

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Form **990**

**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)

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

	For the	2009 calenda	r year, o	r tax year beginning	, 2009, an	id ending		<u></u>
В	Check if a	pplicable		C			D Employer Identi	fication Number
	Addr	ess change	Please use IRS label	Bucks County Free Libra	ry		23-1520	310
	Nam	e change	or print or type.	150 Pine Street	-		E Telephone numb	per
	$\vdash$	l return	See specific	Doylestown, PA 18901-49	31		215-348	-0332
	$\vdash$	nination	Instruc-				210 510	
	$\vdash$		tions.					. 11 027 024
	$\vdash$	nded return	<b>-</b>	March 1	77 1 1 1-	146-5 1- 45-	G Gross receipts \$	
	Appli				Kominiarek	í	s a group return for affi all affiliates included?	H''' H'''
				As C Above	——————————————————————————————————————	if 'No	o,' attach a list (see ins	tructions) Yes No
<u> </u>	Tax-e	xempt status	$\overline{}$		1947(a)(1) or	527		
<u>J</u>	Webs		_	slib.org		H(c) Grou	p exemption number	•
K	Form of	f organization	Corpora	ition Trust Association Other►	L Year	of Formation 195	56 M State of le	egal domicile PA
Pa	rt I	Summai	ry					
	<b>1</b> B	riefly describe	the org	anization's mission or most significant	activities. To	orovide ma	terials and	services to
Ф				imagination of all libra				
ě				ading, viewing and list				
2000 ties & Governance					en mag menge en me	324331111		
ove.	<b>2</b> C	heck this box	▶┌┌	if the organization discontinued its ope	erations or disposed	d of more than 2	5% of its assets.	· <del></del>
Ğ				bers of the governing body (Part VI, li			3	7
δ. ED	4 N	umber of inde	ependent	t voting members of the governing boo	dy (Part VI, line 1b)	•	4	7
Ħ,	5 T	otal number o	of employ	yees (Part V, line 2a)			5	219
	6 T	otal number o	of volunte	eers (estimate if necessary)			6	150
7	7a T	otal gross unr	elated b	usiness revenue from Part VIII, colum	n (C), line 12		7a	0.
<u>e</u>	<b>b</b> N	et unrelated b	ousiness	taxable income from Form 990-T, line	: 34	· · · · · · · · · · · · · · · · · · ·	7 b	0.
<b>373</b>							Prior Year	Current Year
Z	<b>8</b> C	ontributions a	ind grant	ts (Part VIII, line 1h)			9,601,234.	9,403,090.
3			-	ue (Part VIII, line 2g)	が作り上い		609,527.	584,058.
.≺				rt VIII, column (A), lines 3, 4, and 7d)	101		311,598.	228,894.
4	<b>11</b> 0	ther revenue	(Part VII	II, column (A), lines 5, 6d, 8c, 9c, 10c,	and 1le) an	1	2,203,845.	7,408.
Ž	<b>12</b> T	otal revenue -	– add lir	nes 8 through 11 (must equal Partry(III	column (A), line 1	2)	8,318,514.	10,223,450.
2				ounts paid (Part IX, columni (A), lines		-1	437,378.	437,378.
Ze .				nembers (Part IX, column (A), line 4)	The second secon		,	<u> </u>
ดี				isation, employee benefits (Part IX) co		ω <u> </u>	5,673,170.	5,918,505.
, Se				g fees (Part IX, column (A), line 11e)	, , , , , , , , , , , , , , , , , , ,	" <del> </del>	0,0,0,1,0.	3/320/000.
ě				•				······································
Expenses SCAININER LAND	<b>b</b> T	otal fundraisir	ng expen	ises (Part IX, column (D), line 25) ►				
_	<b>17</b> 0	ther expense:	s (Part I	X, column (A), lines 11a-11d, 11f-24f)			4,158,744.	3,812,187.
	18 T	otal expenses	s. Add Iır	nes 13-17 (must equal Part IX, column	(A), line 25)	1	0,269,292.	10,168,070.
	<b>19</b> R	levenue less e	expenses	s. Subtract line 18 from line 12		-	1,950,778.	55, <u>380.</u>
₽ 8				•		Bec	inning of Year	End of Year
\$ E	<b>20</b> T	otal assets (P	art X. lır	ne 16)			8,172,995.	11,405,124.
A B		otal liabilities		•			589,388.	3,123,098.
Not Assets Fund Balanc			•	inces Subtract line 21 from line 20		-	7,583,607.	8,282,026.
	rt II	Signatu					7,303,007.	0,202,020.
تتستنا	7.3	<del></del>						
		true, correct and	ot perjury, d complete	I declare that I have examined this return, includir Declaration of preparer (other than officer) is bas	ng accompanying schedu sed on all information of	ies and statements, a which preparer has a	ny knowledge	nowledge and belief, it is
Sig	10	<b>.</b> 3	<b>-</b>	111	/	1	- 13 M	au 10
He	jii ro	Signature of	officer	VV / / /			Date	1.0
	. •	1.						0
		Type or prin		niniarek		Exec	cutive Direc	
		ype or part			I	· 1		enarer's identifiung sumbs-
n.	: _1		Cisi	Due Kenrall	Date		Check if self (se	eparer's identifying number se instructions)
Pa		Preparer's	y	in I bought and			employed -	
Pre	er's	signature		thia R. Bergvall	5	112110	P	00133440
Us	6 6	Firm's name (or	Bee	, Bergvall & Co. P.C.				
On		yours if self employed),	<b>▶</b> 936	Easton Road / PO BOX 75	54		EIN ► 23-27	49044
		address, and ZIP + 4	War:	rington, PA 18976			Phone no ► (215	5) 343-2727
May	the IR	S discuss this	return v	with the preparer shown above? (see i	nstructions)			X Yes No

