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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)

OMB No 1545-0047

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <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 SPECIAL LIBRARIES ASSOCIATION, INC. Doing Business As		D Employer identification number 13-5404745
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 331 SOUTH PATRICK STREET		E Telephone number 703-647-4900
		City or town, state or country, and ZIP + 4 ALEXANDRIA, VA 22314-3501		G Gross receipts \$ 9,686,352.
		F Name and address of principal officer -GLORIA ZAMORA SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: WWW.SLA.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				
L Year of formation: 1958 M State of legal domicile: NY				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities	PROMOTE INTEREST IN LIBRARY AND INFORMATION SCIENCE.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	14
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5	Total number of employees (Part V, line 2a)	5	31
	6	Total number of volunteers (estimate if necessary)	6	250
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	328,068.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	42,641.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	808,548.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,589,283.	5,793,764.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<252,615.>	<288,786.>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	546,152.	351,892.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,691,368.	5,856,870.
Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	36,000.	59,000.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,916,667.	2,738,094.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	5,919,683.	5,146,689.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	8,872,350.	7,943,783.
Net Assets or Fund Balances	19	Revenue less expenses - Subtract line 18 from line 12	<2,180,982.>	<2,086,913.>
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	10,162,470.	8,767,770.
	22	Net assets or fund balances - Subtract line 21 from line 20	2,481,117.	2,436,821.
			7,681,353.	6,330,949.

Part II Signature Block

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: *Janice Rlachance* Signature of officer Date: 11/15/10
 Type or print name and title: JANICE R LACHANCE CEO

Paid Preparer's Use Only: Preparer's signature: *RHA* Date: 11/15/10 Check if self-employed: Preparer's identifying number (see instructions):
 Firm's name (or yours if self-employed), address, and ZIP + 4: RAFFA, PC 1899 L STREET NW, SUITE 900 WASHINGTON, DC 20036
 EIN: Phone no: 202-822-5000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED DEC 2 1 2010

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Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION THE SPECIAL LIBRARIES ASSOCIATION (SLA) IS A NONPROFIT GLOBAL ORGANIZATION FOR INNOVATIVE INFORMATION PROFESSIONALS AND THEIR STRATEGIC PARTNERS. SLA SERVES OVER 10,000 MEMBERS IN 75 COUNTRIES IN THE INFORMATION PROFESSION, INCLUDING CORPORATE, ACADEMIC, AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 1,983,889. including grants of \$ 59,000.) (Revenue \$ 2,745,050.) ANNUAL CONFERENCE - THE 2009 CONFERENCE WAS HELD IN SEATTLE, WASHINGTON. IT IS AN INTERNATIONAL CONFERENCE AND EXHIBIT THAT ATTRACTS OVER 5,000 INFORMATION PROFESSIONALS FROM AROUND THE WORLD. PARTICIPANTS FROM SIX CONTINENTS AND ALMOST EVERY STATE IN THE U.S. ATTENDED THE CONFERENCE. AT THE ANNUAL CONFERENCE THERE WERE: OVER 450 BOOTHS IN THE INFO-EXPO EXHIBIT HALL WITH 263 OF THE LEADING COMPANIES IN THE INDUSTRY; 420 SESSION AND WORKSHOPS; TOURS OF LOCAL LIBRARIES; AUTHOR BOOK SIGNINGS; AND CONTINUED NETWORKING OPPORTUNITIES AND FOOD AND REFRESHMENTS IN THE INFO-EXPO.

4b (Code) (Expenses \$ 1,348,352. including grants of \$) (Revenue \$ 32,572.) PUBLIC AFFAIRS - SLA IS COMPLETING AN AMBITIOUS RESEARCH-BASED "ALIGNMENT PROJECT" THAT HAS LOOKED AT HOW INFORMATION PROFESSIONALS VIEW THEMSELVES, HOW THEIR ORGANIZATIONS VIEW THEM, AND HOW INFO PROFESSIONALS CAN MOST EFFECTIVELY DESCRIBE THE CONTRIBUTIONS THEY MAKE TO THEIR ORGANIZATION'S SUCCESS.

