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Form, 990-EZ

SCAUNED HAY 1 1 2013

Department of the Treasury Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

OMB No 1545-1150

Open to Public Inspection

Inter	nal Reve	enue Service	► The organization may have to use a copy of this return to	satist	y sta	ate reporting req	uiremei	nts	Inspection
ĀI	or th	e 2009 cale	endar year, or tax year beginning		and	dending			
В	Check if applicab		C Name of organization				D Emple	yer i	dentification number
<u> </u>	Addres	s use IRS	FLESH PUBLIC LIBRARY ASSISTANCE AM	CIE			·	•	
\vdash	Name Change	label or print or	DEVELOPMENT FUND	.12			31	_1	049748
\vdash	Initial	type	Number and street (or P.O box, if mail is not delivered to street address)			Room/suite	E Telep		
\vdash	return □Termi	n See i	· · · · · · · · · · · · · · · · · · ·			110011V3Lille			
<u> </u>	ated	Instruc-	116 W. HIGH ST. City or town, state or country, and ZIP + 4						77 3-6753
<u> </u>	— return	1 I I	•				F Grou		·
上	Applica pendin		PIQUA, OH 45356-2310				Numl		
	• Sec	tion 501(c)(3	3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	a com	plete	l l	-		X Cash Accrual
			Schedule A (Form 990 or 990-EZ).				specify)	$\overline{}$	
		te: N/2				H Check			he organization is not
J	Tax-ex	empt status ((check only one) — 🗶 501(c) (3) ◀ (insert no.) 🔲 4947(a)(1) or	<u> </u>	527 required to	attach S	Sched	lule B (Form 990, 990-EZ, or 990-PF)
K (Check)	▶ ∐ ıf ti	he organization is not a section 509(a)(3) supporting organization and its gr	oss re	ceipt	s are normally no	t more th	an \$2	5,000. A Form 990-EZ or
		For	rm 990 return is not required, but if the organization chooses to file a return,	, be su	re to	file a complete re	turn.		
L /	Add lini	es 5b, 6b, an	d 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 99	90 inst	ead c	of Form 990-EZ	•	\$	23,014.
	art I		ue, Expenses, and Changes in Net Assets or Fund				uctions f	or Par	rt I.)
	1	Contribution	is, gifts , grants, and p imilar amounts received				i	1	22,773.
	2		Pulsa revertue including government fees and contracts					2	
	3 -		ordues and assessments					3	
	13 1		181				F	4	241.
	£22600	Gro A P. B.	nt from sale of assets other than inventory	5a					
	l in		r other hasis and sales expenses	5b					
	10 - 6			שכ				٠. ا	
•	C		From sale briassets other than inventory (Subtract line 5b from line 5a)					5c	
ž	Ub==		its and activities (complete applicable parts of Schedule G). If any amount is	from	gami	ing, check here 🗩	·		
Revenue	a		ue (not including \$ of contributions	1			[
æ		reported on	, , , , , , , , , , , , , , , , , , ,	6a				ŀ	
	b	Less: direct	expenses other than fundraising expenses	6b					
	C	Net income	or (loss) from special events and activities (Subtract line 6b from line 6a)	,			L	6c	
	7a	Gross sales	of inventory, less returns and allowances	7a					
	b	Less: cost o	f goods sold	7b				ļ	
	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	
	8		ue (describe >				٦ ٦	8	
	9		ue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8					9	23,014.
	10			STM	T :	3		10	29,169.
	11		d to or for members		•	•	F	11	
"	12		ner compensation, and employee benefits			-		12	
Se	1						_		· ·
Expenses	13		I fees and other payments to independent contractors					13	
찣	14		rent, utilities, and maintenance					14	107
	15		blications, postage, and shipping		~~			15	107.
	16	-		<u>EE</u>	STA	ATEMENT	一 ′ F	16	3,884.
	17		ses. Add lines 10 through 16	-				17	33,160.
S	18		deficit) for the year (Subtract line 17 from line 9)					18	<u>-10,146.</u>
set	19		r fund balances at beginning of year (from line 27, column (A))						
As		(must agree	with end-of-year figure reported on prior year's return)				L	19	474,278.
Net Assets	20	Other chang	es in net assets or fund balances (attach explanation)	EΕ	ST	ATEMENT	2 _	20	73,188.
_	21	Net assets o	or fund balances at end of year. Combine lines 18 through 20					21	537,320.
Pa	art II	Balanc	ce Sheets. If Total assets on line 25, column (B) are \$1,250,000 or mor	re, file	Form	990 instead of Fo	rm 990-	EZ.	
			(See the instructions for Part II.)			(A) Beginning o	f year		(B) End of year
22	Cas	h, savinas, ai	nd investments			88.	210.	22	77,631.
23		d and buildin						23	
24			scribe MUTUAL FUND INVESTMENTS		\ <u> </u>	386,	068	-	459,689.
25		al assets (ue:	ON THE PARTY OF TH		′ ├─	474,			537,320.
26 26		ai assets al liabilities ((describe -		\backslash		<u>278.</u>		0.
			nd balances (line 27 of column (B) must agree with line 21)		′ ├─	474,		-	537,320.
932	171			104:0-		4/4,	<u> </u>	[[[
02-0	8-10	LMA FOI	r Privacy Act and Paperwork Reduction Act Notice, see the separate instru	uction	٥.				Form 990-EZ (2009)

