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Or call the IRS Identity Theft Hotline at 1-800-908-4490





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CHANGE OF ACCOUNTING PERIOD

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 tax private foundation)

OMB No. 1545-1150

2008

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990-EZ.

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

A For the 2008 calendar year, or tax year beginning JUN 1, 2008 and ending JUN 30, 2008

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MISS		D Employer identification number 43-1140652
		MO ASSOCIATION OF SCHOOL LIBRARIANS		E Telephone number 573-893-4155
		Number and street (or P.O. box, if mail is not delivered to street address) 606 DIX ROAD		F Group Exemption Number
		City or town, state or country, and ZIP + 4 JEFFERSON CITY, MO 65109		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☐ Cash ☐ Accrual
Other (specify) **MODIFIED CASH**

I Website: **WWW.MASLONLINE.ORG**J Organization type (check only one) ☒ 501(c) (6) (Insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **\$ 9,478.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	2,000.
	2	Program service revenue including government fees and contracts	2	2,050.
	3	Membership dues and assessments	3	5,040.
	4	Investment income	4	388.
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
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)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	9,478.	
Expenses	10	Grants and similar amounts paid (attach schedule)	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	310.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe) SEE STATEMENT 1	16	28,396.
17	Total expenses. Add lines 10 through 16	17	28,706.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<19,228.>
	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	281,903.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2	20	980.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	263,655.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	273,319.	259,536.
23 Land and buildings		
24 Other assets (describe) ACCOUNTS RECEIVABLE	8,584.	4,119.
25 Total assets	281,903.	263,655.
26 Total liabilities (describe)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	281,903.	263,655.

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N	36	X
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	X
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 unpaid at the start of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911	N/A	
section 4912	N/A	
section 4955	N/A	
b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b	N/A
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter amount of tax on line 40c reimbursed by the organization		0.
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	X
41 List the states with which a copy of this return is filed.		NONE
42a The books are in care of		MO ASSOCIATION OF SCHOOL LIBRARIANS
Located at		606 DIX ROAD, JEFFERSON CITY, MO
Telephone no.		573-893-4155
ZIP + 4		65109
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	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | |
| b If "Yes," was the related organization(s) a section 527 organization? | 49b | |
- 50 Complete this table for the 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 address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
N/A				
Total number of other employees paid over \$100,000				

- 51 Complete this table for the 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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		
Total number of other independent contractors each receiving over \$100,000		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature Kathy Maesle Date 8-9-10 Check if self-employed ☐ Preparer's identifying number (See Instr.) _____

Firm's name (or yours if self-employed), address, and ZIP + 4 WILLIAMS-KEEPERS LLC
3220 W EDGEWOOD SUITE E
JEFFERSON CITY, MO 65109

EIN 573-635-6196
 Phone no. 573-635-6196

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

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
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DESCRIPTION	AMOUNT
SPRING CONFERENCES	17,698.
ASSOCIATION MANAGEMENT	6,738.
READING INCENTIVES	1,223.
MEMBER SERVICES	307.
BANK FEES	88.
WEBSITE MANAGEMENT	325.
REGISTRATION FEES	10.
INSURANCE	640.
TRAVEL	338.
CGS - GATEWAY READERS MATERIAL	93.
CGS - MARK TWAIN PROGRAM MATERIALS	574.
CGS - SHOW ME PROGRAM MATERIALS	126.
CGS - TRUMAN READER MATERIALS	126.
CGS - OTHER	110.
TOTAL TO FORM 990-EZ, LINE 16	28,396.

FORM 990-EZ	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	980.
TOTAL TO FORM 990-EZ, LINE 20	980.

