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# **Return of Organization Exempt From Income Tax**

2009

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

OMB No 1545-0047

olication (Finding	Doing Business As  Number and street (or P O box if mail is not delivered to street address)  401 W MOUNTAIN  City or town, state or country, and ZIP + 4	D Employer identification 71-0827418  E Telephone number (479) 856-72						
me change pri ty sal return S Spe munated insended um bilication dring	Doing Business As  Number and street (or P O box if mail is not delivered to street address)  401 W MOUNTAIN  City or town, state or country, and ZIP + 4	ite E Telephone number						
me change pri ty sal return Spermanated insulation principles and sended under the sended principles and sende	Number and street (or P O box if mail is not delivered to street address)  Room/su  401 W MOUNTAIN  City or town, state or country, and ZIP + 4	•	102					
minated instance in the control of t	City or town, state or country, and ZIP + 4	(479) 856-71	102					
minated instead the tion in th	c- City of town, state of country, and ZIF + 4							
ended tic	·							
plication F iding	Amended tions FAYETTEVILLE, AR 72701 G Gross receipts							
~	Name and address of principal officer KAREN MCDONALD	H(a) Is this a group return	1,477,28					
40	W MOUNTAIN FAYETTEVILLE, AR 72701	affihates?	$\vdash$					
		H(b) Are all affiliates include						
exempt status	X   501(c) ( 3 )	If "No," attach a list (						
site. ► N /		H(c) Group exemption num	<del></del>					
	X   Corporation   Trust   Association   Other ▶   L Year of for	mation 1999 M State of	f legal domicile A					
Summ	у							
Briefly de	nbe the organization's mission or most significant activities							
THE FA	ETTEVILLE PUBLIC LIBRARY FOUNDATION SPEARHEADS MAJO	R						
FUND-F	ISING CAMPAIGNS TO BRIDGE THE GAP CAUSED BY SHRINKI	NG MUNICIPAL						
BUDGE	AND THE GROWING NEEDS OF THE FAYETTEVILLE PUBLIC L	IBRARY.						
Check this	pox If the organization discontinued its operations or disposed of more than 25°	% of its net assets						
		11	9					
	and the state of t		9					
		· · · · · · · · · · · · · · · · · · ·	0					
		····	13					
	was lated by a second from Det Mill solver (C) to 40							
_		· · · · · · · · · · <del>-   -   -   -   -   -   -   -   -   - </del>						
Net unrela	d business taxable income from Form 990-1, line 34		C V					
			Current Year					
Contributi	s and grants (Part VIII, line 1h)		210,31					
Program :	vice revenue (Part VIII, line 2g)							
Investmer	ncome (Part VIII, column (A), lines 3, 4, and 7d)	198,060.	86,65					
Other rev	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	3,13					
Total reve	ie - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	423,648.	300,10					
Grants an	similar amounts paid (Part IX, column (A), lines 1-3)	0.	154,00					
Benefits p	d to or for members (Part IX, column (A), line 4)	0.						
Salanes,	ner compensation, employee benefits (Part IX, cellar) (A) lines 5(10)	0.						
a Profession	fundraising fees (Part IX, column (A) June 144)	0.						
<b>b</b> Total fund	Ising eynenses Part IX column (D) line 55							
Other eve	uses (Part IV, column (A) lines 113 116 116 240	351 764	43,53					
Total ava	ses (Fart IX, Column (X), lines 11a, 11a, 11a, 11a, 11a, 11a, 11a, 11a		197,53					
Total exp	ses Add lines 13-17 (must equal Partial Column (A), line 23)		<del></del>					
Revenue	is expenses. Subtract line 18 from line 12		102,56					
	1000		End of Year					
Total asse	(Part X, line 16)		6,414,14					
Total liabi	es (Part X, line 26)		356,95					
Net asset	or fund balances Subtract line 21 from line 20	5,078,304.	6,057,18					
Signa	re Block		· -					
a	Briefly descr THE FAY FUND-RA BUDGETS Check this b Number of in Total number Total number Total gross in Net unrelate Contribution Program ser Investment in Other revenut Grants and is Benefits paid Salanes, oth Professional Total fundration Other expenion Total expenion Revenue less Total assets Total liabilities	of organization	Summary  Briefly describe the organization's mission or most significant activities  THE FAYETTEVILLE PUBLIC LIBRARY FOUNDATION SPEARHEADS MAJOR  FUND-RAISING CAMPAIGNS TO BRIDGE THE GAP CAUSED BY SHRINKING MUNICIPAL  BUDGETS AND THE GROWING NEEDS OF THE FAYETTEVILLE PUBLIC LIBRARY.  Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets  Number of voting members of the governing body (Part VI, line 1a)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of employees (Part V, line 2a)  Total number of voluntieers (estimate if necessary)  Total gross unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, line 34  Contributions and grants (Part VIII, line 1h)  Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  Other revenue and lines 8 through 11 (must equal Part VIII, column (A), line 12)  Other expenses (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), lines 1-3)  Professional fundraising fees (Part IX, column (A), lines 1-3)  Other expenses (Part IX, column (A), lines 1-3)  Other expenses (Part IX, column (A), lines 1-3)  Total assets (Part X, column (A), lines 1-3  Total assets (Part X, column (A), lines 1-3  Total assets (Part X, line 16)  Total assets (Part X, line 16)  Total assets (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20  States (Part X, line 26)  Net assets or fund balances Subtract line 21 from line 20  States (Part X, line 26)  States (Part X, line 26)					

