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Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

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

2009

Open to Public

Inspection

OMB No 1545-1150

A For the 2009 calendar year, or tax year beginning , 2009, and ending								, 20							
В	Check if a	applicable	Please use IRS	C Name of organization			D	Employer	dent	ification number					
	Address	change	39 1430754												
	Name ch	ange	label or print or	Number and street (or P O box, if mail is not delivered to	street address)	Room	/surte E	E Telephone number 608 831-5564							
Ц	Initial retu		608 831-5564												
爿	Terminate		See Specific	7425 Hubbard ave City or town, state or country, and ZIP + 4	.	1		Group Ev		tion					
H	Amended		Instruc- tions	Middleton, Wi 53562			I	F Group Exemption Number ▶							
Ш		on pending	L			T =				70. [] 4					
	• Sec	tion 501(c)(3)		itions and 4947(a)(1) nonexempt charitable trus	its must attacl	י G		_	1 1	☐ Cash ☐ Accrual					
_			a cor	pleted Schedule A (Form 990 or 990-EZ).				pecify) ►							
						Н			-	anization is not					
	Websi	···		dlibary.org/library/friends.asp			required	to attach	Sche	dule B (Form 990,					
J '	Tax-ex	empt status (check o	y one) — 🗸 501(c) (3) ◀ (insert no.) 🗌 494	7(a)(1) or 🔲 5	27	990-EZ,	or 990-PF)						
K	Check	▶ ☐ if th	e organı	ation is not a section 509(a)(3) supporting organizat	tion and its gros	s receip	ots are nor	maily not r	nore	than \$25,000 A					
	Form 9	90-EZ or Forn	n 990 re	irn is not required, but if the organization chooses	s to file a return	, be sure	e to file a	complete r	eturr	1					
L	Add line	es 5b, 6b, and 7	7b, to line	9 to determine gross receipts, if \$500,000 or more, fil	e Form 990 inste	ead of Fo	orm 990-E2	z ▶	\$						
	art I			enses, and Changes in Net Assets or I					ns fo	or Part I.)					
	1	Contribution	ons. aif	, grants, and similar amounts received				. 1							
	2			venue including government fees and contra				. 2	1	39,655.28					
	3			and assessments				3	1	2,638.00					
	4	Investmen	•			• •		4	+						
					50	1		· -	+						
	5a	Gross amount from sale of assets other than inventory							1						
	b	Less: cost or other basis and sales expenses													
o o	,								┼—						
2	6			ities (complete applicable parts of Schedule G) If any an		ning, che	ck nere P	\Box							
Revenue	a			including \$ of contrib		1									
æ		reported o	n line 1		<u>6a</u>	<u> </u>									
	b	Less: direc	ct expe	ses other than fundraising expenses	<u>6b</u>	<u> </u>			_						
	C	Net incom	e or (los	s) from special events and activities (Subtrac	t line 6b from	line 6a	1)	. <u>6c</u>	$oldsymbol{ol}}}}}}}}}}}}}}}}}$						
	7a	Gross sale	s of inv	ntory, less returns and allowances	7a										
	Ь	Less: cost	of goo	s sold	7b										
	l c			s) from sales of inventory (Subtract line 7b fr	om line 7a) .			. 7c	1						
	8	Other reve	mortele	eribe.				۱ 8	\top						
	9	Total reve	DUE A	oilnes Q, 3,4, 5c, 6c, 7c, and 8				▶ 9	\top	\$42,293.28					
-	10			amounts paid (attach schedule)					十	\$31,077.00					
	11			four members				11	+						
"		Seleman p		pensation, and employee benefits					+						
se	12							13	+						
ē	13	Professional rees and other payments to independent contractors							+	·					
Expenses	14	Occupancy, rent, utilities, and maintenance						. 14	╫						
ш	15	Printing, publications, postage, and shipping						. 15	—	8075.00					
	16	Other expenses (describe Wisconsin Dept Institutions)						_) 16	┼—	\$275.00					
_	17	Total expe	enses.	dd lines 10 through 16	 	 .	<u>,</u>	▶ 17	┼	\$31,352.00					
ţ	18			or the year (Subtract line 17 from line 9) .					₩	\$8,932.18					
Se	19			balances at beginning of year (from line 2					-						
ĕ		-	_	reported on prior year's return)					╄	\$42,231.75					
Net Assets	20			et assets or fund balances (attach explanation					—						
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20							بلـ	\$51,164.03					
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ															
				(See the instructions for Part II.)		Ļ		ing of year	₩	(B) End of year					
2		Cash, savings, and investments							_						
2									23						
2	4 0	ther assets (describ						24						
2									25						
2	6 T	otal liabilitie	s (desc	be ►)		. <u> </u>	26						
2	7_ N	et assets or	fund b	lances (line 27 of column (B) must agree wi	th line 21) .			\$42,231.75	27	\$51,164.03					

