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Form 990-EZ

## 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) Sponsoning 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

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Open to Public Inspection

Ā	Fo	r th	e 2009 calendar year, or tax year beginning	a	nd endi	ng	<u> </u>	
В	Che	ck if licab	C Name of organization			D	Employer i	dentification number
ſ		ddres	S USE IRS FRIENDS OF THE SANTA FE PUBLIC				, ,	
ĺ		lame hange	print or LIBRARY, INC				51-0	161692
Ì		nitial etum	Number and street (or P.O. box, if mail is not delivered to street address)		R	oom/suite E		
ĺ	7	Fermi	n- Specific 145 WASHINGTON AVE				· ·	983-6580
ĺ	$\neg \neg$	Amen etum	ded trops City or town state or country and 7IP + 4			F	Group Exe	
j		oplica endin				ľ	Number >	•
			tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a	compl	eted	G Accountin		
			Schedule A (Form 990 or 990-EZ).	. оор.		Other (spe	_	
ī	We	bsit	E: ► SANTAFELIBRARYFRIENDS.ORG			H Check ▶		he organization is <b>not</b>
j			empt status (check only one) $ \times$ 501(c) (3) $\rightarrow$ (insert no) $\longrightarrow$ 4947(a)(1)	or	527			Jule B (Form 990, 990-EZ, or 990-PF)
K	Che							
			Form 990 return is not required, but if the organization chooses to file a return,					
L	Add	d line	es 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 99				▶ \$	199,483.
	Parl		Revenue, Expenses, and Changes in Net Assets or Fund					
_		1	Contributions, gifts, grants, and similar amounts received				1	64,392.
	- [ :	2	Program service revenue including government fees and contracts				2	
		3	Membership dues and assessments				3	6,505.
	_ <b>,</b>   ,	4	Investment income				4	12,649.
		5a	Gross amount from sale of assets other than inventory STMT 2	5a		26,770	0.	
		b	Less cost or other basis and sales expenses	5b		33,24	7.	
9		C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				5c	-6,477.
20.		6	Special events and activities (complete applicable parts of Schedule G). If any amount is	from ga	aming, ch	eck here ► 🗌		
		а	Gross revenue (not including \$ of contributions					
2 0 2010 Bevenue	!		reported on line 1)	6a		12,71		
ن		b	Less direct expenses other than fundraising expenses	6b		7,85	4.	
DEC		C	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				6c	4,857.
		7a	Gross sales of inventory, less returns and allowances	7a				
$\Box$		þ	Less cost of goods sold	7b			$\sqcup$	
Ž		C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	BE	CEIV	ED	7c	
Z		8		7			8	76,456.
SCANNED			Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8			onn 1d	9	158,382.
ഗ	1		Grants and similar amounts paid (attach schedule)  STMT 3	ИО	/ % Z	2010	21 10	106,384.
	1		beliefits paid to or for ineffibers			-	\ <del>'''</del>	<u>-</u>
29209	1		Salaries, other compensation, and employee benefits	06	PE!		12	7.000
			Professional fees and other payments to independent contractors				13	7,993.
Ex	1		Occupancy, rent, utilities, and maintenance				14	
	1		Printing, publications, postage, and shipping	112 C	<b></b>	VENTO 1	15	00 227
	1			L S	TATE	MENT 1	· / <del>  ` ` </del>	89,237.
-	1	_	Total expenses. Add lines 10 through 16		_		17	203,614.
Ų.	1		Excess or (deficit) for the year (Subtract line 17 from line 9)				18	-45,232.
98	11	9	Net assets or fund balances at beginning of year (from line 27, column (A))				40	006 702
Net Assets	2	^	(must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (attach explanation)  SE	יםי	ጥአጥር።	MENT 4	19	906,793.
ž	2		, , ,	د عر	TAIL	HENT 4	20	17,028.
П	Part		Net assets or fund balances at end of year Combine lines 18 through 20  Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more	n file E	2rm 000 in	otand of Form	21	878,589.
U	i ai		(See the instructions for Part II )	5, III6 I (	т.	eginning of ye		(B) End of year
,	22	Cas	h, savings, and investments		(1,7,2	841,60		878,589.
			d and buildings		-	011,0	23	07073031
			er assets (describe > OTHER DEPRECIABLE ASSETS	١		65,19		0.
			Il assets	'	<u> </u>	906,7		878,589.
			Il liabilities (describe ►	١	<u> </u>		0.26	0.
			assets or fund balances (line 27 of column (B) must agree with line 21)	— ′		906,79	-0	878,589.
	32171 2-08-1	10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instru	ctions	•		-, -,	Form <b>990-EZ</b> (2009)