Form 990-EZ (2009) DEVELOPMENT FUND			31-	10497	48 Page 2
Part III Statement of Program Service Accomplishmen	its (See the instructions for	Part III.)			penses
What is the organization's primary exempt purpose? SEE STATEMENT				-1	r section 501(c)(3)
				1) organizations and
Describe what was achieved in carrying out the organization's exempt purp			be		7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevant		gram title		for others)	
28 MUSEUM EXPENSES, ART EDUCATION, PUB	LICATIONS				
	·				
(Grants \$ 825.) If this amount includes foreign g	rants check here		\Box	28a	825.
29	ranto, orioon note			1204	023.
					
					
(Grants \$) If this amount includes foreign g	rants, check here		<u> </u>	29a	
30					
(Grants \$) If this amount includes foreign g	rants check here		\Box	30a	
	rants, check here		<u></u>	30a	
31 Other program services (attach schedule)		_			
(Grants \$) If this amount includes foreign g	rants, check here			31a	
32 Total program service expenses (add lines 28a through 31a)				32	825.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (See the	instructions f	or Part IV)
	41 X Y 11			intributions	
(a) Name and address	(b) Title and average hours	(c) Compensation		mployee	(e) Expense
(a) Name and address	per week devoted to	(If not paid, enter	ı	fit plans &	account and
	position	-0)		eferred pensation	other allowances
KADEN MENDELN	mpii CMBB		COM	pensation	
	TRUSTEE				_
1325 PARK AVE., PIQUA, OH 45356	1.00	0.		0.	0.
	TRUSTEE				
9515 N. BRENRICK, PIQUA, OH 45356	1.00	0.		0.	0.
REGINA KOON	TRUSTEE		i		
1359 PARK AVE., PIQUA, OH 45356	1.00	0.	<u></u>	0.	0.
STEVEN STALEY	TRUSTEE				
812 MOTE LANE, PIQUA, OH 45356	1.00	0.	l	0.	0.
	TRUSTEE				<u>-</u>
1633 STEINHILBER DR., PIQUA, OH 45356		0.	l	0.	0.
	TRUSTEE				
		^	l	^	^
	1.00 TRUSTEE	0.		0.	0.
		•			
523 CALDWELL ST., PIQUA, OH 45356	1.00	0.		0.	0.
· · · · · · · · · · · · · · · · · · ·					
		ļ			
222170					
932172 02-08-10				Form 9	990-EZ (2009)