Form 990 (2009) Bucks County Free Library	23-1520310 Page 2
Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission:	
To provide materials and services to stimulate the imagination	on of all library users
with programs and materials for pleasurable reading, viewing	
experiences.	
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 s	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.	res 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.	
4a (Code: ) (Expenses \$ 7,590,019. including grants of \$ 437,378	8.)(Revenue \$ 584,058.)
Library Programs - to provide library service, books, databa	
<del></del>	
	<del></del>
	<del></del>
<b>4b</b> (Code) (Expenses \$ 1,776,407. including grants of \$	) (Revenue \$)
Technology Services - To provide computer and various techno	logy services to the
public	
·	
4c (Code: ) (Expenses \$ including grants of \$	) (Bayanya 💲
4c (Code:) (Expenses \$ including grants of \$	) (Revenue \$)
	<b></b>
	<b>_</b>
4d Other program services (Describe in Schedule O.)	
(Expenses \$ including grants of \$ ) (Rever	nue \$ )
4e Total program service expenses ► 9,366,42 <u>6</u> .	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Χ
3	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	3		<u>x</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		<u>x</u>
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? If 'Yes,' complete Schedule C, Part III	5		
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? If 'Yes,' complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8_	_	<u>X</u>
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? If 'Yes,' complete Schedule D, Part IV	9		Х
10	, and the second of the second	10		X
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
•	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? If 'Yes,' complete Schedule D, Part VII			
•	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? If 'Yes,' complete Schedule D, Part VIII			
	Point 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? If 'Yes,' complete Schedule D, Part IX			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	<ul> <li>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? If 'Yes,' complete Schedule D, Part X</li> </ul>			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	х	
12	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 <i>a</i>	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
ŧ	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? If 'Yes,' complete Schedule F, Part I	14b		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? If 'Yes,' complete Schedule F, Part II	15		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? If 'Yes,' complete Schedule F, Part III	16		<u>X</u>
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? If 'Yes,' complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	L	X

			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.	21	Х	
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	22_		Χ_
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? <i>If 'Yes,' complete Schedule J</i>	23	;	Х
<b>24</b> a	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,'go to line 25	_24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
<b>25</b> a	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	25a		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	25b		Х
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	26		_ X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
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	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule $M$	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		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	32		х
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	33		Х
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	34	х	
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	35		х
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	36	х	
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	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	
BAA		Forr	n <b>990</b>	(2009)

				Yes	No
1 a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a 13			
Ŀ	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1ь 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	Х	••••
28	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	<b>2</b> a 219			
2t	If at least one is reported on line 2a, did the organization file all required federal employment	tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this retu	rn. (see instructions)	1		
38	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	covered by	3a		Х
Ŀ	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O		3ь		
4 8	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other file	or other authority over, a nancial account)?	4a		Х
t	If 'Yes,' enter the name of the foreign country. ▶				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	year?	5a		X
ŧ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter	r transaction?	5b		X
•	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Ent Tax Shelter Transaction?	ity Regarding Prohibited	5c		
6 <i>a</i>	Does the organization have annual gross receipts that are normally greater than \$100,000, as solicit any contributions that were not tax deductible?	nd did the organization	6a		Х
t	If 'Yes,' did the organization include with every solicitation an express statement that such codeductible?	ntributions or gifts were not	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
á	Did the organization receive a payment in excess of \$75 made partly as a contribution and payor?	artly for goods and services	7a		Х
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for where 8282?	nich it was required to file	7с		x_
•	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premium benefit contract?	ļ	7e		X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ben	ì	7f		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as re		7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Fort		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	g organizations. Did the ave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	Did the organization make any taxable distributions under section 4966?		9a		
ı	Did the organization make any distribution to a donor, donor advisor, or related person?		9 b		
	Section 501(c)(7) organizations. Enter.				
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
	Section 501(c)(12) organizations. Enter.				
	Gross income from other members or shareholders.	11 a			
ı	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 Ь			
12	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	Form 1041?	12a	<u></u>	
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			

Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body
b Enter the number of voting members that are independent

No

Yes

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.