Par	Statement of Program Service Accom	nlishments (See the instr	uctions for Part II	1)		Expenses				
	t is the organization's primary exempt purpose?	· <u> </u>								
	ribe what was achieved in carrying out the org				organizations and section					
	ner, describe the services provided, the number of	or persons benefited, and t	otner relevant into	rmation for		a)(1) trusts; optional				
eacn	program title.				for ot	ners)				
28	The Friends provides funding reading programs, sta	ff support, community aware	ness as well as the	purchase						
	of books, media and other needs identified by the Li	brary								
	(Grants \$) If this amount	. ▶ □	28a	\$30,577						
29	The Friends provides funding for a scholarship for a									
	Library.									
	(Grants \$) If this amount	29a	500.00							
30	·									
00										
	•••••									
	/Create C \ If the amount	maludas faraiga granta, ah			30a					
04		includes foreign grants, ch		· • · · · · · · · · · · · · · · · · · ·	Sua					
31	Other program services (attach schedule)				04 -					
00		includes foreign grants, ch		<u>. ▶ ⊔</u>	31a	£04.077.00				
_	Total program service expenses (add lines 28a t	, 			32	\$31,077.00				
Par	List of Officers, Directors, Trustees, and Key									
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribution employee benefit	ns to plans &	(e) Expense account and				
		devoted to position	enter -0)	deferred compen	sation	other allowances				
Paul	ne Harrop	President, 1.5								
7425	Hubbard Ave, Middleton, WI	Fresident, 1.3	0.00		0.00	0.00				
Mary	Drake	Vice Breeident 4 5			-					
7425	Hubbard Ave, Middleton, WI	Vice President, 1.5	0.00		0.00	0.00				
Mich	ael Lutz									
7425	Hubbard Ave, Middleton, WI	Secretary 1.5	0.00		0.00	0.00				
	er Hanson									
	Hubbard Ave, Middleton, WI	Treasurer, 1.5	0.00		0.00	0.00				
	Allen		0.00							
	Hubbard Ave, Middleton, WI	Member	0.00		0.00	0.00				
	nas Boykoff		0.00		0.00	0.00				
	Hubbard Ave, Middleton, WI	Member	0.00			0.00				
			0.00		0.00	0.00				
	ı Teal	Member								
7425	Hubbard Ave, Middleton, WI		0.00		0.00	0.00				
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Part	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		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
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, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file Form 1120-POL for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved]		ļ
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	-		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ▶ ; section 4955 ▶			
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 has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
С	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			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		_
41	List the states with which a copy of this return is filed. ▶		'	
42a	The organization's books are in care of ► Middleton Public Library Located at ► 7425 Hubbard Ave, Middleton, WI 53562 ZIP + 4 ►			
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		<u>✓</u>
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	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		.)	▶ □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	-		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44		✓
70	"Yes," Form 990 must be completed instead of Form 990-EZ	45		
		ր 990)-EZ	(2009)

Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) n 17(a)(1) nonexempt o Id 51.	onexempt cha charitable trusts	ritable trusts only. A must answer questi	All secons 46	tion 3–49b
	Did the organization engage in direct or indirect					Yes No
	candidates for public office? If "Yes," complete \$				46	/
	Did the organization engage in lobbying activities				47	/
	Is the organization a school as described in section	* * * * * * * * * * * * * * * * * * * *			48	V
	Did the organization make any transfers to an ex	•	_		49a	-
	If "Yes," was the related organization a section 5				49b	on and key
	Complete this table for the organization's five his employees) who each received more than \$100,000.					
		(b) Title and average	(c) Compens	ation (d) Contributions to	(e)	Expense
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans of deferred compensation	& acc	count and rallowances
	·	devoted to position			- Otrici	unowanioco
					┼	
					+-	
	Total number of other employees paid over \$100	000				
	(a) Name and address of each independent contractor	paid more than \$100,000		(b) Type of service	(c) Co	mpensation
		•••••				
				· · · · · · · ·		
						-
						
d	Total number of other independent contractors e	each receiving over \$10	00,000▶_			
	Under penalties of penury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including acco of preparer (other than office	mpanying schedules a er) is based on all infor	and statements, and to the be mation of which preparer has	st of my any kno	knowledge wledge
C:						
Sign Here						
nere	Signature of officer			Date C/E/		
	Roger Hanson, Treasurer			1/8/2	0/0	
	Type or print name and title			/		
Paid	Preparer's	Date	self-	Preparer's identifying nu	mber (Se	e instructions)
Prepare	signature Signit page (or		employed			
Use On	yours if self-employed),			EIN >		
	address, and ZIP + 4 Pee IRS discuss this return with the preparer shown	ahove? See instruction	one	Phone no ►	Yes	□ No
way th	e ino discuss this return with the preparer show	above. Oce mandelle	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · · · · · · · · · · · · · · · · ·		0-EZ (2009)
						()

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Nam	e or t	ne organization	1						Employ-	er identifica	number	
Frie	ends		n Public Library						39		1430754	
Pa	rt I	Reason	for Public Ch	narity Status (All or	rganizatı	ons mus	st comp	lete this	part.) S	<u>ee instru</u>	ctions.	
The	orga	anization is n	ot a private four	ndation because it is:	(For lines	s 1 through	gh 11, cł	neck only	one box	i.)		
1				rches, or association								
2		A school de	scribed in <mark>secti</mark> o	on 170(b)(1)(A)(ii). (At	tach Sch	edule E.)						
3		A hospital o	r a cooperative	hospital service organ	nization c	lescribed	ın sectio	on 170(b)	(1)(A)(iii).			
4		A medical re	esearch organiza	ation operated in con	junction	with a ho	spital de	scribed i	n sectio i	n 170(b)(1	I)(A)(iii). En	ter the
		•	ame, city, and st	•••••								
5		•	tion operated foi (b)(1)(A)(iv). (Co	the benefit of a colle mplete Part II)	ege or un	iversity o	wned or	operated	by a gov	ernmenta	ıl unıt desci	ribed in
6		A federal, st	ate, or local gov	ernment or governme	ental unit	describe	ed in sec t	tion 170(b)(1)(A)(v	').		
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)										
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)					
9		An organizat	tion that normally	receives: (1) more th	an 331/3 %	6 of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and	d gross
		support from	n gross investm	ed to its exempt func ent income and unre i after June 30, 1975.	elated bu	siness ta	xable ind	come (les	s section			
10		An organiza	tion organized a	nd operated exclusive	elv to tes	t for pub	lic safety	See sec	tion 509	(a)(4).		
11		_	-	and operated exclusiv	-	-	-				r to carry	out the
				blicly supported orga								ection
		509(a)(3). CI	neck the box tha	at describes the type	of suppo	orting org	anızatıon	and con	nplete line	es 11e th	rough 11h.	
		a 🗌 Type	1 b 🗆] Type II 💢 🕻	: 🗌 Тур	e III-Fun	ctionally	ıntegrate	d	d✓] Type III-(Other
е	\mathbf{Z}			tify that the organization								
		•		n managers and othe	r than on	e or more	publicly	supporte	ed organi	zations de	escribed in	section
		509(a)(1) or	section 509(a)(2)									
f		If the organi	zation received	a written determinati	on from	the IRS	that it is	а Туре	I, Type II	l, or Type	III suppor	ting _
		•	, check this box									
g		_		the organization acce	epted any	gift or c	ontributi	on from a	any of the	•		
		following pe									Yes	No
				r indirectly controls, e				th persor	ns descri	bed in (ii)	11g(i)	\
			_	ning body of the sup		ganizatio	on? .	•	٠		11g(ii)	\ <u>\</u>
				rson described in (i) a of a person described		 (u) above			•		11g(iii)	+
h			•	ation about the suppo				•			119(11)	▼
	Name	of supported	(iı) EIN	(iii) Type of organization		organization	i i	ou notify	(vı)	ls the	(vii) Amou	nt of
1.7		anization	(,	(described on lines 1-9	in col (i) la	sted in your	the organ	nization in	organizat	tion in col	suppor	
				above or IRC section (see instructions))	governing	document?		of your port?		zed in the S?		
				. "	Yes	No	Yes	No	Yes	No		
Mid	tleto	n Public		Local Government	-							
Library			19876	Unit	✓		✓		✓			
		 -			<u> </u>			<u> </u>				
						}		}				
						ļ	ļ <u> </u>	 	ļ			
				•	1		1	1		i		