SLA CREATES A CULTURE OF KNOWLEDGE SHARING THROUGH GLOBAL NETWORKING TO EXCHANGE INNOVATIVE IDEAS, INSIGHTS AND TRENDS. NETWORKING IS ESPECIALLY IMPORTANT TO SLA MEMBERS. THEY WORK WITH EVER-CHANGING INFORMATION TECHNOLOGY AND FOR HIGHLY COMPETITIVE ORGANIZATIONS, SO THEY HAVE A GREAT DEAL TO LEARN FROM ONE ANOTHER.

4c (Code) (Expenses \$ 1,019,877. including grants of \$) (Revenue \$ 70,073.) LEADERSHIP - LEADERSHIP CONSISTS OF SEVERAL PROGRAMS:

A) THE LEADERSHIP SUMMIT WAS HELD IN LOUISVILLE, KENTUCKY IN LATE JANUARY WITH 250 VOLUNTEER LEADERS FROM THE ASSOCIATION. THE BOARD OF DIRECTORS ALSO ATTENDS AND HOLDS ITS FIRST MEETING OF THE YEAR.

B) THE PRESIDENT, PRESIDENT-ELECT AND CEO VISIT WITH CHAPTERS AND DIVISIONS THROUGHOUT THE YEAR TO GIVE SPEECHES, SHARE ASSOCIATION NEWS, AND PROMOTE INFORMATION PROFESSIONALS TO BUSINESSES AND OTHERS.

C) LEADERSHIP TRAVELS TO INCREASE GLOBAL AWARENESS AND PARTICIPATION FROM THOSE OUTSIDE OF NORTH AMERICA. SLA ALSO SUPPORTS THE MANY

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,807,681. including grants of \$) (Revenue \$ 2,946,069.)

4e Total program service expenses \$ 6,159,799.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	<ul style="list-style-type: none"> • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X</i> 		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
4a	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	
4b	If "Yes," enter the name of the foreign country: <u>CANADA</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <u>N/A</u>		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966? <u>N/A</u>		
9b	Did the organization make a distribution to a donor, donor advisor, or related person? <u>N/A</u>		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12 <u>N/A</u>		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders <u>N/A</u>		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		X
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		X
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization **THE ASSOCIATION - 703-647-4900**
331 SOUTH PATRICK STREET, ALEXANDRIA, VA 22314-3501

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GLORIA ZAMORA PRESIDENT	10.00	X		X				0.	0.	0.
ANNE CAPUTO PRESIDENT-ELECT	10.00	X		X				0.	0.	0.
SYLVIA JAMES TREASURER	10.00	X		X				0.	0.	0.
KATE ARNOLD SECRETARY	10.00	X		X				0.	0.	0.
SUSAN FIFER CANBY CHAPTER CABINET CHAIR	10.00	X						0.	0.	0.
TOM RINK DIVISION CABINET CHAIR	10.00	X						0.	0.	0.
RUTH WOLFISH CHAP. CAB. CHAIR-ELECT	10.00	X						0.	0.	0.
ANN R. SWEENEY DIV. CAB. CHAIR-ELECT	10.00	X						0.	0.	0.
DEB HUNT DIRECTOR	10.00	X						0.	0.	0.
DANIEL LEE DIRECTOR	10.00	X						0.	0.	0.
TAMIKA MCCOLLOUGH DIRECTOR	10.00	X						0.	0.	0.
NETTIE SEABERRY DIRECTOR	10.00	X						0.	0.	0.
TY WEBB DIRECTOR	10.00	X						0.	0.	0.
STEPHEN ABRAM PAST PRESIDENT	10.00	X		X				0.	0.	0.
JANICE LACHANCE CHIEF EXECUTIVE OFFICER	35.00			X				326,227.	0.	29,773.
NANCY SANSALONE COO / CFO	35.00			X				223,918.	0.	26,263.
LINDA BROUSSARD DIR. MEM. & LEAD SVCS.	35.00					X		106,781.	0.	11,095.