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?	2		<u> </u>
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?	3		_ X_
4	Did the organization make any significant changes to its organizational documents	4		X
	since the prior Form 990 was filed?	Ī	_	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		X
6	Does the organization have members or stockholders?	6		Х
7	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		х
	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7ь		X
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
	a The governing body?	8a	Х	
	<b>b</b> Each committee with authority to act on behalf of the governing body?	8ь	X	
			••	
9	Is there any officer, director or 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	9		X
Se	ction B. Policies (This Section B requests information about policies not required by the Interna	1/		
₹ev	renue Code.)			
			Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10a	Х	
	<b>b</b> 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?	10Ь	Х	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
	A Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	X	
	<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  See Schedule O	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Χ	
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?			
	a The organization's CEO, Executive Director, or top management official See Schedule O	15a	Х	
	b Other officers of key employees of the organization See Schedule O	15b	Х	
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		х
	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?	16Ь		
56	ction C. Disclosures			<del></del>
17				
		 lable :		
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. Indicate how you make these available. Check all that apply.    X   Own website   X   Another's website   X   Upon request	iaui <del>e</del>	ioi pu	DIIC
	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polic statements available to the public See Schedule O			icial
20	State the name, physical address, and telephone number of the person who possesses the books and records of the orga  John J. Doran III 150 South Pine Street Doylestown PA 18901 215-348-0332	nızatıc	on 	

### 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 organizations'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 employees.'
- 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 no	t compens	ate ar	ту сі	ırreı	nt_o	ficer,	dıre	ctor, or trustee.		
(A)	(B)			(6				(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	institutional trustee		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Gerald L. Balchis										
President	3	Х		X				0.	0.	0.
Mary Ann Beltz	]									
Vice President	3	X		X				0.	0.	0.
Christina Paugh-Greenwood	<u> </u>						ŀ			
Secretary	3	X		Х				0.	0.	0.
William P. Draper	1						1			
Treasurer	3	X		X				0.	0.	0.
Roberta Foerst	_									
Board Member	3	X						0.	0.	0.
Robert L. Ciervo	_									
Board Member	3	X						0.	0.	0.
Constance Moore	_									
Board Member	3	X						0.	0.	0.
<u>Martina Kominiarek</u>										
Executive Direc	35			X		L		95,434.	0.	0.
	_									
	_									
BAA		-	TEEA	0107	_ 11	/10/09				Form 990 (2009)

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization >

<u>r a</u>	( 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
<u>د. دې</u>	1a Federated campaigns 1a		10001140		312, 310, 01 311
RANT	b Membership dues 1b				
A S	c Fundraising events 1 c				
IFT S	d Related organizations 1 d				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	e Government grants (contributions) 1e 9,211,937.				
S S	f All other contributions, gifts, grants, and				
필발	similar amounts not included above 1f 191, 153.				
E S	g Noncash contribns included in Ins 1a-1f \$				
8 4	h Total. Add lines 1a-1f	9,403,090.			
ä	Business Code				
E.	2a Fines and Lost Card 519100	343,307.	343,307.		<del>-</del>
Ä.	b Passport Income 519100	89,951.	89,951.		
Ž	c Lost and Damaged Material 519100	50,348.	50,348.		
1 SE	d Copy/Printer Income 519100	45,175.	45,175.		<del></del>
RA	e Book Sales 519100	34,398.	34,398.		
§	f All other program service revenue  g Total. Add lines 2a-2f	20,879. 584,058.	20,879.		
	3 Investment income (including dividends, interest and	,			
	other similar amounts)	215,672.			215,672.
	4 Income from investment of tax-exempt bond proceeds		<u>-</u>		
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less rental expenses c Rental income or (loss)				
	d Net rental income or (loss)				1
- 1	(i) Securities (ii) Other				
	7a Gross amount from sales of assets other than inventory 827, 696.				
	b Less: cost or other basis				
	and sales expenses 814, 474.				
	c Gain or (loss) 13, 222.				
	d Net gain or (loss)	13,222.	13,222.		
JUE	8a Gross income from fundraising events (not including \$				
OTHER REVEN	of contributions reported on line 1c).				
2	See Part IV, line 18. a				
표	b Less. direct expenses b				
٥	c Net income or (loss) from fundraising events			••••	
	9a Gross income from gaming activities. See Part IV, line 19 a				
	<b>b</b> Less. direct expenses <b>b</b>				
	c Net income or (loss) from gaming activities	·····			
	10a 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				
	11a Miscellaneous Income 519100	7,408.	7,408.		
	b				
	c			_	
Ì	d All other revenue	7 400			
	e Total. Add lines 11a-11d  12 Total revenue. See instructions	7,408. 10,223,450.	604,688.	0	. 215,672.
	12 Tour Teverine, See manucilons	10,220,300.	007,000.		. 210,012.

