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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)

OMB No 1545-1150 2009

Open to Public

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

Department of the Treasury Internal Revenue Service Inspection For the 2009 calendar year, or tax year beginning and ending Check if applicable Please C Name of organization Employer identification number use IRS Selma Dallas County Public Address change label or Library Foundation, Inc 63-1017064 Name change print or Number and street (or P O box, if mail is not delivered to street address) Telephone number Initial return type. Room/suite See 1103 Selma Ave 334-874-1725 Termination Specific Amended return City or town, state or country, and ZIP + 4 Group Exemption Instruc-Selma AL 36701 Number Application pending tions • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method Cash a completed Schedule A (Form 990 or 990-EZ). Other (specify) Check X if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). N/A Website: Check > Tax-exempt status (check only one) — **X** 501(c) (3) **◄** (insert no) 4947(a)(1) or 527 if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return 329,029 Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received 2,500 1 2 Program service revenue including government fees and contracts 2 3 Membership dues and assessments 3 22,688 Investment income 4 303,841 5a Gross amount from sale of assets other than inventory 360,421 Less cost or other basis and sales expenses -56,580 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c C Stmt 2 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here See Revenue Gross revenue (not including \$ of contributions reported on line 1) 6a 6b Less direct expenses other than fundraising expenses Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c C 7a Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe 8 -31,392 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 Stmt 3 10 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and employee benefits OSC Professional fees and other payments to independent contractor $S_{\mathcal{O}}$ 13 13 AUG 1 9 2010 14 Occupancy, rent, utilities, and maintenance 14 Printing, publications, postage, and shipping 15 Other expenses (describe ▶ See Statement 4 5,751 16 16 48,126 Total expenses. Add lines 10 through 16 17 17 -79,518 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 748,522 end-of-year figure reported on prior year's return) 19 See Statement 5 221,965 20 Other changes in net assets or fund balances (attach explanation) 20 890,969 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, file Form 990 instead of Form 990-EZ (B) End of year Š (See the instructions for Part II) (A) Beginning of year 748,522 890,969 22 Cash, savings, and investments 22 23 Land and buildings 23 24 Other assets (describe 24 890,969 748,522 25 Total assets 25 26 Total liabilities (describe 26 748,522 890,969 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

DAA

Form,990-EZ (2009) Selma Dallas County			<u>8-1017064</u>			Page 2
Part III Statement of Program Service Acco	<u>omplishments (S</u>	<u>ee the instruc</u>	tions for Part I	<u> .)</u>	E	xpenses
What is the organization's primary exempt purpose?						d for section
See Statement 6						and 501(c)(4)
Describe what was achieved in carrying out the organization's e					_	tions and section
manner, describe the services provided, the number of persons	s benefited, or other re	levant information	і тог			1) trusts, optional
each program title 28 See Statement 7		-			for other	s)
28 See Statement 7						
(Grants \$ 42,375) If this amount include	les foreign grants, che	ck here	•	П	28a	42,375
29	ioo rororgir granto, ono					
(Grants \$) If this amount include	des foreign grants, che	ck here	>		29a	
30						
(Grants \$) If this amount include	les foreign grants, che	ck here	<u> </u>		30a	
31 Other program services (attach schedule)						
(Grants \$) If this amount include		ck here	<u> </u>	ĻL	31a	40 375
32 Total program service expenses (add lines 28a through 3		h		<u> </u>	32	42,375
Part IV List of Officers, Directors, Trustees, and Key	<u>/ Employees. List each</u>	n one even it not o (b) Title and average	(c) Compensation		Contributions to	(e) Expense
(a) Name and address		hours per week	(If not paid,	emplo	yee benefit plans	& account and
SEE ATTACHED		devoted to position	enter -0)	dele	red compensation	other allowances
SEE ATTACRED						٥
						
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Form **990-EZ** (2009)