FORM 990-EZ

PART IV - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 3

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
GAYLA STRACK, 925 MADISON STREET, JEFFERSON CITY, MO 65109	PRESIDENT 5.00	0.	0.	0.
MAGGIE NEWBOLD, 925 MADISON STREET, JEFFERSON CITY, MO 65109	FIRST VP/PRESIDENT ELECT 5.00	0.	0.	0.
PATRICIA ANTRIM, 925 MADISON STREET, JEFFERSON CITY, MO 65109	SECOND VICE PRESIDENT 5.00	0.	0.	0.
DEA BORNEMAN, 925 MADISON STREET, JEFFERSON CITY, MO 65109	IMMEDIATE PAST PRESIDENT 5.00	0.	0.	0.
CURTIS CLARK, 925 MADISON STREET, JEFFERSON CITY, MO 65109	TREASURER 5.00	0.	0.	0.
JOYCE MCMURRAY, 925 MADISON STREET, JEFFERSON CITY, MO 65109	SECRETARY 5.00	0.	0.	0.
MARIANNE FUES, 925 MADISON STREET, JEFFERSON CITY, MO 65109	AASL AFFILIATE ASSEMBLY DE 5.00	0.	0.	0.
JENNIFER ROBINS, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
SANDY ROTH, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
CATHY BETZ, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
SARA DRUMMOND, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
BETH YOUNT, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
KATHY LOWTHER, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
LYNN SULLIVAN, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.

MO ASSOCIATION OF SCHOOL LIBRARIANS		43-1140652		
RÒSSALLYN FORD, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
VICKIE MILLER, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
JANE CUNNINGHAM, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
TONI HOWE, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
KATHY WILKEN, 925 MADISON STREET, JEFFERSON CITY, MO 65109	DIRECTOR 5.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		0.	0.	0.

990-EZ PG 2

STATEMENT 4

THE MASL HOLDS A SPRING CONFERENCE TO PROVIDE SCHOOL LIBRARIANS WITH AN OPPORTUNITY FOR EDUCATIONAL GROWTH AND PROFESSIONAL DEVELOPMENT THROUGH WORKSHOPS, AUTHORS AS SPEAKERS, LECTURES, AND SHARING OF IDEAS.

990-EZ PG 2

STATEMENT 5

READING INCENTIVE PROGRAM - DESIGNED TO AWARD OUTSTANDING AUTHORS OF
CHILDRENS BOOKS AND ENCOURAGE CHILDREN TO READ BY ALLOWING THEM TO VOTE ON
BOOKS CARRIED AT PUBLIC OR SCHOOL LIBRARIES.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 6

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 7

TO IMPROVE LEARNING OPPORTUNITIES THROUGH ACCESS TO AND UTILIZATION OF INFORMATION, TO PROVIDE OPPORTUNITIES FOR CONTINUING EDUCATION AND TRAINING TO SCHOOL LIBRARIANS, TO RECOGNIZE CONTRIBUTIONS TO THE PROFESSION AND TO THE IMPROVEMENT OF SCHOOL LIBRARY MEDIA PROGRAMS.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	MO ASSOCIATION OF SCHOOL LIBRARIANS	43-1140652
	Number, street, and room or suite no. If a P.O. box, see instructions.	For IRS use only
	606 DIX ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	JEFFERSON CITY, MO 65109	

Check type of return to be filed (File a separate application for each return):

☐ Form 990 ☒ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MO ASSOCIATION OF SCHOOL LIBRARIANS

• The books are in the care of **606 DIX ROAD - JEFFERSON CITY, MO 65109**

Telephone No. **573-893-4155**

FAX No.

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

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

4 I request an additional 3-month extension of time until **MAY 15, 2009**.

5 For calendar year , or other tax year beginning **JUN 1, 2008**, and ending **JUN 30, 2008**.

6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☒ Change in accounting period

7 State in detail why you need the extension

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title

Date

Form 8868 (Rev. 4-2009)

- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box ☒ **X**
- Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and one copy.	
Type or print	Name of Exempt Organization
File by the extended due date for filing the return. See instructions.	MO ASSOCIATION OF SCHOOL LIBRARIANS
	Number, street, and room or suite no. If a P.O. box, see instructions.
	925 MADISON STREET
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.
	JEFFERSON CITY, MO 65101
	Employer identification number
	43-1140652
	For IRS use only

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **MO ASSOCIATION OF SCHOOL LIBRARIANS**
- Telephone No. **573-893-4155** FAX No. _____
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.
- 4 I request an additional 3-month extension of time until **MAY 15, 2009**
- 5 For calendar year _____, or other tax year beginning **JUN 1, 2008**, and ending **JUN 30, 2008**
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☒ Change in accounting period
- 7 State in detail why you need the extension
ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY FOR A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$
c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Kathy A. Gruesz** Title **CPA** Date **2-13-09**

Form 8868 (Rev. 4-2008)