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).

	not include amounts reported on lines 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	437,378.	437,378.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
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	95,434.	0.	95,434.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	4,687,666.	4,260,642.	427,024.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	195,052.	175,173.	19,879.	
9	Other employee benefits	552,968.	496,613.	56,355.	<del></del>
10	Payroll taxes	387,385.	347,905.	39,480.	
11	Fees for services (non-employees)				
ā	Management				
t	Legal	60,698.	41,545.	19,153.	
•	: Accounting	21,973.		21,973.	
C	Lobbying				
€	Prof fundraising svcs. See Part IV, In 17				
f	Investment management fees	21,330.	21,141.	189.	
-	Other	72,658.	49,731.	22,927.	
12	Advertising and promotion	41,717.	41,079.	638.	
13	Office expenses	536,988.	524,997.	11,991.	
14	Information technology	441,734.	441,734.		
15	Royalties		5.0. 55.1		
16	Occupancy	669,302.	640,674.	28,628.	
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	53,987.	45,534.	8,453.	
19	Conferences, conventions, and meetings	61,479.	20,050.	41,429.	
	Interest				<del></del>
	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,181,281.	1,181,281.		
23 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)	20,743.	18,354.	2,389.	
á	Program Materials	437,883.	437,883.		
ı	Palinet	66,060.	66,060.		
	Subscriptions	60,428.	60,428.		
	PA Access Funding	31,778.	31,778.		
	Dues & Memberships	17,668.	11,966.	5,702.	
1	All other expenses	14,480.	14,480.		
	Total functional expenses Add lines 1 through 24f	10,168,070.	9,366,426.	801,644.	0.
	Joint costs. Check here ► ☐ 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.				Form 000 (2000)
BAA	i e e e e e e e e e e e e e e e e e e e				Form <b>990</b> (2009)

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing			1,346,832.	1	
	2	Savings and temporary cash investments				2	3,402,684.
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			189,810.	4	74,878.
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	s, truste II of Sch	es, key employees, nedule L		5	
	6	Receivables from other disqualified persons (as define	,				
		and persons described in section 4958(c)(3)(B). Comp	t II of Schedule L		6		
ŝ	7	Notes and loans receivable, net				7	·
A S S E T S	8	Inventories for sale or use			8,235.	8	39.
S	9	Prepaid expenses and deferred charges			54,536.	9	346,403.
	10 a	Land, buildings, and equipment cost or other basis	10 a	45,341,819.			
		Complete Part VI of Schedule D					
	b	Less accumulated depreciation.	10 ь	42,105,015.	2,905,997.	10 c	3,236,804.
	11	Investments - publicly-traded securities			3,667,585.	11	4,344,316.
	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				15	
	16	Total assets Add lines 1 through 15 (must equal line	34)		8,172,995.	16	11,405,124.
	17	Accounts payable and accrued expenses	586,959.	17	640,259.		
	18	Grants payable			18		
	19	Deferred revenue			2,429.	19	2,482,839.
L	20	Tax-exempt bond liabilities				20	
À B	21	Escrow or custodial account liability. Complete Part I	V of Sch	nedule D		21	
L	22	Payables to current and former officers, directors, true highest compensated employees, and disqualified per	stees, ko sons. C	ey employees, omplete Part II			
Ī		of Schedule L				22	
E S	23	Secured mortgages and notes payable to unrelated the		es		23	
	24	Unsecured notes and loans payable to unrelated third	parties			24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			589,388.	26	3,123,098.
Ŋ		Organizations that follow SFAS 117, check here	X and	d complete lines			
		27 through 29 and lines 33 and 34.			4 677 610	~=	5,045,222.
A S	27	Unrestricted net assets			4,677,610. 2,905,997.		
Ē	28	Temporarily restricted net assets.			2,905,997.	28	3,236,804.
	29	Permanently restricted net assets		29			
R		Organizations that do not follow SFAS 117, check her	re ►	and complete			
E USD		lines 30 through 34.				1	
	30	Capital stock or trust principal, or current funds				30	
B A	31	Paid-in or capital surplus, or land, building, and equip				31	
	32	Retained earnings, endowment, accumulated income	, or othe	er tunds	7 500 607	32	0 202 026
AZCES	33	Total net assets or fund balances.			7,583,607.	33	8,282,026.
BA	34	Total liabilities and net assets/fund balances.			8,172,995.	34	11, 405, 124. Form <b>990</b> (2009)

TEEA0111L 01/30/10

orm 990 (	วดาดา	Rucks	County	Froo	Library	,
'orm <b>990</b> (,	2009)	Ducks	County	rree	TINTAL	/

23-1520310

Page 12

-tom tot (2005)		, ,	-9~
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990. $\square$ Cash $\square$ Accrual $\square$ 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>2</b> a		X_
b Were the organization's financial statements audited by an independent accountant?	2b	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for ove review, or compilation of its financial statements and selection of an independent accountant?.	ersight of the audit,	Х	
If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O.	plain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both.  Separate basis  Consolidated basis  X  Both consolidated and separate basis	were issued on a		
	and the same than Compale		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set fo Audit Act and OMB Circular A-133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	go the required audit		

BAA

Form 990 (2009)

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

**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 Employer identification number Bucks County Free Library 23-1520310 Part | 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 cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(bX1XAXiii). Enter the hospital's 4 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). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described 7 X 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.) 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 9 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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. 11 Type III - Functionally integrated Type III- Other 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 If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a Yes No 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? 11 g (i) a family member of a person described in (i) above? 11 g (ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11 g (iii) h Provide the following information about the supported organizations (i) Name of Supported Organization (ii) EIN (iv) Is the (v) Did you notify (vi) Is the (vii) Amount of Support (iii) Type of organization rganization in col (i) listed in your organization in col (i) organized in the US? (described on lines 1.9 above or IRC section the organization in col (i) of your support? (see instructions)) Yes No Yes No Yes No