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contributions included in lines 1a-1f \$				
	h Total. Add lines 1a-1f				
Program Service Revenue	2 a ANNUAL CONFERENCE	Business Code 900099	2,745,050.	2,745,050.	
	b MEMBERSHIP	900099	2,282,790.	2,282,790.	
	c MARKETING	900099	273,996.	273,996.	
	d PUBLICATIONS	900099	201,478.	201,478.	
	e PROFESSIONAL DEVELOP.	900099	187,805.	187,805.	
	f All other program service revenue	900099	102,645.	102,645.	
	g Total. Add lines 2a-2f		5,793,764.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		104,486.		104,486.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties		23,102.		23,102.
	6 a Gross Rents	(i) Real (ii) Personal			
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other			
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)		<393,272.>		<393,272.>
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a			
	b Less direct expenses	b			
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11 a ADVERTISING	541800	293,728.		293,728.	
b SPECIALINE	900004	34,340.		34,340.	
c MISCELLANEOUS	900099	722.		722.	
d All other revenue					
e Total. Add lines 11a-11d		328,790.			
12 Total revenue See instructions.		5,856,870.	5,793,764.	328,068.	<264,962.>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	26,330.	26,330.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	32,670.	32,670.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	606,181.	407,963.	198,218.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,718,622.	1,427,782.	290,840.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	75,941.		75,941.	
9 Other employee benefits	125,648.		125,648.	
10 Payroll taxes	211,702.		211,702.	
11 Fees for services (non-employees)				
a Management				
b Legal	1,120.		1,120.	
c Accounting	123,296.		123,296.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	17,499.		17,499.	
g Other				
12 Advertising and promotion	245,355.	245,355.		
13 Office expenses	158,690.	32,090.	126,600.	
14 Information technology	160,321.		160,321.	
15 Royalties				
16 Occupancy	206,703.		206,703.	
17 Travel	169,320.	169,320.		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,336,915.	1,336,915.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	316,942.		316,942.	
23 Insurance	334,230.	5,828.	328,402.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a UBI TAXES PAID	36,540.	36,540.		
b SLA UNIT PROGRAM	1,300,271.	1,300,271.		
c ALIGNMENT PROGRAM	392,815.	392,815.		
d MARKETING	175,316.	175,316.		
e PUBLICATIONS PRODUCTION	71,986.	71,986.		
f All other expenses	99,370.	498,618.	<399,248.>	
25 Total functional expenses. Add lines 1 through 24f	7,943,783.	6,159,799.	1,783,984.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	200.	1	200.
	2	Savings and temporary cash investments	2,700,652.	2	2,983,665.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	90,439.	4	82,072.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	260,988.	9	162,832.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,420,053.		
	b	Less accumulated depreciation	2,194,621.	10c	4,225,432.
	11	Investments - publicly traded securities	2,566,817.	11	1,312,569.
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	1,000.	15	1,000.
16	Total assets. Add lines 1 through 15 (must equal line 34)	10,162,470.	16	8,767,770.	
Liabilities	17	Accounts payable and accrued expenses	544,026.	17	686,828.
	18	Grants payable		18	
	19	Deferred revenue	1,929,386.	19	1,742,288.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	7,705.	25	7,705.
	26	Total liabilities. Add lines 17 through 25	2,481,117.	26	2,436,821.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	6,841,948.	27	5,331,504.
	28	Temporarily restricted net assets	713,325.	28	873,365.
	29	Permanently restricted net assets	126,080.	29	126,080.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,681,353.	33	6,330,949.
	34	Total liabilities and net assets/fund balances	10,162,470.	34	8,767,770.