_ P	IT V Other information (Note the statement requirements in the instructions for	Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			Yes	No
33	description of each activity		33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of	nf			- 11
J	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 no	at renorted	04		
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	or reported			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			1	
u	6033(e) notice, reporting, and proxy tax requirements?		35a	:	X
h	If "Yes," has it filed a tax return on Form 990-T for this year?		35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets		1002		
•	during the year? If "Yes," complete applicable parts of Schedule N		36		х
37a		1			
b	Did the organization file Form 1120-POL for this year?		37b	1 1	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w	ere	10,15		
Jou	any such loans made in a prior year and still outstanding at the end of the period covered by this return?		38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved	1	300		
39	Section 501(c)(7) organizations Enter		╡		
	Initiation fees and capital contributions included on line 9				
a	Gross receipts, included on line 9, for public use of club facilities 39b		\dashv		
ь 40а	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	<u>.l</u>	\dashv		
40a	section 4911 ►				
.					
D	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess ber				
	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		40b		х
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		400		-11
·	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				
	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c		•		
u	reimbursed by the organization				
	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 None		400		41
41 42a		elephone no			
42a	The organization's books are in care of P WCICH MOTING	elephone no			
	Located at	ZIP + 4 ▶			
h	At any time during the calendar year, did the organization have an interest in or a signature or other author				
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	,		Yes	No
	account)?		42b	1.00	X
	If "Yes," enter the name of the foreign country		122		
	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	х
·	If "Yes," enter the name of the foreign country		720		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		-		▶ □
73	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			_
	and onto, the amount of tax-exempt interest received of accorded during the tax year	F [40]			
				Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			1.63	1.50
77	Form 990-EZ		44	1	х
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	lf .	777	1	<u></u>
73	"Yes," Form 990 must be completed instead of Form 990-EZ		45	1	x
	100, 1 only 300 must be completed instead of 1 only 330-LZ		Form 9 9	90-F7	
	•		Louin 3	70-LZ	- (2008

