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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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008**Open to Public
Inspection****A** For the 2008 calendar year, or tax year beginning **5/01/08**, and ending **4/30/09**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Friends of the Anderson County Library		D Employer identification number 57-0850351
		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO Box 974		E Telephone number 864-260-4500
		City or town, state or country, and ZIP + 4 Anderson SC 29622-0974		F Group Exemption Number ▶

• 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) ▶

I Website: ▶ **N/A****J** Organization type (check only one) ☒ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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 ▶ \$ **48,878****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	4,977
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	6,427
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ☐		
	a Gross revenue (not including \$ 4,602 of contributions reported on line 1)	6a	3,315
b Less direct expenses other than fundraising expenses	6b	728	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	2,587	
7a Gross sales of inventory, less returns and allowances	7a	34,159	
b Less cost of goods sold	7b	9,760	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	24,399	
8 Other revenue (describe ▶)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	38,390	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	27,937
	11 Benefits paid to or for members	11	1,115
	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	981
	16 Other expenses (describe ▶ See Statement 3)	16	369
	17 Total expenses. Add lines 10 through 16	17	30,402
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	7,988	
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	34,446	
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	42,434	

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	34,446	42,434
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	34,446	42,434
26 Total liabilities (describe ▶)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	34,446	42,434

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Form **990-EZ** (2008)

SCANNED JAN 08 2009

19

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose?

See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

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

- | | | | |
|----|---|-----|---------------|
| 28 | Purchased approximately 1,400 audio recorded books, in a compact disk format, to be used by visually impaired individuals, commuters, and children. | | |
| | (Grants \$ 16,747) If this amount includes foreign grants, check here ☐ | 28a | 16,747 |
| 29 | Promote story telling in library and public schools, in connection with Anderson University. Number benefited - 1,500 | | |
| | (Grants \$ 9,622) If this amount includes foreign grants, check here ☐ | 29a | 9,622 |
| 30 | Workshop, flowers and Christmas luncheon for library staff. Total number served - 85. | | |
| | (Grants \$ 1,568) If this amount includes foreign grants, check here ☐ | 30a | 1,568 |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here ☐ | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) ☐ | 32 | 27,937 |

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

[illegible]

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		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		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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instr 37a		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
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		X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Enter amount of tax on line 40c reimbursed by the organization 40d		
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 41 <u>None</u>		
42a The books are in care of 42a <u>Richard C Brosche</u> Telephone no 42a <u>864-260-4500</u> <u>203 North Avenue</u> Located at 42a <u>Anderson, SC</u> ZIP + 4 42a <u>29625</u>		
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)?		X
If "Yes," enter the name of the foreign country 42b <u></u>		
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 ?		X
If "Yes," enter the name of the foreign country 42c <u></u>		
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 ☐		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		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.

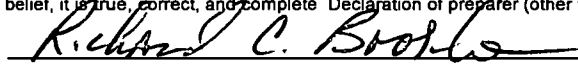
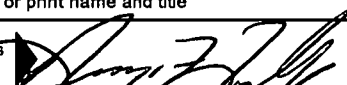
	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a Did the organization make any transfers to an exempt non-charitable related organization?		X
b If "Yes," was the related organization(s) a section 527 organization?		

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
None				
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
None		
Total number of other independent contractors each receiving over \$100,000 ▶		

Sign Here	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.			
	 Signature of officer		Date <u>12-14-09</u>	
	<u>RICHARD C. BROSCHE</u> Type or print name and title		<u>Treasurer</u>	
Paid Preparer's Use Only	Preparer's signature 	Date <u>12/8/09</u>	Check if self-employed ☒	Preparer's Identifying Number (See instr.) P00158296
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>LESLIE, TAYLOR & COMPANY, LLP</u>			EIN <u>57-0744016</u>
	<u>P.O. BOX 560</u>			Phone <u>864-226-6258</u>
<u>ANDERSON, SC 29622</u>			no <u>864-226-6258</u>	
May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes ☐ No ☐				

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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						
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 IV.)						
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 ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	%
16a 33 1/3 % support test—2008. 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 ☐		
b 33 1/3 % support test—2007. 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 ☐		
17a 10%-facts-and-circumstances test—2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test—2007. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐		
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 ☐		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,130	14,354	12,124	10,330	11,404	57,342
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	68,973	68,711	48,319	55,945	48,878	290,826
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	13,200	13,200	13,200	13,200	13,200	66,000
6 Total. Add lines 1-5	91,303	96,265	73,643	79,475	73,482	414,168
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	63,973	63,711	43,319	50,945	43,878	265,826
c Add lines 7a and 7b	63,973	63,711	43,319	50,945	43,878	265,826
8 Public support. (Subtract line 7c from line 6.)	27,330	32,554	30,324	28,530	29,604	148,342

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	91,303	96,265	73,643	79,475	73,482	414,168
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18	22				40
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	18	22				40
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 IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	91,321	96,287	73,643	79,475	73,482	414,208
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 ☐						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	35.8134 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	99.9598 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.0097 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0402 %

19a **33 1/3 % support tests—2008.** 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 ☒

b **33 1/3 % support tests—2007.** 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 ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10;
Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Special Events Schedule

Form **990**

2008

For calendar year 2008, or tax year beginning

5/01/08

, and ending

4/30/09

Name _____

**Friends of the Anderson
County Library**

Employer Identification Number

57-0850351

	(A)	(B)	(C)	Others	Total
Gross receipts	7,252	665	0	0	7,917
Less contributions	4,602	0	0	0	4,602
Gross revenue	2,650	665	0	0	3,315
Less direct expenses	728	0	0	0	728
Net income (loss)	1,922	665	0	0	2,587

Description	(A) Spelling Bee
-------------	-------------------------

(B) **Storeytellers Festival**

(C)

Others

570850351 Friends of the Anderson

57-0850351

FYE: 4/30/2009

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Membership dues	\$ <u>6,427</u>
Total	\$ <u><u>6,427</u></u>

570850351 Friends of the Anderson
57-0850351
FYE: 4/30/2009

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Description of Property	Name and Address	Relationship to Organization		Class of Activity		Date of Gift		Purpose
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation		
	Anderson County Liabrary	27,937	None					
	300 N McDuffie Street							
	Anderson, SC 29621							
Total		27,937						

Federal Statements**Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
Bank fees	36
Office supplies	309
Return check fees	24
Total	<u>\$ 369</u>

Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

Promote the library and its services to the community. Contact elected officials about the library's funding needs. Provide goods and services to Anderson County libraries for which public financing is unavailable. Support, recognize and demonstrate appreciation for library staff.