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990. Cash Accrual Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **SPECIAL LIBRARIES ASSOCIATION, INC.** Employer identification number **13-5404745**

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).
- 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)(vi). (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 that describes the type of supporting organization and complete lines 11e through 11h:
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2009

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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14		%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15		%
16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 ▶ <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2008. 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 ▶ <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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1391179.	120,058.	524,040.	808,548.		2843825.
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	4795268.	6116659.	5853220.	5589283.	5793764.	28148194.
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						
6 Total. Add lines 1 through 5	6186447.	6236717.	6377260.	6397831.	5793764.	30992019.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						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	389,924.	23,522.	170,217.	183,327.	198,617.	965,607.
c Add lines 7a and 7b	389,924.	23,522.	170,217.	183,327.	198,617.	965,607.
8 Public support (Subtract line 7c from line 6.)						30026412.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	6186447.	6236717.	6377260.	6397831.	5793764.	30992019.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	130,281.	243,170.	303,524.	218,111.	127,588.	1022674.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	9,124.	3,416.	49,840.	51,702.	26,334.	140,416.
c Add lines 10a and 10b	139,405.	246,586.	353,364.	269,813.	153,922.	1163090.
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.)	213,518.	164,490.	3,506.	1,572.	722.	383,808.
13 Total support (Add lines 9, 10c, 11, and 12.)	6539370.	6647793.	6734130.	6669216.	5948408.	32538917.
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 2009 (line 8, column (f) divided by line 13, column (f))	15	92.28 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	91.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	3.57 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	3.63 %

- 19a 33 1/3% support tests - 2009.** 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 - 2008.** 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

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990,**
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **SPECIAL LIBRARIES ASSOCIATION, INC.** Employer identification number **13-5404745**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area
- Protection of natural habitat Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year
- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,733,037.	2,309,520.			
b Contributions					
c Net investment earnings, gains, and losses	336,864.	<552,834.>			
d Grants or scholarships					
e Other expenditures for facilities and programs	13,206.	23,649.			
f Administrative expenses					
g End of year balance	2,056,695.	1,733,037.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment \blacktriangleright 51.41 %
- b Permanent endowment \blacktriangleright 6.13 %
- c Term endowment \blacktriangleright 42.46 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		449,753.		449,753.
b Buildings		4,272,889.	886,660.	3,386,229.
c Leasehold improvements				
d Equipment		1,697,411.	1,307,961.	389,450.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				4,225,432.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,856,870.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	7,943,783.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<2,086,913.>
4	Net unrealized gains (losses) on investments	4	736,509.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	736,509.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	<1,350,404.>

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	6,593,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	736,509.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	736,509.
3	Subtract line 2e from line 1	3	5,856,870.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	5,856,870.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	7,943,783.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	7,943,783.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	7,943,783.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART V, LINE 4: THE ENDOWMENT FUND WAS ESTABLISHED TO SUPPORT THE ASSOCIATION'S INTERNATIONAL ACTIVITIES AND FELLOWSHIPS.

PART X: THE ASSOCIATION PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS FOR THE YEAR ENDED DECEMBER 31, 2009, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY AFFECT ON ITS TAX-EXEMPT STATUS.

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	4	24,000.	0.		
GRANT	1	8,670.	0.		

Part IV Supplemental information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: SLA'S SCHOLARSHIP PROGRAM CONSISTS OF AWARDS FOR GRADUATE STUDY LEADING TO A MASTER'S DEGREE, GRADUATE STUDY LEADING TO A PH.D., AND FOR POST-M.L.S. STUDY. SLA AWARDS A TOTAL OF \$30,000 TO AT LEAST 5 STUDENTS WHO HAVE DEMONSTRATED THEIR ABILITY AND DESIRE TO CONTRIBUTE TO THE SPECIAL LIBRARIAN FIELD.

SLA SCHOLARSHIP - GRADUATE STUDY IN LIBRARIANSHIP LEADING TO A MASTER'S DEGREE.

Part IV Supplemental Information

AFFIRMATIVE ACTION SCHOLARSHIP - GRADUATE STUDY IN LIBRARIANSHIP LEADING TO A MASTERS DEGREE. APPLICANTS MUST BE CITIZENS OF THE UNITED STATES OF AMERICA EITHER BY BIRTH OR NATURALIZATION OR PERMANENT RESIDENT ALIENS.