FRIENDS OF THE SANTA FE P	UBLIC				
Form 990-EZ (2009) LIBRARY, INC			<u>51-</u>	01616	92 Page 2
Part   Statement of Program Service Accomplishmen		Part III )		E:	<b>xp</b> enses
What is the organization's primary exempt purpose? SEE STATEMENT	_6				or section 501(c)(3)
Describe what was achieved in carrying out the organization's exempt purp	ooses. In a clear and conc	se manner, descri	be		4) organizations and 7(a)(1) trusts, optional
the services provided, the number of persons benefited, and other relevant		ram title.		for others)	
28 TO PROVIDE BOOKS, FURNITURE AND EQU	IPMENT TO THE	·			
PUBLIC LIBRARY.					
(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>		28a	
29 TO PROVIDE FUNDING AND SUPPORT FOR	THE SANTA FE			_	
PUBLIC LIBRARY.					
(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>		29a	
30 TO SPONSOR A BOOK FAIR THAT BRINGS		<u>s,                                     </u>			
BOOKSELLERS, ADULTS AND CHILDREN TO	GETHER FOR	· <del></del> - ·			
WORKSHOPS.					
(Grants \$ ) If this amount includes foreign g	rants, check here			30a	
31 Other program services (attach schedule)					
(Grants \$ ) If this amount includes foreign g	rants, check here	<b>•</b>		31a	
32 Total program service expenses (add lines 28a through 31a)			<u> </u>	32	0.
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated (	See the	instructions	for Part IV)
	(b) Title and average hours	(c) Compensation		ntributions	
(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	(e) Expense account and
	position	-0)		eferred	other allowances
			com	pensation	
	BOARD MEMBER				
SOL, SANTA FE, NM 87505	1.00	0.		0.	0.
	CO-PRESIDENT	_			
BLANCA, SANTA FE, NM 87501	1.00	0.		0.	0.
	CO-PRESIDENT	_			
SANTA FE, NM 87501	1.00	0.		0.	0.
	SECRETARY	_			
643 GALISTEO ST, SANTA FE, NM 87505	1.00	0.		0.	0.
	BOARD MEMBER	_			
SANTA FE, NM	1.00	0.		0.	0.
	TREASURER			_	
1122 S PLATA CIR, SANTA FE, NM 87501	1.00	0.		0.	0.
	BOARD MEMBER				_
SANTA FE, NM 87501	1.00	0.		0.	0.
	BOARD MEMBER			_	i _
SANTA FE, NM	1.00	0.		0.	0.
	BOARD MEMBER			_	
61 LOMA VIS, ESPANOLA, NM 87532	1.00	0.		0.	0.
	BOARD MEMBER			_	_
314 DELGADO ST., SANTA FE, NM 87501	1.00	0.		0.	0.
	VICE PRESIDEN			_	
720 ACEQUIA MADRE, SANTA FE, NM 87505	1.00	0.		0.	0.
					ļ

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Fe	Other Information (Note the statement requirements in the instructions for Part V	.)		1	T
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed desc		_33	-	X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the	•	34	ļ	X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (amon	-			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Fo				
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 60	33(e) notice, reporting,			
	and proxy tax requirements?		35a	BT /	X
	If "Yes," has it filed a tax return on Form 990-T for this year?		35b	N/	<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets d	uring the year? if "Yes,"			l v
27-	complete applicable parts of Sch N	37a   0	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions  Pid the expension file Form 1130 BOL for this year?	37a 0.	-1		х
	Did the organization file Form 1120-POL for this year?		37b		
304	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or we	re any such loans made	00-		Х
	in a prior year and still outstanding at the end of the period covered by this return?	38b   N/A	38a		1
39	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	-		
	Section 501(c)(7) organizations Enter Initiation fees and capital contributions included on line 9	39a N/A			
a	Gross receipts, included on line 9, for public use of club facilities	22/2	┥		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	39b N/A	1		
40a	section 4911   O • , section 4912   O • , section 4915	<b>•</b> 0.			
h	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess beni		1		
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, a		1		
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule		40b		X
r	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers	L, Fail i	400		
٠	or disqualified persons during the year under sections 4912, 4955, and 4958	<b>▶</b> 0.			
ď	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the				
•	organization	<b>▶</b> 0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
•	transaction? If "Yes," complete Form 8886-T		40e		X
41	List the states with which a copy of this return is filed NM		400	L	1
	The organization's books are in care of ANTHONY J. GRIECO, C.P.A.	Telephone no ► 505-98	38-3	770	
	Located at ▶ 2050 BOTULPH RD STE A, SANTA FE, NM		3750		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<del></del>			
	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		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			<b>•</b>	
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43	N/A		
		<u> </u>			
				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 $512(b)(13)$ ?	f "Yes," Form 990 must be			
	completed instead of Form 990-EZ		45		X
			Form 9	90-EZ	(2009)