Form \$	90-EZ (2009) Selma Dallas County Public	63	-1017064			Page 4	
Part	VI Section 501(c)(3) organizations and section 4947(a)	(1) nonexemp	t charitable tr	usts only. All s			
	501(c)(3) organizations and section 4947(a)(1) none	kempt charitab	le trusts must	answer question	ons 46-4	9b	
	and complete the tables for lines 50 and 51.	•		·			
16 [Did the organization engage in direct or indirect political campaign activities or	behalf of or in opp	position to	_	Yes	No	
c	andidates for public office? If "Yes," complete Schedule C, Part I				46	X	
	Old the organization engage in lobbying activities? If "Yes," complete Schedule	C. Part II			47	X	
	s the organization operating a school as described in section 170(b)(1)(A)(ii)?		Schedule E		48	X	
49a Did the organization make any transfers to an exempt non-charitable related organization?							
	f "Yes," was the related organization a section 527 organization?				49b		
	Complete this table for the organization's five highest compensated employees	s (other than office	rs, directors, truste	es and key			
	employees) who each received more than \$100,000 of compensation from the	•		•			
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expe account other allow	and	
None				, , , , , , , , , , , , , , , , , , , ,			
-						-	
				ļ			
		,					
f 7	Total number of other employees paid over \$100,000	•					
				_			
51 (Complete this table for the organization's five highest compensated independe	ent contractors who	each received me	ore than			
9	100,000 of compensation from the organization. If there is none, enter "None	n					
	(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	ompensation	1	
None	=						
						-	
	±						
		1					
d T	Total number of other independent contractors each receiving over \$100,000	>		<u>. </u>			
	Under penalties of perjury, I declare that I have examined this return, including						
O!	and belief, it is true, correct, and complete Declaration of preparer (other than	officer) is based on all	information of which	preparer has any kno	wieage		
Sign	Sujcarannulus, Del	retary					
Here	Bignature of officer Cothivan Wichols, Se	austonius.	Date	1/2 2010			
		<u>cverury</u>	Huy	16,2010			
	Type or print name and title		/	T			
	Preparer's A	Date	Check if self-	Preparer's Iden	tifying Number	(See instr.)	
Paid	signature Kolm II Die VI Doon, C	1// 08/13	3/10 employed ▶	• -			
	arer's Firm's name (or yours Furniss, Vaughan & Co	mpany		EIN ▶ 6	3-094	2462	
Use (Only If self-employed), P.O.Box 387			Phone			
	address, and ZIP + 4 Selma, AL 36702			no ▶ 334	-874-	<u>6621</u>	
May th	ne IRS discuss this return with the preparer shown above? See instructions			•	Yes	No	
					990-F	7 (2000)	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization Selma Dalla Library Fou											Employer identification number 63-1017064				
	rt i			Public Charity						раπ.)	See ir	struct	lions		
The	orga			foundation becaus		-		•	-						
1	Щ	A church, co	nvention o	of churches, or ass	sociation of chur	ches described	ın sectior	170(b)(1)(A)(i).						
2	Ц	A school des	cribed in s	section 170(b)(1)((A)(i ı). (Attach Si	chedule E)									
3		A hospital or	a coopera	ative hospital servi	ice organization	described in se	ction 170	(b)(1)(A)((iii).						
4		A medical res	search org	ganization operate	ed in conjunction	with a hospital	described	ın sectio	on 170(b)(1)(A)(i	ii). Ente	er the ho	ospital's name) ,	
	_	city, and state	e												
5		An organizati	ion operat	ed for the benefit	of a college or u	niversity owned	or operat	ed by a g	overnme	ental un	t descri	bed in			
		section 170(b)(1)(A)(iv	/). (Complete Part	tII)										
6		A federal, sta	ate, or loca	al government or g	governmental un	it described in s	ection 17	'0(b)(1)(A	۱)(۷).						
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public														
		described in	section 1	70(b)(1)(A)(vi). (C	omplete Part II)										
8		A community	trust des	cribed in section	170(b)(1)(A)(vi).	(Complete Part	H)								
9		An organizati	ion that no	ormally receives ((1) more than 33	1/3 % of its sup	port from	contribut	tions, me	embersh	ıp fees,	and gre	oss		
		receipts from	activities	related to its exer	mpt functions—s	ubject to certain	exceptio	ns, and (2) no mo	ore than	33 1/3	% of its			
		support from	gross inve	estment income a	nd unrelated bus	siness taxable ir	come (le:	ss section	n 511 tax	k) from b	ousines	ses			
		acquired by t	he organiz	zation after June 3	30, 1975 See se	ction 509(a)(2).	. (Comple	te Part II	l)						
10		An organizati	ion organiz	zed and operated	exclusively to te	st for public safe	ety See s	ection 5	09(a)(4).						
11	П	An organizati	ion organiz	zed and operated	exclusively for th	ne benefit of, to	perform ti	he functio	ons of, o	r to carr	y out the	е			
		•	-	re publicly suppor	•		•)		
		509(a)(3). Ch	neck the bo	ox that describes	the type of supp	orting organizati	on and co	omplete li	nes 11e	through	11h				
		a Type		b Type II		pe III-Function			d		e III-Ot	her			
е		By checking	this box, I	certify that the org	ganization is not	controlled direc	tly or indi	rectly by	one or m	ore disc	ualified				
	_	persons othe	r than foul	ndation managers	and other than	one or more put	blicly supp	orted org	ganizatio	ns desc	ribed in	section	า		
		509(a)(1) or s				•	, ,,	`	-						
f		. , , ,		eived a written dete	ermination from	the IRS that it is	a Type I.	Type II.	or Type	ili supp	ortina				
-		organization,					,	, ,	,,	• •	Ū				
g		-		, has the organiza	ation accepted ai	nv gift or contrib	ution from	n anv of t	he						
9		following per		,		, , , , , , , , , , , , , , , , , , , ,									
		• .		ctly or indirectly c	ontrols, either al	one or together	with perso	ons desc	ribed in ('u)				Yes	No
				governing body of		_	,			,			11g(i)	1	
		` '	•	of a person descri	• •	•							11g(ii)	1	
		• •		entity of a person	``								11g(iii		
h		, ,		nformation about									[118(11	/1	
	Nami	of supported	Tollowing I	(iı) EIN	1	crganization	(bt) is the o	organization	(v) Did	you notify	(vi)	Is the	(vii) Am	ount of	-
(17		anization		(ii) Liit	1 ' ' ' ' '	on lines 1–9		sted in your	the organ	nization in	organizat	tion in col	sup		
						RC section		document?	col (i)	of your port?	(i) organi	zed in the S ?			
					(see inst	ructions))	Yes	No	Yes	No	Yes	No			
							+	140	103	110	163	110			
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Tota								I]			

