$ 84,057.00		
2003-04 =	\$ 74,926.30			\$ 63,550.00		
2004-05 =	\$ 88,029.57			\$ 90,645.00		
2005-06 =	\$ 69,078.30			\$ 106,450.00		
2006-07 =	\$ 46,370.01			\$ 42,500.00		
2007-08 =	\$ 49,250.75			\$ 66,024.90		
2008-09 =	\$ 58,339.90			\$ 67,417.15		
2009-10 =	\$ 67,268.36			\$ 67,044.56		
2010-11 =	\$ 62,161.96			\$ 62,177.95		
2011-12 =	\$ 68,357.28			\$ 75,006.57		
2012-13 =	\$ 72,702.64			\$ 67,988.00		
2013-14 =	\$ 64,966.63			\$ 69,475.01		
2014-15 =	\$ 71,858.73			\$ 74,487.14		
	\$ 1,200,294.43			\$ 1,301,210.28		

Regular Sorters as of June 2015

38-6142932

Abentrod	N. Susan	32320 Wing Lake Road Franklin 48025	248-432-7306	sabentrod@aol.com
Baker	Nancy	2071 Wickford Ct. Bloomfield Hills 48304	248-335-7754	nanbbaker@gmail.com
Bard	Glenda	1946 Torquay Ave. Royal Oak 48073	248-280-2609	glendabardspecialtravel@yahoo.com
Bartaloni	Evelyn	42358 Woodward Unit B BH 48304	248-335-6157	Bartaloni-TiLL@occmha.org
Bockemuehl	Robert	4800 N. Harsdale Bloomfield 48302	248-646-0748	Robtbock@yahoo.com
Bonda	Lynne	538 Newburne Pte Bloomfield 48304	248-330-2573	lynnnebonda@yahoo.com
Boyer	Jacki	5096 Forest Way Bloomfield 48301	248-862-2976	jdkress@comcast.net
Conner	Kathryn	2055 Bootmaker Ln BI Hills 48304	248-858-9877	katconn@hotmail.com
Filbin	Sue	6828 Crestway, Bloomfield Twp 48301	248-757-2026	filbins@yahoo.com
Firestone	Ira	1285 Lake Crescent, Bloomfield 48302	248-626-8962	aa1358@wayne.edu
Lambert	Nancy & Richard	3930 W. Orchard Hill, Bloomfield Hills 48304	248-645-9105	nancy.lambert13@gmail.com
Lay	Margo	1984 Park Ridge Bloomfield Hills 48304	248-338-1483	jackmlay@aol.com
Leitao	Mary	42160-61 Woodward Bloomfield Hills 48304	248-333-2486	leit43@hotmail.com
Love	Ell Rose	6136 Lantern Lane Bloomfield Hills 48301	248-736-7382	Home phone 737-4642
Love	Terry	5562 Fieldston Ct BH 48301	248-835-9284	terber21@comcast.net
Mack	Germaine	2711 Aldgate Bloomfield Hills 48304	248-335-9851	
Matle	Carol & David	7177 Parkhurst Dr Bloomfield Hills 48301	248-819-0030	cmatl@comcast.net
Miotke	Pat	1967 Kemp Rd. Bloomfield 48302	248-858-2684	
Nielsen	Warren	6257 Telegraph, Apt 210 Bloomfield 48301	248-765-0619	wvnjrn@yahoo.com
Pohl	Ann	905 Sandhurst Bloomfield Hills 48302	248-540-0325	annppohl@gmail.com
Pullar	Bob	6257 Telegraph Bloomfield 48301	248-626-8049	rs pullar@gmail.com
Ranke	Cathy	1635 Trading Post Bloomfield 48302	248-626-1360	cathyranke@comcast.net
Reeside	Larry	1450 Trailwood Path Bloomfield Hills 48301	248-855-1335	larryreeside@sbcglobal.net
Robbins	Dolores	5663 Westwood Ct. Bloomfield 48301	248-851-0489	LR2MI@juno.com
Sabbath	Larry & Beverly	1881 Pine Ridge Lane Bloomfield Hills 48302	248-737-0075	lsabbath@ameritech.net
Schnorbus	Bob	735 Rock Spring Rd. Bloomfield 48304	248-723-5008	bob.schnorbus@gmail.com
Smalley	Barbara	2784 Aldgate Dr BH 48304	248-338-3326	bsmalley1@comcast.net
Smith	Virginia	3758 Wedgewood Blmflld 48301	248-646-0409	smithvir@comcast.net
Springer	Sandy	365 N. Glenhurst Bloomfield Village 48301	248-646-9739	tspringer000@ameritech.net
Sturm	Frances	5561 Tequesta Dr., West Bloomfield 48323	248-681-8976	LOU5561@sbcglobal.net
Zimmermann	Imogene	6804 Vachon Dr Bloomfield 48301	248-539-1143	IGZ@comcast.net

Vice -
President

President

Treasurer -
Secretary

BLOOMFIELD TOWNSHIP PUBLIC LIBRARY
1099 Lone Pine Road
Bloomfield Hills, MI 48302-2410
Phone: (248) 642-5800 Fax: (248) 258-2555 www.btpl.org

2015-2016 ROSTER OF BTPL FRIENDS BOARD MEMBERS

			<i>TERM EXPIRES</i>
Bard, Glenda	1946 Torquay Avenue Royal Oak, MI 48073	248-280-2609 glendabardspecialtravel@yahoo.com	2016
Boyer, Jacki	5096 Forest Way Bloomfield Hills, MI 48302	248-862-2976 jdkress@comcast.net	2017
Conner, Kathryn	2055 Bootmaker Lane Bloomfield Hills, MI 48304	248-858-9877 katconn@hotmail.com	2016
Lambert, Nancy	3930 W. Orchard Hill Bloomfield Hills, MI 48304	248-645-9105 Nancy.Lambert13@gmail.com	2017
Mack, Germaine	2711 Aldgate Drive Bloomfield Hills, MI 48304	248-335-9851	2017
Miotke, Pat	1967 Kemp Road Bloomfield Twp., MI 48302	248-858-2684	2017
Ranke, Cathy	1635 Trading Post Bloomfield Hills, MI 48302	248-626-1360 cathysranke@comcast.net	2016
Reeside, Larry	1450 Trailwood Path Bloomfield Hills, MI 48301	248-855-1335 Larryreeside@sbcglobal.net	2016
Sabbath, Larry	1881 Pine Ridge Lane Bloomfield Twp., MI 48302	248-737-0075 lsabbath@ameritech.net	2016
Smalley, Barb	2784 Aldgate Bloomfield Hills, MI 48304	248-338-3326 bsmalley1@comcast.net	2017
<u>Library Director:</u>			
Carol Mueller	808 Old Milford Farms Dr. Milford, MI 48381	248-318-9009 muellerc@btpl.org	
<u>Trustee Representative:</u>			
Luksik, Joan	4407 Derry Road Bloomfield Hills, MI 48302	248-932-3073 jluksik@comcast.net	
Grant Gerhart	916 Candlestick Ct Bloomfield Hills, MI 48304	248-644-8162 grant.r.gerhart@gmail.com	