BAA 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 (d) 2008 (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') 9,179,047. 9,863,430. 9,601,234. 9,778,823 8,114,619. 46,537,153. Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 420,000. 420,000 420,000. 420,000 420,000. 2,100,000. 9,599,047 10283430. 10021234. 10198823. 48,637,153. 8,534,619. Total. Add lines 1-through 3 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 0. shown on line 11, column (f) Public support. Subtract line 5 48,637,153. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 10021234 10198823 48,637,153. 8,534,619 9,599,047 10283430 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 622,109 311,598 215,672 2,064,205. 391,196. 523,630 similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 7,408 7,408. 11 Total support. Add lines 7 50,708,766. through 10 0. 12 12 Gross receipts from related activities, etc. (see instructions) 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 95.9% 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 88.1% 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 the line 14 is 33-1/3 % or more, check this box X and stop here. The organization qualifies as a publicly supported organization. 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. 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. 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.

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 (a) 2005 **(b)** 2006 (d) 2008 (e) 2009 Calendar year (or fiscal yr beginning in) (c) 2007 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 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 amount on line 13 for the c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) ► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included inline 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 tns 9, 10c, 11, and 12) 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 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 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 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 A	(Form	990 or 9	90-E	Z) 200	9 B	ucks	Co	unty	Free	Li	ibrary	,		23-152	0310	Page 4
Schedule A	Supp	lemen	tal l	nforn	natio	n. Co	mple	ete th	is parl	to	provide	the	explanations re	equired by	Part II, lin	e 10;
	Part I	I, line	17a	or 17	7b; ar	nd Pa	irt II	I, lıne	12. P	rovi	de any	othe	explanations re r additional info	ormation.	See instruc	tions.
																- <b></b>
	- <b>-</b> -															
																<b>-</b>
											<del>-</del> -					
										<del>-</del> -						
													<del></del>			
													<del>-</del>			
			<b>_</b>										<b></b>			
																<b>-</b>
							· — —							<b>-</b>		<b>-</b>
														<del>-</del>		
													<b></b>			
	- <b></b> -						<b>-</b> -							<b>-</b>		
											<b>_</b>				<b></b>	
													<b></b>	<b></b> _		<b></b>
	- <b>-</b>									. <b>_</b> _		<b>_</b> _	<b></b>			
					- <del>-</del> -	<b>-</b>				- <b>-</b>	<b>-</b>				_ <b></b>	
						<b>-</b>			<b></b>		<del>-</del>		<b></b>			
											<del>-</del>			<del>-</del>	<b></b> -	<b>-</b>
						· <del>-</del>				- <b>-</b>						

TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

**Supplemental Financial Statements** 

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545 0047

Open to Public Inspection

Employer Identification number

Buci	ks County Free Library			23-1520310	
Part	Organizations Maintaining Dono	r Advised Funds or Other Similar Fur	nds or Ac		te if
	the organization answered 'Yes' t			<del> </del>	
		(a) Donor advised funds	(b) F	unds and other acc	ounts
	Total number at end of year				
	Aggregate contributions to (during year)				<del></del>
	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and doni funds are the organization's property, subject t	or advisors in writing that the assets held in doni o the organization's exclusive legal control?	or advised	Yes	No No
1	Did the organization inform all grantees, donor used only for charitable purposes and not for the purpose conferring impermissible private bene	s, and donor advisors in writing that grant funds ne benefit of the donor or donor advisor or for ai fit??	may be ny other	☐Yes	□No
<del></del>		ete if the organization answered 'Yes'	to Form 9		
	Purpose(s) of conservation easements held by		10 1 01111 3	50, 1 dit 11, mic	<u>, , ,</u>
•	Preservation of land for public use (e.g., re		f an historica	ally important land a	rea
	Protection of natural habitat	Preservation of			.04
	Preservation of open space		r cortinou riic	none structure	
	_ ' '	n held a qualified conservation contribution in th	e form of a	conservation easem	ent on the
-				Held at the End of	the Year
a ·	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easen	nents	2b		
С	Number of conservation easements on a certifi	ed 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, t	ransferred, released, extinguished, or terminate	d by the org	anization during the	tax
	year ►			_	
	Number of states where property subject to co	<del></del>	_		
	and enforcement of the conservation easemen			ions, Yes	☐ No
	during the year ►	g, inspecting, and enforcing conservation easen	_		<del></del>
	Amount of expenses incurred in monitoring, industring the year ►	specting, and enforcing conservation easements	\$_		_
	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requirements of sect	ion	Yes	☐ No
	include, if applicable, the text of the footnote to conservation easements.	orts conservation easements in its revenue and the organization's financial statements that des	scribes the o	rganization's accou	e sheet, and nting for
Part	Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historical Treasures, owered 'Yes' to Form 990, Part IV, line	r Other Si 8.	milar Assets	
	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial statemen	SFAS 116, not to report in its revenue statemer ic exhibition, education, or research in furtherants that describes these items.	nt and baland ce of public	ce sheet works of a service, provide, in	rt, historical Part XIV,
	treasures, or other similar assets held for publ amounts relating to these items	SFAS 116, to report in its revenue statement ar ic exhibition, education, or research in furtheran		service, provide the	following
	(i) Revenues included in Form 990, Part VIII,	line 1		<b>►</b> \$	
	(ii) Assets included in Form 990, Part X			·	
	If the organization received or held works of a amounts required to be reported under SFAS	t, historical treasures, or other similar assets for 116 relating to these items	r financial ga	nn, provide the follo	wing
а	Revenues included in Form 990, Part VIII, line	1		<b>►</b> \$	
b	Assets included in Form 990, Part X			<b>-</b> \$	
_					