	Support Schedule for Org (Complete only if you chec					and 1	70(b)(1)(A)(vi)
Sec	tion A. Public Support							
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							·
4	Total. Add lines 1 through 3			-				
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.						1	
	tion B. Total Support	() 0005	# 1 0000	/ \ 0007	(B 0000	1 () 5		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	.009	(f) Total
7	Amounts from line 4 ,							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							*
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)			T-12 - 2 - 1-11 - 2 - 2				
1	Total support. Add lines 7 through 10 .					<u> </u>		· · · · · · · · · · · · · · · · · · ·
2	Gross receipts from related activities, etc	. (see instruction	ons)			12		
3	First five years. If the Form 990 is for organization, check this box and stop he		on's first, secon				section	n 501(c)(3)
Sec	tion C. Computation of Public Su	port Perce	ntage					
4	Public support percentage for 2009 (line	6, column (f) di	ivided by line 11	, column (f))		14		%
5	Public support percentage from 2008 Sch	nedule A, Part	II, line 14 .			15		%
6a	33% % support test—2009. If the organization qualifies				line 14 is 33% 9	% or moi	re, chec	ck this box ▶ □
b	331/3 % support test - 2008. If the organization qua				and line 15 is :	33½ % o	r more,	check this .▶ □
7a	10%-facts-and-circumstances test – 20 more, and if the organization meets the "facts-and-circumstances test – 20 organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets the "facts-and-circumstances" test – 20 more and if the organization meets t	acts-and-circur	nstances" test, e	check this box	and <mark>stop here.</mark>	Explain	ın Part I	V how the
b 8	10%-facts-and-circumstances test—2008 more, and if the organization meets the "fa organization meets the "facts-and-circumsta Private foundation. If the organization did	acts-and-circum nces" test. The	nstances" test, c organization qua	heck this box a lifies as a public	and stop here . By supported or	Explain i ganization	in Part I	V how the ► □

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.)

Sec	tion A. Public Support								
C	alendar 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.")		<u> </u>						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that are not an unrelated trade or business under section 513								
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
5 6	The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and 3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					ļ.			
c	Add lines 7a and 7b								
8	Public support (Subtract line 7c from line 6)								
	tion B. Total Support								
Ca	alendar year (or fiscal year 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 from similar sources								
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			:					
С	Add lines 10a and 10b			<u> </u>					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)								
13	Total support. (Add lines 9, 10c, 11, and 12.)								
14 									
	tion C. Computation of Public Sur								
15 16	Public support percentage for 2009 (lin- Public support percentage from 2008 S	Schedule A, Pa	art III, line 15	e 13, column ((f))	15 16	<u>%</u> %_		
Sec	tion D. Computation of Investmen								
17	Investment income percentage for 2009	•	• • •	•	olumn (f)) .	17	<u>%</u>		
18	Investment income percentage from 20				l	18	%		
19a	33% % support tests – 2009. If the orga 17 is not more than 33% %, check this bo	ox and stop he	ere. The organiz	zation qualifies	as a publicly s	upported orga	nization ▶ □		
b	331/3 % support tests - 2008. If the organi line 18 is not more than 331/3 %, check this								
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b	. check this bo	x and see inst	ructions ▶ □		

		age 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions	10; s.
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