ISI SCHOLARSHIP - BEGINNING GRADUATE STUDY LEADING TO A PH.D. APPLICANTS MUST BE MEMBERS OF THE SPECIAL LIBRARIES ASSOCIATION AND HAVE WORKED IN A SPECIAL LIBRARY.

PLENUM SCHOLARSHIP - GRADUATE STUDY LEADING TO A PH.D. APPLICANTS MUST BE MEMBERS OF THE SPECIAL LIBRARIES ASSOCIATION AND HAVE WORKED IN A SPECIAL LIBRARY.

MARY ADELINE CONNOR SCHOLARSHIP - POST-M.L.S. CERTIFICATE OR DEGREE PROGRAMS. APPLICANTS MUST BE MEMBERS OF THE SPECIAL LIBRARIES ASSOCIATION AND HAVE WORKED IN SPECIAL LIBRARIES AT LEAST FIVE YEARS.

A COMPLETE APPLICATION WILL CONSIST OF A COMPLETED APPLICATION FORM WITH A 500-1000 WORD ESSAY, OFFICIAL TRANSCRIPTS OR LETTER OF ACCEPTANCE, THREE LETTERS OF REFERENCE, STATEMENT OF FINANCIAL NEED, IN ADDITION TO ANY ADDITIONAL INFORMATION LISTED UNDER THE ELIGIBILITY REQUIREMENTS FOR THE SCHOLARSHIP FOR WHICH YOU ARE APPLYING. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED. UNDER EMPLOYMENT, LIST ALL FULL-TIME AND ANY PART-TIME OR SUMMER WORK THAT IS PERTINENT TO YOUR LIBRARY CAREER. IN DESCRIBING YOUR FINANCIAL NEEDS, YOU CAN ASSIST THE COMMITTEE BY PROVIDING A CLEAR FINANCIAL PICTURE OF YOURSELF. IT IS NOT NECESSARY TO LIMIT YOUR ANSWERS TO THE QUESTIONS ASKED. WE REALIZE THAT FINANCIAL INFORMATION IS PERSONAL, BUT PROVIDING A FULL EXPLANATION WILL ASSIST THE COMMITTEE MEMBERS IN ASSESSING YOUR FINANCIAL NEEDS COMPARED TO OTHER APPLICANTS. YOUR THREE LETTERS OF

Part IV Supplemental Information

REFERENCE SHOULD ADDRESS YOUR PROFESSIONAL ACHIEVEMENTS AND/OR YOUR GENERAL CHARACTER.

SLA MAY ALSO GIVE ADDITIONAL AWARDS FOR PROJECTS FOCUSED ON THE NEEDS AND CONCERNS OF INFORMATION PROFESSIONALS IN SPECIAL LIBRARIES AND RELATED VENUES AND PROJECTS WHICH DIRECTLY BENEFIT THE OPERATIONS OF SLA AND ITS UNITS, BY FURTHERING THE SCIENTIFIC, LITERARY AND EDUCATIONAL PURPOSE FOR WHICH THE ASSOCIATION IS ORGANIZED AND OPERATED.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization **SPECIAL LIBRARIES ASSOCIATION, INC.** Employer identification number **13-5404745**

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization.		
a Receive a severance payment or change-of-control payment?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.		
a The organization?		X
b Any related organization?		X
If "Yes" to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a The organization?		X
b Any related organization?		X
If "Yes" to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	X	
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W 2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JANICE LACHANCE	(i) 306,072.	(ii) 20,000.	(iii) 155.	20,584.	9,189.	356,000.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
NANCY SANSALONE	(i) 208,364.	(ii) 15,500.	(iii) 54.	13,110.	13,153.	250,181.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
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	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 7: CEO BONUS IS DETERMINED BY THE BOARD. STAFF BONUSES ARE DETERMINED BY THE CEO BASED ON AVAILABLE BUDGET AND PERFORMANCE.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

SPECIAL LIBRARIES ASSOCIATION, INC.