LIBRARY, INC

51-0161692

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	and 51.	sie trusta must answer question	13 40 435 and con	inpiece the tables	1101 111103	,,,
46 Did	the organization engage in direct or indirect political campaign activities	es on behalf of or in opposition to o	candidates for public		Yes	No
	ce? If "Yes," complete Schedule C, Part I		,		46	X
	the organization engage in lobbying activities? If "Yes," complete S	Schedule C. Part II			47	Х
	he organization a school as described in section 170(b)(1)(A)(ii)? If "\			-	48	X
	the organization make any transfers to an exempt non-charitable relat				19a	X
	/es," was the related organization a section 527 organization?				19b	<del>                                     </del>
	mplete this table for the organization's five highest compensated emplo	ovees (other than officers, directors	trustees and key er	_		more
	n \$100,000 of compensation from the organization. If there is none, er		, tradicios and key or	inproyectory wind cut	M1 10001400	
				(d) Contributions	<del></del>	
		(b) Title and average hours	(c) Compensation	to employee	(e) Exp	ense
	(a) Name and address of each employee paid more than \$100,000	per week devoted to		benefit plans &	account	
	NONE	position		deferred	other allov	wances
	NONE			compensation		
	1					
.,					ļ	
f Tot	al number of other employees paid over \$100,000	<b>&gt;</b>	<u> </u>	L		
	mplete this table for the organization's five highest compensated indep	pendent contractors who each recei	ved more than \$100	,000 of compensat	ion from th	ie
ury	panization   If there is none, enter "None"   NONE					
	(a) Name and address of each independent contractor paid mi	ore than \$100,000	(b) Type of ser	vice (c)	Compensa	ition
			-			
			-			
			-			
	,					
	<del> </del>		<u> </u>			
<b>d</b> Tot	tal number of other independent contractors each receiving over \$100,	,000	<b>-</b>			
	Under penalties of perjuny, I declare that I have examined this return, including	ng accompanying schedules and statemen	nts, and to the best of m	y knowledge and belg	etjit is true,	
Sign	correct, and complete Declaration of preparer (other than officer) is based on	fall information of which preparer has any	knowledge	15-//	112-2/1	ロメ
Here	Signature of officer			Date	المالية	
	Lupa Rung (M)	BLAZ, TLEA	SULER			
	Type or print name and title	orde, res	out ex			
Paid	Preparer's signature ► / /	Date , / , Che	eck if self-	parer's identifying nui	nher (See ins	
Prepare	rs (4%)	11/4/(0 em	ployed			,
Use Only	Firm's name (or yours SWAIN MACKINNON & GRI	IECO, LLC	EIN			
	if self-employed). 2050 BOTULPH ROAD, SU		Phon			
	address, and ZIP+4 SANTA FE, NEW MEXICO	87505	no	(505)9	88-37	<u> 170</u>
May the	IRS discuss this return with the preparer shown above? See instruction	ns		<u>▶ ∑</u>	Yes	No.
				Fo	rm <b>990-EZ</b>	. (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

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

•

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.