Schedule D (Form 990) 2009 Bucks Part III Organizations Mainta				oric	al Treasures o		-1520310		Page 2
3 Using the organization's acquisition									
items (check all that apply).				_		ŭ			
a Public exhibition			_	or exc	change programs				
<b>b</b> Scholarly research			e 🔛 Other						
c Preservation for future genera									
4 Provide a description of the organ Part XIV							rpose in		
5 During the year, did the organizat assets to be sold to raise funds ra							Ye		No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangen	nents	Complete if o	orgai	nization answe	red 'Yes' to Fo	orm 990, I	Part IV	, line
			<del></del>						
1a Is the organization an agent, trust included on Form 990, Part X?	tee, custodiai	n, or oth	ner intermediary f	for co	entributions or othe	er assets not	Ye	s [	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	nd com	plete the followin	g tab	le.				
							Amou	nt	
c Beginning balance						1 c			
<b>d</b> Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f		-	
2a Did the organization include an ar		m 990,	Part X, line 21?				Ye	s [	No
b If 'Yes,' explain the arrangement									
Part V Endowment Funds Co									
	(a) Current	year	(b) Prior year		(c) Two years back	(d) Three years	back (e	Four year	s back
1 a Beginning of year balance									
<b>b</b> Contributions									
c Net Investment earnings, gains, and losses									
d Grants or scholarships									
e Other expenditures for facilities and programs	_			·					
f Administrative expenses									
<b>g</b> End of year balance									
2 Provide the estimated percentage	of the year	end bala	ance held as.	•					
a Board designated or quasi-endow	ment 🟲		<u> </u>						
<b>b</b> Permanent endowment ▶	<b>%</b>								
c Term endowment ►									
3a Are there endowment funds not in organization by	n the possess	sion of t	he organization tl	hat a	re held and admin	stered for the		Yes	No
(i) unrelated organizations							3a(i)	<del>                                      </del>	<u> </u>
(ii) related organizations	·						3a(ii		
<b>b</b> If 'Yes' to 3a(ıı), are the related or	rganizations l	listed as	s required on Sch	nedul	e R?		3b		<del></del>
4 Describe in Part XIV the intended	-		•					<del></del>	<del></del>
Part VI Investments-Land, B						<ol> <li>line 10.</li> </ol>			
Description of investment		(a) Cos	st or other basis	(b	Cost or other basis (other)	(c) Accumulate Depreciation	d <b>(d</b> )	Book V	alue
1 a Land					• • • • • • • • • • • • • • • • • • • •				
<b>b</b> Buildings									
c Leasehold improvements					781,537.	157,7	91.	623	,746.
<b>d</b> Equipment					1,392,426.	1,347,1			,281.
<u>e Other</u>					43,167,856.	40,600,0	<del></del>		,777.
Total. Add lines 1a through 1e (Column	(d) must equ	ual Forr	n 990, Part X, co			•			,804.
BAA					,		Schedule D		

Part VII	Investments-Other Securities See F	<u>orm 99</u> 0, Part X, lii	ne_12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marki	on et value
Financial d			_	
Closely-he	ld equity interests			
	· · ·			
				·
	<del>-</del>			
	<del></del>			
	<del></del>			
		<del></del>		
	mn (b) must equal Form 990 Part X, col. (B) line 12.)	Form 000 Dort V	line 12) N/A	<del> </del>
Part VIII	Investments-Program Related (See		T	
	(a) Description of investment type	(b) Book value	(c) Method of valuate Cost or end-of-year marke	on et value
			Out of the or year many	Ct Value
	-			
				<del></del>
Total. (Colun	nn (b) must equal Form 990, Part X, Col. (B) line 13.)	1 15	<u></u>	
Part IX	Other Assets (See Form 990, Part X,			
	(a) De	scription		(b) Book value
		_		
Total. (Co	lumn (b) must equal Form 990, Part X, col (B), lii	ne 15)	<b>•</b>	
Part X	Other Liabilities (See Form 990, Part			
<u></u>	(a) Description of Liability	(b) Amount		
Federal Inc	come Taxes			
	<del></del>			
		<del>-  </del>	<del>-</del> -	
			<del> </del>	
		-	<del> </del>	
	<del></del>			
Total. (Colum	mn (b) must equal Form 990, Part X, col. (B) line 25)			
2. FIN 48 F for uncerta	Footnote. In Part XIV, provide the text of the footrain tax positions under FIN 48.	note to the organization	's financial statements that reports the or	rganization's liability