Employer identification number

13-5404745

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GOVERNMENT INFORMATION SPECIALISTS. SLA PROMOTES AND STRENGTHENS ITS
MEMBERS THROUGH LEARNING, ADVOCACY, AND NETWORKING INITIATIVES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

SLA CHAMPIONS THE VALUE OF THE INFORMATION PROFESSIONAL AS CRITICAL
ASSETS, PROVIDING VALUE-ADDED INTELLIGENCE THAT FACILITATES GOOD
DECISION-MAKING AND CREATES COMPETITIVE ADVANTAGE FOR THEIR
ORGANIZATIONS.

SLA PARTICIPATES, INFLUENCES, AND EDUCATES DECISION MAKERS ON MATTERS
THAT AFFECT THE GLOBAL INFORMATION SOCIETY.

SLA IS AN INTERNATIONAL COMMUNITY DEDICATED TO THE ADVANCEMENT OF THE
INFORMATION PROFESSION. SLA EMPOWERS MEMBERS TO ACHIEVE PROFESSIONAL
SUCCESS WITHIN THEIR ORGANIZATIONS BY PROVIDING CONTINUOUS LEARNING
OPPORTUNITIES. AS INFORMATION HAS GONE DIGITAL, SO HAVE SLA MEMBERS.
THEY ARE KEENLY INTERESTED IN NEW COMMUNICATION TECHNOLOGIES. SLA
HELPS MEMBERS RECOGNIZE AND LEARN ABOUT TECHNOLOGIES THAT WILL ADD
VALUE TO THEIR INFORMATION PRODUCTS AND SERVICES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

NON-GOVERNMENT NORTH AMERICAN CHAPTERS BY SENDING MATERIALS AND
SPEAKERS.

D) STAFF WORK WITH CHAPTERS AND DIVISIONS TO EXPAND THE MEMBERSHIP

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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▶ Attach to Form 990.

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2009

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Name of the organization

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Employer identification number

13-5404745

BASE AND MEMBER SERVICES. EACH UNIT HAS A BOARD AND BOTH THE STAFF AND
BOARD MEMBERS WORK WITH THE UNITS ON FINANCE, PUBLIC RELATIONS, PUBLIC
POLICY, PROFESSIONAL DEVELOPMENT, SPONSORSHIP, MANAGEMENT, ETC.

E) THE LEADERSHIP DEVELOPMENT INSTITUTE WAS HELD IN SEATTLE, WASHINGTON
IN CONJUNCTION WITH THE ANNUAL CONFERENCE. IT IS A HALF-DAY TRAINING
AND PROFESSIONAL DEVELOPMENT OPPORTUNITY FOR THE LEADERS OF THE
CHAPTERS, DIVISIONS, AND CAUSES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

PROFESSIONAL DEVELOPMENT

EXPENSES \$ 590136. INCLUDING GRANTS OF \$ 0. REVENUE \$ 187805.

MEMBERSHIP

EXPENSES \$ 474411. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2282790.

PUBLICATIONS

EXPENSES \$ 365459. INCLUDING GRANTS OF \$ 0. REVENUE \$ 201478.

INFORMATION CENTER

EXPENSES \$ 161436. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

MARKETING

EXPENSES \$ 149087. INCLUDING GRANTS OF \$ 0. REVENUE \$ 273996.

CAREER SERVICES

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Inspection

Name of the organization

SPECIAL LIBRARIES ASSOCIATION, INC.

Employer identification number

13-5404745

EXPENSES \$ 40401. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

RESEARCH

EXPENSES \$ 26751. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: SLA HAS ONE CLASS OF MEMBERS.

FORM 990, PART VI, SECTION A, LINE 7A: ELECTION OF OFFICERS AND DIRECTORS
SHALL BE BY SECRET BALLOT SENT TO EACH VOTING MEMBER.