**Public Charity Status and Public Support** 

2009

Open to Public Inspection

Name of the organization

FRIENDS OF THE SANTA FE PUBLIC LIBRARY, INC

Employer identification number 51-0161692

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	.) See inst	tructions.					
The orga	nization is not a	a private foundation l	because it is: (For lines 1	through 1	11, check	only one b	ox.)						
1	A church, co	nvention of churches	s, or association of churc	ches desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🗔	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)	(A)(iii).						
4	A medical res	search organization o	operated in conjunction	with a hos	pıtal desci	ibed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter th	e hospital	's name	e,	
	city, and stat	e:											
5 🗀	An organizati	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
	section 170	tion 170(b)(1)(A)(iv). (Complete Part II.)											
6	A federal, sta	deral, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										1		
		(b)(1)(A)(vi). (Comple		, ,		-			,				
8 🗀	1		ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9 X	, ·		eives: (1) more than 33 1		=	rom contri	butions, m	nembershi	p fees, and	d gross red	celpts f	rom	
			nctions - subject to certa										
		•	exable income (less sect	•		•				•			
		509(a)(2). (Complete			•		•						
10 🗀	An organizati	on organized and op	perated exclusively to te	st for publ	c safety. S	See <b>sectio</b>	n 509(a)(4	<b>I</b> ).					
11 🗀	1		perated exclusively for th						y out the p	urposes c	f one c	or	
	more publicly	supported organiza	itions described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>se</b> c	ction 509(	a)(3). Chec	k the box	that		
	describes the	e type of supporting	organization and comple	ete lines 1	e through	11h							
	a Type I	l <b>b</b>	☐ Type II c	з 🔲 Тур	e III - Func	tionally int	egrated		d 🔲	Type III - 0	Other		
e 🗔	By checking	this box, I certify tha	t the organization is not	controlled	directly o	r indirectly	by one o	r more dis	qualified pe	ersons oth	er thar	ı	
	foundation m	nanagers and other t	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).		
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	li, or Type	e					
	supporting o	rganization, check th	ns box										
9	Since Augus	t 17, 2006, has the c	rganization accepted ar	ny gift or co	ontribution	from any	of the follo	owing per	sons?				
	(i) A perso	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons c	lescribed i	ın (II) and (	III) below,		Yes	No	
	the gov	erning body of the si	upported organization?							11g(i)			
	(ii) A famıly	member of a persor	n described in (i) above?							11g(ii)			
	(iii) A 35% (	controlled entity of a	person described in (i)	or (II) above	e?					11g(iii)			
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
			_										
(i) Nam	e of supported	(ii) EIN	(iii) Type of	(iv) Is the o	rganization	(v) Did you	notify the	(vi) Is		(vii) An	nount of	i	
	ganization		organization (described on lines 1-9		sted in your			organizati (i) organiz	ed in the	sup			
			above or IRC section	governing	document?	(i) of you	r support?	i vus	?				
			(see instructions))	Yes	No	Yes	No	Yes	No				
				ļ									
				ĺ									
									-				
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					-								
				ļ		ļ	ļ						
T.A.1													

932021 02-08-10

Form 990 or 990-EZ.

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

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support		<del>,</del>	· · · · · ·	r- · · · · · · · · · · · · · · · · · · ·		
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf  The value of services or facilities		<del>  </del>				
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions		<del> </del>	<u> </u>			
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	······································	<b></b>				
Section B. Total Support						·
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources						
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	<b>4</b> - /	·	L	1	10	<u> </u>
2 Gross receipts from related activities, e	•	•	und daggeba au didela k		12	
First five years. If the Form 990 is for to organization, check this box and stop	-	s iirst, second, thi	ra, iourin, or liith to	ax year as a section	on 501(c)(3)	<b>▶</b>
Section C. Computation of Public		rcentage				
4 Public support percentage for 2009 (lin	e 6, column (f) c	divided by line 11,	column (f))		14	
15 Public support percentage from 2008 S	Schedule A, Par	t II, line 14			15	
16a 33 1/3% support test - 2009. If the org	janization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
stop here. The organization qualifies a	s a publicly supp	oorted organization	n			<b>&gt;</b>
<b>b 33 1/3% support test - 2008.</b> If the org				line 15 is 33 1/3%	or more, check th	is box
and stop here. The organization qualifi						
7a 10% -facts-and-circumstances test	- <b>2009</b> .If the org	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
and if the organization meets the "facts			-	•	rt IV how the organ	nization
meets the "facts-and-circumstances" to	_	-		-		
b 10% -facts-and-circumstances test	-					
more, and if the organization meets the						e
organization meets the "facts-and-circu						<b>&gt;</b>
18 Private foundation. If the organization	did not check a	box on line 13, 16	ia. 16b. 17a. or 17	<ul> <li>b. check this box a</li> </ul>	and see instruction	is 🕨

Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 **(b)** 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 200,045. include any "unusual grants.") 228,419. 375,289. 66,625 64,392. 934,770. 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 The value of services or facilities furnished by a governmental unit to the organization without charge 228,419. 375,289. 200,045. 66,625. 64,392. 934,770. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 0. b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year 0. c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) 934,770. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (c) 2007 (b) 2006 (d) 2008 (e) 2009 (f) Total 228,419. 375,289. 200,045 66,625 64,392 9 Amounts from line 6 934,770. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 22,224. 28,612. 22,151. 9,083. 12,649. 94,719. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 22,224. 28,612. 22,151. 9,083. 12,649. 94,719. c Add lines 10a and 10b 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 54,988. 81,313. 64,043. 87,334. 74,473. 362,151. assets (Explain in Part IV.) 305,631. 467,944. 309,530. 150,181. 158,354. 13 Total support (Add lines 9, 10c, 11, and 12) 1,391,640. 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 67.17 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 68.04 % Section D. Computation of Investment Income Percentage 6.81 17 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 6.88 % 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  $\triangleright \overline{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