Schedule D (Form 990) 2009 Bucks County Free Library

23-1520310

Page 3

Sche	dule <b>D</b> (Form 990) 2009 Bucks County Free Library	23	-1520310	Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to			
1	Total revenue (Form 990, Part VIII,column (A), line 12)		10,	223,450.
2	Total expenses (Form 990, Part IX, column (A), line 25)			168,070.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			55,380.
4	Net unrealized gains (losses) on investments			643,039.
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments		-	
8	Other (Describe in Part XIV)			
9	Total adjustments (net) Add lines 4 through 8			643,039.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		698,419.
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme			
1	Total revenue, gains, and other support per audited financial statements.	· ·		286,489.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
á	Net unrealized gains on investments	2a  643,039.		
	Donated services and use of facilities	2ь 420,000.		
(	Recoveries of prior year grants	2c		
	Other (Describe in Part XIV).	2d		
	Add lines 2a through 2d		2e 1,	063,039.
3	Subtract line <b>2e</b> from line <b>1</b>			223,450.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIV)	4b	1	
	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 10,	223,450.
	t XIII   Reconciliation of Expenses per Audited Financial Statements	With Expenses per Retu		
1	Total expenses and losses per audited financial statements		1 10,	588,070.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
á	Donated services and use of facilities	2a 420,000.		
ı	Prior year adjustments .	2b	1 1	
(	Other losses	2c		
(	Other (Describe in Part XIV)	2d	1 1	
	Add lines 2a through 2d		2e	420,000.
	Subtract line 2e from line 1			168,070.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
_	Other (Describe in Part XIV)	4ь	1 1	
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)		5 10,	168,070.
Pa	t XIV   Supplemental Information	<del></del>	•	
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Pa 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a mation.	rt III, lines 1a and 4, Part IV, I nd 4b. Also complete this part	ines 1b and 2b, to provide any a	Part V, additional
·				
				<b></b>
BAA	TEEA3304L 02/02/10		Schedule <b>D</b> (Fo	rm 990) 2009

Schedule D (Form 990) 2009 Bucks County Free Library  Part XIV Supplemental Information (continued)	23-1520310	Page 5
Part XIV   Supplemental Information (continued)		
	-	
	<b></b>	
	<b></b>	
	<b></b>	
		<b>_</b>
		<b>_</b>
	<b></b>	
		<b></b> -
		. <b></b>
		. <b></b>
		. <b>_</b> _ <b>_</b>
		. <b>-</b>

TEEA3305L 07/10/09

Schedule **D** (Form 990) 2009

BAA

W00	5	ants and Oth	ner Assistance t	o Organization	S,		UMB ING 1945 UC47
(Form 590)	<b>G</b>	/ernments an	Governments and Individuals in the United States	the <b>United St</b> a	ites		2009
Department of the Treasury Internal Revenue Service	Сотр	Complete if the organizatio	rganization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.	rm 990, Part IV, lines 2 <sup>-</sup> 1.	or 22.		Open to Public Inspection
Name of the organization Blicks County Free Library						Employer identification number 23-1520310	ation number
Part   General Information on Grants and Assistance	nts and Assis	tance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the rants or assistance	amount of the grants	s or assistance, the gran	tees' eligibility for the g	rants or assistance, ai	Pu	Yes X No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	cedures for monit	oring the use of gran	it funds in the United Sta	ites.			
	e to Governm recipient that orm 990) if add	ents and Organ received more the	4 Organizations in the United States. Complete if the organization answered 'Yes' to F more than \$5,000. Check this box if no one recipient received more than \$5,000. Use space is needed	<b>ted States.</b> Complethis box if no one	ete if the organiza recipient received	ation answered " d more than \$5,0	Yes' to Form 000. Use
1 (a) Name and address of organization or government	(b) EiN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
Free Lib of New Hope & Solebury 93 West Ferry Road		501 (c) (3)					Provide supp financial
 	23-1494787 Library	Library	40,737.	0.			support
Free Library of Northampton Twp							Provide supp
25 Upper Holland Road		Public	777	c			financial
Richboro, PA 18954 Two Library of Lower Southampton	23-6000438 LIDIALY	Library	. 104, 444.				Provide supp
1983 Bridgetown Pike		Public					financial
	23-6000404 Library	Library	81,440.	0.			support
Village Library of Wrightstown _							Provide supp
727 <u>Penns Park Road</u> ————————————————————————————————————	501 (c)	501 (c) (3)   Library	13,768.	0.			financial   support
Warminster Twp Free Library							Provide supp
1076 Emma Lane		Publ1c					financial
18974	23-2746802 Library	Library	136, 989.	0.			support
							<u>.</u>

Schedule 1 (Form 990) 2009

TEEA3901L 02/10/10

3 Enter total number of other organizations

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

2 Enter total number of section 501(c)(3) and government organizations

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. (f) Description of non cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information 23-1520310 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non cash assistance (c) Amount of cash grant Bucks County Free Library (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Part III

