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990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury

▶ 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 F	or the	2014 calendar year, or tax year beginning 1 April , 2014, and ending	3	1 March	, 20 15	
Вс	heck if ap	opticable. C Name of organization	D Emp	loyer ide	ntification number	
□ ^	Address o	Friends of the Medford Library	1	93 0819976 E Telephone number		
_	Name cha		E Telep			
=	nitial retu	1205 S Central Ave		541	779-3246	
严	-inai retui Amended	City or town, state or province, country, and ZIP or foreign postal code	F Gro	up Exem	nption	
=		n pending Medford OR 97501-7223	•	nber ▶		
G A	ccoun		H Check	▶ 🗸 if	the organization is no	
	/ebsite				ch Schedule B	
J Ta	ax-exer	npt status (check only one) —	•		-EZ, or 990-PF).	
		organization: Corporation Trust Association Other				
		s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal assets			
		umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		▶ •		
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the	ne instru	ctions	for Part I)	
		Check if the organization used Schedule O to respond to any question in this Par			•	
	1	Contributions, gifts, grants, and similar amounts received		1	\$4,73	
	2	Program service revenue including government fees and contracts		2		
	3	Membership dues and assessments		3		
	4	Investment income		4		
	5a			 	\$9	
			0			
	b	Less: cost or other basis and sales expenses	0	ا ۔۔ ا		
	C	Gaming and fundraising events		5c		
	6	Gross income from gaming (attach Schedule G if greater than		Į į		
Revenue	а	\$15,000)	0			
ver	ь	Gross income from fundraising events (not including \$ 0 of contribut	ions			
Re		from fundraising events reported on line 1) (attach Schedule G if the				
		sum of such gross income and contributions exceeds \$15,000) 6b	0			
	С	Less: direct expenses from gaming and fundraising events 6c	0			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and	subtract	1		
	ļ	line 6c)		6d		
	7a	Gross sales of inventory, less returns and allowances	\$44,127			
	b	Less: cost of goods sold	0	1		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	\$44,12	
	8	Other revenue (describe in Schedule O)		8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 RECEIVED	>	9	\$48,96	
	10	Grants and similar amounts paid (list in Schedule 0)		10	\$39,27	
ses	11	Benefits paid to or for members		11		
Š	12	Salaries, other compensation, and employee benefits		12		
Expenses	13	Professional fees and other payments to independent contractors		13		
<u>B</u>	14	Occupancy, rent, utilities, and maintenance . OGDEN. UT		14	\$50	
Ĭ	15	Printing, publications, postage, and shipping		15	\$3,01	
	16	Other expenses (describe in Schedule O)		16	\$5,02	
	17	Total expenses. Add lines 10 through 16		17	\$47,81	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	<u> </u>	18	\$47,8 \$1,15	
ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must ag		 "	Ψ1,13	
188	end-of-year figure reported on prior year's return)			19	£125.26	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)		20	\$125,39	
ž	21			21	4400 0	
		Net assets or fund balances at end of year. Combine lines 18 through 20	· · · /	141	\$126,54 Form 990-F7 (201	

Pa	rt II Balance Sheets (see the instructions	for Part II)	<u> </u>			•
	Check if the organization used Schedule	e O to respond to a	ny question in this			🗆
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[\$125,391	22	\$126,545
23	Land and buildings		[0	23	
24	Other assets (describe in Schedule O)		[24	
25	Total assets			\$125,391	25	\$126,545
26	· · · · · · · · · · · · · · · · · · ·				26	
27	Net assets or fund balances (line 27 of column			\$125,391	27	\$126,545
Par	t III Statement of Program Service Accom	•		,		_
	Check if the organization used Schedule				/Pag	Expenses uired for section
Wha	t is the organization's primary exempt purpose?	Encourage, promote	, support Medford Pu	ublic Library		c)(3) and 501(c)(4)
as n pers	cribe the organization's program service accomplineasured by expenses. In a clear and concise nons benefited, and other relevant information for e	nanner, describe the ach program title.	e services provided	I, the number of	orga othe	nizations, optional for rs.)
28	Jackson County Library Services - Support Children Activities, Library Wish List, Purchase books and D\		••	ms, Summer		
	(Grants \$) If this amount	t includes foreign gra	ants, check here		28a	\$39,272
29	Libraries For All - A Political Action Committee to su					433,272
	library district for Jackson County					
	Includes refund from PAC of excess monies they re	ceived and did not us	 e.			
	(Grants \$) If this amount	t includes foreign gra	ants, check here	▶ □	29a	(\$585)
30						(4,535)
						1
		**				
	(Grants \$) If this amount	includes foreign gra	ants, check here .	▶ 🔲	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount	t includes foreign gra	ants, check here .	▶ □	31a	d
32	Total program service expenses (add lines 28a				32	\$38,687
Par	t IV List of Officers, Directors, Trustees, and Ke				struc	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a	, 	Part IV	<u></u>	<u>.</u>
	(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 employe benefit plans, and deferred compensation	0	Estimated amount of their compensation
Maur	een Swift, President	-				
		4		1	0	0
Greg	Jones, Vice President					
		1	0)	0	0
Donr	na Bladek, Secretary				ļ	
		1)	0	0
Mitch	nell Seidman, Treasurer	<u>-</u>	_			
		4		<u> </u>	<u> </u>	0
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Part				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	Part		
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	Yes	No
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)			
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)?	34		√
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a	\vdash	✓
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	35b 35c		1
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0			·
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	L	✓
	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
b	Once and the first state of the Control of the Cont	organization during the year under: o ; section 4955 ▶ 0		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
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	40b		√
	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			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 ▶ Oregon			
42a		541 77	9-3246	5
b	Located at ► 205 S. Central Ave, #107, Medford OR ZIP + 4 ►	97501	-7223	
Б	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)?	42b	Yes	No ✓
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		✓
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		.)	▶ □
			Yes	No
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		√
С	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		1
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		1