31-1049748

Page 3

	Other Information (Note the statement requirements in the instructions for Part V)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	 	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			 -
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,			İ
	and proxy tax requirements?	35a	Į	x
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			f –
	complete applicable parts of Sch. N	36	l	x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions.		<u> </u>	
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the period covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ▶ 0 . ; section 4912 ▶ 0 . ; section 4955 ▶ 0 .			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction	1		Ī
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization D.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	ŀ		
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed. ▶ OH			
42 a	The organization's books are in care of ► JAMES C. ODA Telephone no. ► 937-77	3-6	753	
	Located at ► 116 W. HIGH STREET, PIQUA, OH ZIP+4 ► 4	<u> 535</u>	6	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		_X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		-	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		. ▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			<u> </u>	
4.5	D.III		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		X
		Form 9	90-EZ	(2009)

<u>31-1049748</u> Part VI | Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

	organizations and section 4947(a)(1) nonexempt charita and 51.		is 46-490 and con	nplete the tables	for lines	30
46 Did t	the organization engage in direct or indirect political campaign activity	ties on behalf of or in opposition to c	andidates for public		Yes	No
	e? If "Yes," complete Schedule C, Part I				46	Х
	the organization engage in lobbying activities? If "Yes," complete	•			47	X
48 Is the	e organization a school as described in section 170(b)(1)(A)(ii)? If "	'Yes," complete Schedule E			48	X
49a Did t	the organization make any transfers to an exempt non-charitable rela	ated organization?		<u> </u>	19a	X
	es," was the related organization a section 527 organization?			_	19b	
	nplete this table for the organization's five highest compensated emp i \$100,000 of compensation from the organization. If there is none, e		, trustees and key er	nployees) who ead	h received	more
	(a) Name and address of each employee paid more than \$100,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Exp accoun other allo	t and
51 Com	al number of other employees paid over \$100,000 uplete this table for the organization's five highest compensated inde anization. If there is none, enter "None." NONE (a) Name and address of each independent contractor paid in		ved more than \$100,	·	on from th	
		note than \$100,000	(2) 1) po 01 00.			
		iore man \$100,000	(2),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
d Tota	al number of other independent contractors each receiving over \$100		>			
d Tota	Under penalties of perjury, I declare that Lhave examined this return, includic correct, and complete Declaration of preparer (other than officer) is based of Signature of officer.	0,000 ng accompanying schedules and statemen all information of which preparer has any	ts and to the best of m	. , .		
Sign	Under penalties of perjury, I declare that Lhave examined this return, includic correct, and complete Declaration of preparer (other than officer) is based of Signature of officer.	0,000	ts and to the best of m	. , .	f, it is true,	
Sign Here Paid Preparer's	Under penalties of perjury, I declare that have examined this return, includic correct, and complete Declaration of preparer (other than officer) is based of Signature of officer. **Earch S. Wendeln presented by the property of the prope	D,000 Ing accompanying schedules and statemen all information of which preparer has any saident. Date Y-19-10 Che emp	ts, and to the best of my	. , .	f, it is true,	tr)
Sign Here	Under penalties of perjury, I declare that Lhave examined this return, includic correct, and complete Declaration of preparer (other than officer) is based of Signature of officer. Varen S. Wendeln Dresses	Date Date P-19-10 ROBINSON	ts, and to the best of my knowledge Ck If self- lloyed Prep	Date Date Date Date	f, it is true,	tr)
Sign Here Paid Preparer's Use Only	Under penalties of perjury, I declare that have examined this return, includic correct, and complete Declaration of preparer (other than officer) is based of Signature of officer Karen S. Wendeln Dresser	D,000 Ing accompanying schedules and statement all information of which preparer has any side of the preparer has any control	ts, and to the best of my knowledge Ck If self- lloyed	Date Date Date	f, it is true,	tr)

SCHEDULE A (Form 990 or 990-EZ)

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.