BAA

Schedule 1 (Form 990) 2009

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990. P See separate instructions.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number 23-1520310

Part I Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

Bucks County Free Library

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule R (Form 990) (2009) (F)
Direct controlling
entity (F)
Direct controlling
entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets (D) Exempt Code section (**D)** Total income TEEA5001L 02/05/10 (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) PA residents of Bucks County (B) Primary activity BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (B) Primary activity Serve the (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity 55 East Court Street Doylestown, PA 18901 Bucks County Part II

23-1520310 Schedule R (Form 990) 2009 Bucks County Free Library

Part III

Page 2

(J) General of managing partner? No. Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? ٥N Yes Share of total income Share of end-of-year assets (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization

<b>Part IV</b> Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	<b>Taxable as a Co</b> ed organizations	rporation or T	<b>rust</b> (Complet corporation or	te if the organ trust during t	ization answered '	Yes' to Form 990,	Part IV,
(A) Name, address, and EIN of related organization	(B) Primary Activity	(c) (D) (D) (E) (E) (State or foreign controlling entity (C corp, S corp, country) or trust)	(D) Direct controlling entity	Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
	_						
					:		
							ļ
BAA		TEEA5002L 02/05/10	01/92/10			Schedule R (Form 990) (2009)	6002) (066

23-1520310

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

			<u> </u>	
Note. Complete line I if any entity is listed in Parts II, III, or IV of this schedule			Sal	§
a Receipt of (i) interest (ii) annurties (iii) royalties (iv) rent from a controlled entity		1a	11	×
<b>b</b> Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		1c	×	
d Loans or loan quarantees to or for other organization(s)		1d		×
e Loans or loan quarantees by other organization(s)		<b>-</b>		×
f Sale of assets to other organization(s)		11		×
g Purchase of assets from other organization(s)		1g		×
h Exchange of assets		1h		×
i Lease of facilities, equipment, or other assets to other organization(s)		1:	-	×
I to the state of		-	×	
J. Lease of Jacinities, equipment, of other assets from other organization(s) L. Doctormanno of common or mombarchin or fundament collectations for other organization(s)		7	+	×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	$\dagger$	: ×
m Sharing of facilities, equipment, mailing lists, or other assets		18		×
n Sharing of paid employees		1n		×
o Rembusement baid to other organization for expenses		- 2		×
				>
p keimbursement paid by otner organization for expenses		-	<del>                                      </del>	4
<b>q</b> Other transfer of cash or property to other organization(s)		19		×
r Other transfer of cash or property from other organization(s)		11		×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	ction thresholds.			
(A) Name of other organization  the contraction (A)  Name of other organization (A)	(B) Transaction type (a-r)	(C) Amount involved	volvec	
(1) Bucks County	υ	5,5	5,578,100.	00.
			000	٥
(z) bucks county			2	
(3)				
(4)				
(5)				
(9)				
BAA TEEA5003L 02/05/10	Schedule	Schedule R (Form 990) (2009)	30) (2(	600

Page 4

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships

		(state or foreign country)	section 501(c)(3)		Share of end-of-year assets	Dispropor- tionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	Gene	General or managing partner?
			Yes	S S	,	Yes No	rorm (1065)	Yes	Š
			•						
				+					
						-			
									_
				-					
	-								
						_			
						_			
				-					
							-		
							_		
				_					
				_					
BAA		TEFA50041 02/05/10					Schedule R (Form 990) (2009)	m 990)	(2009)

## SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

Bucks County Free Library	23-1520310
Form 990, Part VI, Line 11 - Form 990 Review Process	
The completed 990 is reviewed by the Chief Financial Office	er and the Finance
Committee prior to submission.	<b></b>
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement	of Conflicts
The Board of Directors, Executive Director and all department	ent managers receive a
conflict of interest document annually. The document list	s any conflicts of
interest including any related parties, holdings, board men	mberships, or share
holders of any related county vendors, banks, or financial	_institutions
Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CI	EO, Exec. Dir., or Top Mgtment
The executive director's salary is reviewed each year again	nst other libraries and
other non-profit organizations through research of Form 99	Os and the Commonwealth of
Libraries salary schedules. The review is then provided to	o the Board.
Form 990, Part VI, Line 15b - Compensation Review & Approval Process for O	fficers & Key Employees
The Officers' salaries are reviewed each year against other	r libraries and other
non-profit organizations through research of Form 990s and	the Commonwealth of
Libraries salary schedules. The review is then provided to	o the Board.
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Avail	lable 
Governing Documents, policies and financial statements are	available to the public
upon request.	

Schedule <b>0</b> (Form 990) 2009	Page 2
Name of the organization	Employer identification number
Bucks County Free Library	23-1520310
	<b></b>
	<b>-</b>
	- <b></b>
	<del></del>
	<del></del>
	- <b></b>

2009 Schedule A, Part IV - Supplemental Information  Bucks County Free Library						Page 5
						23-1520310
Part II, Line 10 - C	Other Income					
Nature and Sou		2009	2008	2007	2006	2005
Miscellaneous					. \$ 0.	
						!

•

•