Sign Signature of officer Here Mitchell Seidman, Treasurer Type or print name and title Preparer's signature Date Print/Type preparer's name **Paid** Check I if self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address ▶ May the IRS discuss this return with the preparer shown above? See instructions ☐ 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

SCHEDULÈ A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Inspection Name of the organization Employer identification number Friends of the Medford Library 93 0819976 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3% 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 331/3% 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). 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. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 ted in your governing support (see other support (see document? above or IRC section instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D) (E)

Part				, , ,			•
	(Complete only if you checked the Part III. If the organization fails to				_	•	alify under
Secti	on A. Public Support						
Calen	dar 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						
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.		<u>. </u>	1		<u> </u>	1
	on B. Total Support dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(a) 0010	(-1) 2012	(2) 2014	(6 Total
Valen	Amounts from line 4	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organizatio	n's first, secon		_		
	organization, check this box and stop he			<u> </u>	<u> </u>	· · · ·	<u> ▶ □</u>
	on C. Computation of Public Suppor		· · · · · · · · · · · · · · · · · · ·			T T	
14 15 16a	Public support percentage for 2014 (line 6 Public support percentage from 2013 Sch 331/3% support test—2014. If the organization qual stop here. The organization qual	nedule A, Part zation did not	II, line 14 . check the box	on line 13, an	 d line 14 is 33	•	
b	331/3% support test—2013. If the organ check this box and stop here. The organ					e 15 is 33½% 	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "forganization	ets the "facts- acts-and-circu	and-circumsta umstances" tes	ances" test, ch st. The organiz	eck this box a ation qualifies	nd stop here. as a publicly :	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part VI how the organization m supported organization	tion meets the leets the "fact	e "facts-and-ci s-and-circums	ircumstances" stances" test. 1	test, check the organization	his box and s on qualifies as	a, and line top here. a publicly
18	Private foundation. If the organization di instructions						► ∟ Isee ► ⊏

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.)

Secti	on A. Public Support						
Calen	dar 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.")	5,125	4,433	4,179	4,863	4,738	23,338
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	32,398	30,891	33,008	36,924	44,127	177,348
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
4	Tax revenues levied for the						
•	organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0	0	o	0
6	Total. Add lines 1 through 5	37,523	35,324	37,187	41,787	48,865	200,686
7a	Amounts included on lines 1, 2, and 3	}					
	received from disqualified persons .	0	0	0	0	0	0
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year	0	0	0	0	0	0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from	,					
Cooti	line 6.)			l		<u> </u>	200,686
	on B. Total Support	(a) 0010	(h) 0044	(-) 0040	(4) 0040	(-) 004.4	
Galen 9	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
10a		37,523	35,324	37,187	41,787	48,865	200,686
IVa	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	995	500	207	440	20	2.000
ь	Unrelated business taxable income (less	990	586	207	116	99	2,003
_	section 511 taxes) from businesses						
	acquired after June 30, 1975	o	0	o	0	o	0
С	Add lines 10a and 10b	995	586	207	116	99	2,003
11	Net income from unrelated business	333	300	207	110	33	2,003
	activities not included in line 10b, whether or not the business is regularly carried on	o	0	o	0	o	0
12	Other income. Do not include gain or						<u>~</u>
	loss from the sale of capital assets						
	(Explain in Part VI.)	О	o	o	0	o	0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	38,518	35,910	37,394	41,903	48,964	202,689
14	First five years. If the Form 990 is for the organization, check this box and stop he		's first, secon		, or fifth tax ye	ear as a section	n 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppor	t Percentage	9				
15	Public support percentage for 2014 (line 8	3, column (f) div	vided by line 1	3, column (f))		15	99.01 %
16	Public support percentage from 2013 Sch			<u>.</u>	<u> </u>	16	98.72 %
Secti	on D. Computation of Investment In	come Percer	ntage				
17	Investment income percentage for 2014 (-		17	1 %
18	Investment income percentage from 2013					18	1 %
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/2%, check this box		-	•		_	
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/3%, check this l		_				_
20	Private foundation. If the organization di	a not check a l	oox on line 14,	, 19a, or 19b, c	neck this box	and see instruc	ctions 🕨 🔲

