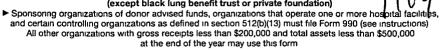
- Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)



► The organization may have to use a copy of this return to satisfy state reporting requirements



Open to Public Inspection

Α	Fo	r the 2	2011 calendar year, or tax year beginning	and ending		4/	30 ,20 121			
В	Ch	eck if ap		ame of organization			entification number			
] Ac	idress cl	Friends of the Hayward Public Library	Friends of the Hayward Public Library			942950843			
	Na	me char	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	n/suite E Telepho		lephone number			
Ļ	-	tıal retun	1033 C 306El			510	0-293-3328			
ᅡ	i 1	rminated nended i	City or town, state or country, and ZIP + 4	•	F Grou	ıp Exer	nption			
- 1	5		pending Hayward, CA 94541		Nun	Number ► 052817				
G	Ac						the organization is not			
1							ach Schedule B			
J	Tax	(-exem	90, 990	I-EZ, or 990-PF).						
K	Cł	ax-exempt status (check only one) — ☐ 501(c)(3) ✓ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 (Form 990, 990-EZ, or 990-PF). Check ► ☐ If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally								
	no	not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But								
		the organization chooses to file a return, be sure to file a complete return.								
L			5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	, or if total asse	ts (Part II,					
æ=					<u> </u>	<u>► \$</u>	···			
	Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balance							
\sim	_		Check if the organization used Schedule O to respond to any question	in this Part	<u>! </u>					
F →	ı	1	Contributions, gifts, grants, and similar amounts received			1	21,159.65			
0	-	2	Program service revenue including government fees and contracts			2				
T T	-	3	Membership dues and assessments			3	2,215.50			
L		4	Investment income			4				
		5a	Gross amount from sale of assets other than inventory							
		b	Less: cost or other basis and sales expenses							
		c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from	5c						
		6	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than							
ි ති !										
ව	5	b	<u> </u>	of contribution	กร	}				
į		-	from fundraising events reported on line 1) (attach Schedule G if the	or commodue	,,,,	,				
	-		sum of such gross income and contributions exceeds \$15,000) 6b							
	ļ	С	Less: direct expenses from gaming and fundraising events 6c	· · · · · · · · · · · · · · · ·						
		d	Net income or (loss) from gaming and fundraising events (add lines 6a an	nd 6b and si	ubtract					
	Ì		line 6c)			6d				
	1	7a	Gross sales of inventory, less returns and allowances			-				
		b	Less: cost of goods sold]]				
		С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
		8	Other revenue (describe in Schedule O)			8	_ -			
_	_	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	منتر مورو منتر مورو		9	23,375.15			
		10	Grants and similar amounts paid (list in Schedule O)	SCENE	و المار	(10				
		11	Benefits paid to or for members			<u> </u>				
- 3	<u> </u>	12	Salaries, other compensation, and employee benefits	· · · · · · · · · · · · · · · · · · ·), :Siû	(42 (13				
		13	Professional fees and other payments to independent contractors	£63 ₩ ((U.O. 1)					
	ĸ	14	Occupancy, rent, utilities, and maintenance		0 10	74				
ŭ	_	15	Printing, publications, postage, and shipping	JODEN		15				
	- 1	16 17				16				
_	\rightarrow	17 18	Total expenses. Add lines 10 through 16	• • • •	🟲	17				
- 1	212	Excess or (deficit) for the year (Subtract line 17 from line 9)								
Not Accote	22		end-of-year figure reported on prior year's return)			19				
		20	Other changes in net assets or fund balances (explain in Schedule O)			20				
	ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20			21				
	21 Net assets or fund balances at end of year. Combine lines 18 through 20					, = -				

Form 9	90-EZ (2011)					Page 2
Pa	Balance Sheets. (see the instructions	for Part II.)				
	Check if the organization used Schedule		y question in this I	Part II		🗆
		· · · · · · · · · · · · · · · · · · ·	*	(A) Beginning of year	(B) End of year
22	Cash, savings, and investments		[22	
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets				25	
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column		line 21)		27	
Par		· · · · · · · · · · · · · · · · · · ·				
	Check if the organization used Schedule				/D	Expenses
Wha	is the organization's primary exempt purpose?	o to respond to di	ij quoditan in tino			iired for section)(3) and 501(c)(4)
		inhunanta fau anah ar	: 'ta thuas laurast		organ	izations and section
Desc	ribe the organization's program service accompliesured by expenses. In a clear and concise n	isnments for each of	r its three largest pi	rogram services,		a)(1) trusts; optional
as II Ders	ons benefited, and other relevant information for e	ach program title.	s services provided	, the number of	for ot	hers)
28		acii pi ogiaiii iiioi				
	(Grants \$) If this amount	t includes foreign gra	nts check here	·····	28a	
29					202	
23	***************************************					
	(Grants \$) If this amount	t includes foreign are	nte chack hara		29a	
30		<u> </u>			254	
30						