Schedule A (Form 990 or 990-EZ) 2009 Selma Dallas County Public 63-1017064 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 (d) 2008 (e) 2009 (c) 2007 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 121,457 6,264 14,220 24,553 2,500 168,994 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 Total. Add lines 1 through 3 121,457 6,264 14,220 24,553 2,500 168,994 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) 4,911 Public support. Subtract line 5 from line 4 164,083 Section B. Total Support (c) 2007 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (e) 2009 (f) Total Amounts from line 4 121,457 6,264 14,220 24,553 2,500 168,994 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 17,476 8,545 14,724 22,010 22,688 85,443 sources Net income from unrelated business activities, whether or not the business is regularly carried on 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 10 254,437 12 12 Gross receipts from related activities, etc. (see instructions) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 64.49% Public support percentage from 2008 Schedule A, Part II, line 14 15 15 32.97% 16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 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 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

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	ecked the box	on line 9 of Pa	art I.)			
	tion A. Public Support		1				
Ca	lendar 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 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						
6	Total. Add lines 1 through 5						
7a	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						
C	Add lines 7a and 7b				:		
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		1 .	l 	Г	ı	
	lendar 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						
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 assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	~	t, second, third, for	urth, or fifth tax yea	ar as a section 501	(c)(3)	. _
Sec	tion C. Computation of Public Su	ipport Percen	tage				
15	Public support percentage for 2009 (line 8	, ,	•	ın (f))		15	%_
16	Public support percentage from 2008 Sche					16	%_
	tion D. Computation of Investme						
17	Investment income percentage for 2009 (li		·	, column (f))		17	%_
18	Investment income percentage from 2008					18	
19a	33 1/3 % support tests—2009. If the orga						
	17 is not more than 33 1/3 %, check this b		-	•			▶
b	33 1/3 % support tests—2008. If the orga						
20	line 18 is not more than 33 1/3 %, check the	· ·	-	•		-	
<u> 20 </u>	Private foundation. If the organization did	HOLCHECK a DOX (лі ппе 14, 19a, or	ian, check this bo	x and see instructi	UIIS	

Page 4

Schedule A (Form 990 or 990-EZ) 2009 Selma Dallas County Public 63-1017064

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.

3SDCPLF Selma Dallas County Public

63-1017064

Federal Statements

FYE: 12/31/2009

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Securities

	Description		_						
How Received	Whom Sold	Date Acquired	Date Sold		Sale Price	_	Cost & Expense	Depreciation	 Gain / Loss
SCHWAB Donation		Various	Various	\$_	302,694	\$_	360,421	\$	\$ -57,727
Total				\$_	302,694	\$_	360,421	\$ 0	\$ -57,727

Statement 2 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory - Other

Description									
How Received	Whom Sold	Date Acquired	Date Sold		Sale Price	Cost & Expense	De	preciation_	Gain / Loss
Charles Schwab									
				\$	1,147 \$		- ^{\$}	\$_	1,147
Total				\$	1,147 \$		\$	0 \$	1,147