2009

Open to Public

Name of the organization

Department of the Treasury

FLESH PUBLIC LIBRARY ASSISTANCE AND

Employer identification number

31-1049748 DEVELOPMENT FUND 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a 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(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) 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 in $\lfloor \mathbf{x} \rfloor$ section 170(b)(1)(A)(vi). (Complete Part II) 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 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). 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. b Type II c Type III - Functionally integrated d 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 509(a)(2). 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 Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	jin col. (i) li	organization sted in your document?	organizat	u notify the tion in col. r support?	(vi) Is organizatio (i) organiz U.S	the on in col. ed in the .?	(vii) Amount of support
		(see instructions))	Yes	No	Yes	No	Yes	No	
		-		-		 	<u> </u>		
			<u> </u>						
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

932021 02-08-10

FLESH PUBLIC LIBRARY ASSISTANCE AND Schedule A (Form 990 or 990-EZ) 2009 DEVELOPMENT FUND 31-1049748 Page 2 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.") 16,726. 31,397 22,773. 35,023. 22,276. 128,195. 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 35,023. 22,276. 16,726. 31,397. 22,773. 4 Total. Add lines 1 through 3 128,195. 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) 58,426. 69,769. 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 35,023 22,276. 16,726. 31,397. 22,773. 7 Amounts from line 4 128,195. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 17,898. 14,389. 23,803. 407. 163. 56,660. and income from similar sources 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 10 184,855. 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

sec	ction C. Computation of Public Support Percentage				
14	Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	37.74	1	%
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	36.49	•	%
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 m	ore, chec	k this box and		
	stop here. The organization qualifies as a publicly supported organization		•	► [2	K.
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, a	nd line 14	4 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Par	t 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 1	7a, and li	ne 15 is 10% or		
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain	in Part I	/ how the		
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	ınızatıon	•	► <u></u>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box a	nd see in	structions	▶□	

Schedule A (Form 990 or 990-EZ) 2009

Pa	rt III Support Schedule for (Organizations	Described in	Section 509(a)(2) (Complete only	, if you checked the bo	ox on line 9 of Part I.)
Sec	ction A. Public Support						
Cal	endar 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	Gross receipts from admissions,			•			
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513			<u> </u>			
4	Tax revenues levied for the organ- ization'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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6) ction B. Total Support						
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on		1				
	securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	·					
11	Net income from unrelated business activities not included in line 10b,					1	
	whether or not the business is						
10	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part IV.)		-			-	
	Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization'	s first second thu	d fourth or fifth to	av vear as a secti	on 501(c)(3) organiz	ration
17	check this box and stop here	the organization	o mot, occoria, triii	o, loui (ii, or liitii t	ax year as a seem	on our (c)(o) organiz	.ation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage		•		
15				column (f))		15	%
16	Public support percentage from 2008	Schedule A, Part	III, line 15	.,,		16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	109 (line 10c, colur	mn (f) divided by lii	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19a	33 1/3% support tests - 2009. If the						7 is not
	more than 33 1/3%, check this box a	=		•			>
b	33 1/3% support tests - 2008. If the						and 🔪 🦳
~~	line 18 is not more than 33 1/3%, che		•	•		=	P
20	Private foundation. If the organization	n dio not check a	DOX OIT line 14, 19	a, or 190, cneck tr		hadule A /Form 90	0 000 F7) 0000

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
BUILDING RENOVATION STATE FILING FEE ART EDUCATION			59. 00. 25.
TOTAL TO FORM 990-EZ, LINE 16		3,88	34.
FORM 990-EZ OTHER CHANGES I	N NET ASSETS OR FUND BALANCES	STATEMENT	2
DESCRIPTION		TUUOMA	
CHANGE IN NET UNREALIZED GAIN	ON MARKETABLE SECURITIES	73,18	38.
TOTAL TO FORM 990-EZ, LINE 20		73,18	38.

FORM,990-EZ	CASH GRANTS	AND ALLOCATIONS		STATEMENT	3
CLASS OF ACTIVITY/GRANTI	EE'S NAME AND	ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	r
PUBLIC LIBRARY PIQUA PUBLIC LIBRARY 116 W. HIGH STREET PIQUA, OH 45356		29,169			
TOTAL INCLUDED ON FORM 9	990-EZ, LINE 1	LO		29,10	 59.

FOR	M.990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS	STATEMENT				4
	DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?	[]	YES	[X]	NO
	DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	. []	YES	[X]	мо

990-EZ PG 2

STATEMENT 5

FINANCIAL SUPPORT FOR THE PIQUA PUBLIC LIBRARY AND MUSEUM.