	Crosto \$	tinaludan fausian aus			20-	
24	(Grants \$) If this amount Other program services (describe in Schedule O)	t includes foreign gra		🟲 🗀	30a	
31					24-	
32	Total program service expenses (add lines 28a	t includes foreign gra	nts, check here .	· · · · ·	31a 32	
	List of Officers, Directors, Trustees, and Ke					tions for Dort IV
r en	Check if the organization used Schedule					
	Check if the organization used Schedule	1	(c) Reportable	(d) Health benefits,		
	(a) Name and address	(b) Title and average hours per week	compensation	contributions to employ		
	(a) Name and address	devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		ther compensation
ludi	th Harrison, Hayward, CA 94542	 	(Total of the particular	· 	
	ilaywaid, CA 94342	President	-0-			
Evel	yn Cormier, Hayward, CA 9454	· .	-0-		+	 .
	naywaid, CA 343-	Secretary	-0-			
Hele	ne Carr, Hayward, CA 94541		-0-		+	
	le carr, and a layward, CA 34341	Treasurer	-0-		1	
	,				+	

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Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s 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	163	\
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		<i>y</i>
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		✓
	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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
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	_	Ţ
	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			1
b	Gross receipts, included on line 9, for public use of club facilities	٠. ١		1
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶	-		
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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	\ , ,		,
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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 ►			
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)?	42b	Yes	No ✓
	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.	* * * * * * * * * * * * * * * * * * * *		_
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c		✓
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	• •	. •	▶ □
44-	Did the executation resistain and decay added foods distant the CO IV IV II To cook		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	-	7
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		/
ď	Did the organization receive any payments for indoor tanning services during the year?	44c		√
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		-
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	40a		<u> </u>
	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)	45h	,	./

orm 99	1-F7 <i>(</i> 2(111)						<i>a</i> '	age 4
Om 33	J-LZ (ZC			.==		-		Yes	'No
46	Did the	ne organization engage, directly or in andidates for public office? If "Yes," o	directly, in political c	ampaign activities	on behalf of or	in oppositi	on 46	103	7
Part \	/I	Section 501(c)(3) organizations 501(c)(3) organizations and section and 52, and complete the tables Check if the organization used Sch	and section 4947 on 4947(a)(1) none; for lines 50 and 51	(a)(1) nonexempt cempt charitable	ot charitable trusts must a	trusts onl	y. All sed		∟ ▼ . b
		9						Yes	No
47		he organization engage in lobbying If "Yes," complete Schedule C, Part		section 501(h) elec					1
48 49a	Did th	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E				48 49a		1	
50	Comp	s," was the related organization a se plete this table for the organization's byees) who each received more than	five highest compen	sated employees (ers, directo			
	(a) Name and address of each employee paid more than \$100,000		(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	(d) Health contributions to	benefits, to employee and deferred	(e) Estimate other con	ed amo	unt of
									•
						-			
f 51	Com	number of other employees paid over plete this table for the organization's ,000 of compensation from the organ	s five highest compe		ent contractors	who each	received	more	than
(a)		nd address of each independent contractor pai		(b) Type of	service	(c)	Compensati	on	
	-		·						.,
		7	-				-		
d 52	Did th	number of other independent contra ne organization complete Schedule A xempt charitable trusts must attach a	? Note: All section 5	01(c)(3) organizatio	. ► ons and 4947(a)		► □ Yes	. 🗆	No
Jnder por	enalties	of perjury, I declare that I have examined this red complete Declaration of preparer (other than	eturn, including accompan	ving schedules and state	ements, and to the	hest of my kno			
Sign Here		Signature of officer	nie		Date	18/20	12		
ici e		Judith Harrison, President Type or print name and title							
Paid		Pnnt/Type preparer's name	Preparer's signature		Date	Check Self-employ			

Firm's name

May the IRS discuss this return with the preparer shown above? See instructions

► ☐ Yes ☐ No

Firm's EIN ▶