SCHEDULE C (Form-990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Se	ection 501(c)(4), (5), or (6) orga	ınızatıons: Complete Part III.			
	of organization			Employer idea	ntification number
Friend	ls of the Medford Library				93 0819976
Part		e organization is exempt und			organization.
1		the organization's direct and indire	-		
2	•)
3	Volunteer hours				
Part		e organization is exempt und			
1		excise tax incurred by the organiza			}
2		excise tax incurred by organization	•		`
3		ed a section 4955 tax, did it file Fo			= =
4a					Yes No
b				\	1.)(0)
Paru 1		e organization is exempt und ly expended by the filing organiz			(C)(3).
•		· · · · · · · · · · · · · · · ·			
2		filing organization's funds contrib			
-		vities			
3		expenditures. Add lines 1 and 2.			
	·			· · · · · · · · · · · · · · · · · · ·	
4		file Form 1120-POL for this year		•	Yes No
5		ses and employer identification nur			
		ents. For each organization listed,			
		ontributions received that were pro			
	as a separate segregated	fund or a political action committe	e (PAC). If additio	nal space is needed, prov	ide information in Part IV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
				filing organization's funds If none, enter -0	contributions received and promptly and directly
				lunds it none, enter -o	delivered to a separate
					political organization. If none, enter -0-
					10.10, 0.1101
(1)					1
	-		<u></u>		
(2)					
(0)	·-····································				
(3)					
(A)			· · · · · · · · · · · · · · · · · · ·		
(4)					
(5)					
					
(6)					

CCITC	adic o (i oili	1000 01 000-LZ) 2014					• Page∠
	rt II-A	Complete if the organizati section 501(h)).	•			, , ,	ction under
A	Check >	· ☐ if the filing organization b					oup member's
	Ol I N	name, address, EIN, exp				•	
<u>B</u>	Uneck ▶	if the filing organization o			trol" provisions a	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	
		(The term "expenditures"	bying Expendit		1	(a) Filing organization's totals	(b) Affiliated group totals
	- Total I			<u> </u>	<u> </u>		group totals
	(3 (3)				0		
			-		Ψ.	(\$585)	
	c Total lobbying expenditures (add lines 1a and 1b)					(\$585)	
		exempt purpose expenditures (a				\$48,395	
		ing nontaxable amount. Enter				\$47,810	
	colum	=	ino amount i		g table in betir	\$9,562	
	If the a	mount on line 1e, column (a) or (b)	is: The lobbying	nontaxable amoun	t is:	\$9,362	
		er \$500,000		mount on line 1e.	11.13.		
		600,000 but not over \$1,000,000	 	15% of the excess	over \$500 000		
		,000,000 but not over \$1,500,000		s 10% of the excess			
		.500,000 but not over \$17,000,000		5% of the excess of			
		7,000,000	\$1,000,000.				
		oots nontaxable amount (enter				\$2,391	
	-	ct line 1g from line 1a. If zero or	•			0	
		act line 1f from line 1c. If zero or				0	·
	j If ther	e is an amount other than zer	o on either line	1h or line 1i, did	the organization	file Form 4720	
	reporti	ng section 4911 tax for this yea	r?				Yes No
	(Som	ne organizations that made a s See th	ection 501(h) el le separate inst	ructions for lines	e to complete all 2a through 2f.)	of the five column	ns below.
		Lobbyir	ng Expenditures	During 4-Year A	veraging Period		
	Cale	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
2		ing nontaxable amount			\$,9,022	\$9,562	\$18,584
		ing ceiling amount of line 2a, column (e))					\$27,876
	c Total le	obbying expenditures			\$6,000	(\$585)	\$5,415
		roots nontaxable amount			\$2,256	\$2,391	\$4,647
		oots ceiling amount of line 2d, column (e))					\$6,971
	f Grassr	roots lobbying expenditures			0	0	0

Schedule C (Form 990 or 990-EZ) 2014

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047 2014

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization	Employer identification number			
Friends of the Medford Library	93 0819976			
Line 10. See answer in line 28.				
Line 16. Expenses for Book Shop, Insurance, Membership, Supplies, State Fees, and lobbying activi	ties (Schedule C).			