FORM 990-EZ	ОТН	ER EXPENSES		STATEMENT	1
DESCRIPTION				AMOUNT	
ADULT PROGRAMS			_	50	00.
ADVERTISING					8.
CHILDRENS PROGRAMS				24,59	9.
CHILDRENS TOURS				2,71	
EDUCATION				4,06	
LIBRARY DISCRETIONARY					72.
MATERIALS & MEMORIALS				2,20	
STAFF EXPENSE				7,46	
TEEN PROGRAM					3.
BOOKS BOOKSALE EXPENSES				9,76	
NEWSLETTER				7,62	
OUTREACH				1,91	
COMPUTER REPAIRS (LIB	ΡΔΡΥΙ			2,21 16,70	
DUES & SUBSCRIPTIONS	man j			•	10.
INTEREST				11	6.
LICENSES AND PERMITS				1.8	35.
OFFICE SUPPLIES & EXP	ENSE			4,04	
POSTAGE & DELIVERY				1,60	
PUBLICITY					71.
TELEPHONE				18	37.
INVESTMENT MANAGEMENT	FEES			1,30	00.
TOTAL TO FORM 990-EZ,	LINE 16		_	89,23	37.
FORM 990-EZ GAIN	(LOSS) FROM PUB	LICLY TRADED SEC	URITIES	STATEMENT	2
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	)
193 GENERAL ELECTRIC 50.558 FORWARD SM	2,953.	2,976.	0.	-2	23.
CAP EQTY	589.	952.	0.	-36	53.
257.686 FST EAGLE	4,409.	6,700.	0.	-2,29	
100.611 HAR ASSOC	•	•		-,	
OAKMARK	2,635.	2,994.	0.	-35	9.
123.373 HARBOR FD					
CAP APPREC	3,072.	2,508.	0.	56	54.
248.986 JANUS					
PERKINS MID CAP	3,807.	5,617.	0.	-1,81	0.
81.751 LONGLEAF PART					
SH BEN	1,447.	2,201.	0.	<b>-</b> 75	
66.490 T ROWE PRICE					4.
BLUE CHIP GWTH	1,635.	2,773.	0.	-1,13	

FRIENDS OF THE SANTA FE	PUBLIC LIBRARY,			51-0161692
116.941 T ROWE PRICE MID CAP GWTH	4,114.	3,611.	0.	503.
124.408 ROYCE TOTAL	·	·		
RETURN 38.579 SELECTED AMER	1,050.	1,038.	0.	12.
SH	1,059.	1,877.	0.	-818.
TO FORM 990-EZ, LINE 5	26,770.	33,247.	0.	-6,477.

FORM 990-EZ NON	NCASH GRANTS AND ALL	OCATIONS	STATEMENT	3
CLASS OF ACTIVITY				
LIBRARY SUPPORT				
NAME OF GRANTEE	GRANT	EE ADDRESS		
SANTA FE PUBLIC LIBRARY		ASHINGTON AVENUE FE, NM 87501		
RELATIONSHIP OF GRANTEE	DESCRIPTION OF P	ROPERTY	DATE OF G	IFT
NONE	CASH & PURCHASED	EQUIPMENT	12/31/0	9
METHOD USED TO DETERMINE BOO	OK VALUE			
COST	<del></del>			
METHOD USED TO DETERMINE FA	IR MARKET VALUE	BOOK VALUE	AMOUNT GIV	EN
COST		106,384.	106,3	84.
TOTAL INCLUDED ON FORM 990-1	EZ, LINE 10		106,3	84.
FORM 990-EZ OTHER CHANGES	S IN NET ASSETS OR F	UND BALANCES	STATEMENT	4
DESCRIPTION			AMOUNT	
UNREALIZED INVESTMENT GAIN			17,0	28.
TOTAL TO FORM 990-EZ, LINE	20		17,0	 28.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS				MENT	T 5	
DIRECTLY O	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?		[	] YES	[X]	NO	
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	•	[	] YES	[X]	NO	

990-EZ PG 2

STATEMENT 6

TO PROVIDE FUNDING AND SUPPORT FOR THE SANTA FE PUBLIC LIBRARY.