3SDCPLF Selma Dallas County Public

63-1017064

FYE: 12/31/2009

Federal Statements

Statement 3 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to Organizations

	ame and Address		Class of Activity				
	Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
SELMA DALLAS		GOVERNI	MENT LIBRARY 42,375				
1103 SELMA AVE			42,373				
SELMA,, AL 3670	1						
Total			42,375			-	

3SDCRLF Selma Dallas County Public

63-1017064

Federal Statements

FYE: 12/31/2009

Statement 4 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
MANAGEMENT FEES	5,751
Total	\$5,751

Statement 5 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

		Amount		
Unrealized gain	on marketable securities	\$_	221,965	
Total		\$	221,965	

3SDCPLF Selma Dallas County Public

63-1017064

Federal Statements

FYE: 12/31/2009

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

To foster the development of the Selma Dallas County Public Library with periodic funding

Statement 7 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Description

To foster the development of the library services and programs being carried and provided to the citizens of the Selma-Dallas County area and to assist and develop the facilities and programs of the Selma-Dallas County Public Library.

Form (Rev April 2009) Application for Extension of Time To File an **Exempt Organization Return**

OMB No 1545-1709

Department of the		; 			
If you are	filing for an Au	tomatic 3-Month Extension, complete only Part I and check this box			▶ X
		ditional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form))	•	· _
		ess you have already been granted an automatic 3-month extension on a previously filed For		3	
Part I		3-Month Extension of Time. Only submit original (no copies needed).			
A corporation Part I only	required to file	Form 990-T and requesting an automatic 6-month extension—check this box and complete			▶ 🗆
All other corpo	•	ing 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extens	nsion o	f	
Electronic Fil	ing (e-file). Ge	nerally, you can electronically file Form 8868 if you want a 3-month automatic extension of ti	me to f	ile	
one of the retu	rns noted belo	w (6 months for a corporation required to file Form 990-T) However, you cannot file Form 88	368		
electronically i	f (1) you want	he additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870	, group	þ	
returns, or a c	omposite or co	nsolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Pa	ırt II) of	Form	
8868. For mor	e details on the	e electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonpro	fits.		
Type or	Name of Exe	empt Organization	mploy	er ident	ification number
print		Dallas County Public			
File by the	_	-	3-1	0170	64
due date for filing your	Number, stre	eet, and room or suite no If a P.O box, see instructions.			
return See instructions	City, town or	post office, state, and ZIP code. For a foreign address, see instructions			
	Selma	AL 36701			
		iled (file a separate application for each return):			
Form 99		Form 990-T (corporation)		-	Form 4720
Form 99		Form 990-T (sec. 401(a) or 408(a) trust)		-	Form 5227
X Form 99		Form 990-T (trust other than above)		H	Form 6069
Form 99	00-PF	Form 1041-A			Form 8870
Telephone If the orga If this is for	e No. ► nization does i r a Group Reti group, check th	is box If it is for part of the group, check this box and atta	this is ach		▶ []
		Is of all members the extension will cover. 3-month (6 months for a corporation required to file Form 990-T) extension of time			
		, to file the exempt organization return for the organization named above. The extension is			
	rganization's r				
	calendar year				
	tax year begini	•			
	tax year begin	ing , and ending .			
2 If this ta	x year is for le	ss than 12 months, check reason Initial return Final return Change in a	accoun	ting per	od
3a If this ap	oplication is for	Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	\Box		
•	•	e credits See instructions.	3a	\$	
		Form 990-PF or 990-T, enter any refundable credits and estimated tax			
	•	de any prior year overpayment allowed as a credit	3ь	\$	
· · · · · · · · · · · · · · · · · · ·		t line 3b from line 3a. Include your payment with this form, or, if required,	J,		
•) See instructi	on or, if required, by using EFTPS (Electronic Federal Tax Payment	3c	s	
		make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879		· · ·	
for payment in		3.5.			
		vork Reduction Act Notice, see Instructions.		F	orm 8868 (Rev 4-2009)