FORM 990, PART VI, SECTION A, LINE 7B: EACH VOTING MEMBER SHALL HAVE ONE
(1) VOTE ON ALL MATTERS SUBMITTED TO A VOTE OF THE VOTING MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS COMPLETED BY SLA'S
CONTROLLER AND TAX ACCOUNTANTS OF OUR AUDITING FIRM. IT IS THEN REVIEWED BY
THE CEO AND THEN SHARED WITH THE BOARD OF DIRECTORS PRIOR TO FILING WITH
THE IRS.

FORM 990, PART VI, SECTION B, LINE 12: ALL MEMBERS OF THE BOARD OF
DIRECTORS MUST SIGN OFF ON THE CONFLICT OF INTEREST POLICY AS SOON AS THEY
ARE ELECTED TO THE OFFICE IN OCTOBER. EACH JANUARY A BOARD AND OFFICERS
TRAINING AND ORIENTATION IS CONDUCTED WHICH INCLUDES A THOROUGH DISCUSSION
ABOUT CONFLICT OF INTEREST. AT THIS TIME, ALL RETURNING BOARD MEMBERS MUST
SIGN OFF ON THE POLICY DOCUMENT.

ALL VOLUNTEER LEADERS MUST SIGN OFF ON A CODE OF LEADERSHIP RESPONSIBILITY

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

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Inspection

Name of the organization

SPECIAL LIBRARIES ASSOCIATION, INC.

Employer identification number

13-5404745

POLICY AFTER THEY TAKE OFFICE IN JANUARY.

ALL FORMS ARE POSTED ON THE WEB SITE AND THE SIGNED FORMS ARE KEPT IN
HARD-COPY AT THE INTERNATIONAL HEADQUARTERS.

FORM 990, PART VI, SECTION B, LINE 15A: KEY EMPLOYEES ARE EVALUATED YEARLY.
THE PROCESS INCLUDES THE COMPLETION BY THE SUPERVISOR OF A PERFORMANCE
APPRAISAL INSTRUMENT, A SELF APPRAISAL, AND COMMENTS GATHERED FROM
EMPLOYEES. THE CEO IS EVALUATED BY THE BOARD OF DIRECTORS, LEAD BY THE
CURRENT YEAR PRESIDENT. AN EVALUATION FORM IS COMPLETED, A SELF APPRAISAL,
THE CAPACITY BUILDING MODEL DEVELOPED BY MCKINSEY & COMPANY IS COMPLETED,
AND COMMENTS GATHERED FROM ALL BOARD MEMBERS AND KEY STAFF.

COMPENSATION IS DETERMINED USING COMPARABILITY DATA FROM THE WASHINGTON, DC
METRO AREA, THE ASAE COMPENSATION STUDY OF SIMILAR POSITIONS, AND ANY OTHER
AVAILABLE COMPENSATION REPORTS THAT ARE CURRENT.

KEY EMPLOYEE'S COMPENSATION IS DETERMINED BY THE CEO; THE CEO COMPENSATION
IS DETERMINED BY THE PRESIDENT WITH INPUT FROM THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICIES, FINANCIAL STATEMENTS, AND ALL POLICY AND PRACTICE
DOCUMENTS ARE AVAILABLE UPON REQUEST. THE CONFLICT OF INTEREST POLICY IS
AVAILABLE ON OUR WEBSITE. ALL BOARD OF DIRECTOR AGENDA AND MINUTES ARE
POSTED ON THE WEB SITE IN THE GOVERNANCE SECTION OF THE WEB SITE, WHICH IS
ALSO OPEN TO THE PUBLIC.

- ▶ 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 Special Libraries Association, Inc.	Employer identification number 13-5404745
	Number, street, and room or suite no. If a P.O. box, see instructions 331 South Patrick Street	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Alexandria, VA 22314-3501	

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 Association

• The books are in the care of ▶ 331 South Patrick Street - Alexandria, VA 22314-3501
 Telephone No. ▶ 703-647-4900 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 November 15, 2010

5 For calendar year 2009, or other tax year beginning _____, and ending _____

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 gather information necessary to file 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 ▶ RHA Title ▶ CPA Date ▶ 8-9-10