orr	m 990 (2009)		71-0827418	Page <b>2</b>
Pa	art     Statement of Program Service	Accomplishments	· · · · · · · · · · · · · · · · · · ·	
i	Briefly describe the organization's mission SEE SCHEDULE O			
			<del></del>	
	Did the organization undertake any sig the prior Form 990 or 990-EZ?			Yes X No
3	Did the organization cease conducting,			Yes X No
1	If "Yes," describe these changes on Sche Describe the exempt purpose achieveme Section 501(c)(3) and 501(c)(4) organization	edule O. ents for each of the organization's three la ations and section 4947(a)(1) trusts are r , and revenue, if any, for each program se	argest program services by expequired to report the amount o	enses.
ŧa	(Code:) (Expenses \$	184,987 including grants of \$	) (Revenue \$	0 )
	BUILD AND MAINTAIN A NEW LI	BRARY, ADVANCEMENT OF THE ROING, KNOWLEDGE ACQUISITION,	DLE OF	
	OF LITERATURE	ING, KNOWEEDEL ACQUISITION,	AND A LOVE	
				<u></u>
			· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·			
łЬ	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
		·		
ŀc	: (Code) (Expenses \$	including grants of \$	) (Revenue \$	)
				<u> </u>
			<u>-</u>	
				·
	Other program services. (Describe in Sch (Expenses \$ including g		<b>5</b>	,
	• Total program service expenses ▶	184,987.		
_				Form <b>990</b> (2009)

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		X
5	Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			.,,
_	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
•	complete Schedule D, Part III	8		<u> </u>
9	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	-		
	quasi-endowments? If" Yes,"complete Schedule D, Part V	10		Х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
••	VII, VIII, IX, or X as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other-securities in Part X, line 12 that is 5% or more		į	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		ĺ	
•	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		ļ.	,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	:		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 167 If "Yes," complete Schedule D, Part IX.	1	ļ	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		; }	
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		i	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	Х	
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		- <del>X</del>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	445		v
45		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	15		
16	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	'		
• • •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			<del></del>
	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
	<u> </u>			

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	ł		
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	-		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
22		-	-	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		274		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		v
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	-		
20				
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	20-		v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> </u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	l		
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
J1		31		х
22	Part I	<b>⊢</b>		<del></del>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	22		v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			١.,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		х
27	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			<del></del>
37	· · · · · · · · · · · · · · · · · · ·			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			.,
	Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O		Х	
		Form	990	(2009)

rai	Statements Regarding Other INS Fillings and Tax Compliance			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	52	10	
	U.S. Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			秦东
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		14.74°	
	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		15 J . 1	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a	) and 5	4.4	· · · · · ·
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	Y		£ .
	instructions)			9
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	ma	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
		4a		Х
h	account)?	<b>-7a</b>	F342F	.,
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank	- 3		
	· · · · · · · · · · · · · · · · · · ·	, ,		18.1
	and Financial Accounts			× X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ا ۔ ا	ĺ	
_	Prohibited Tax Shelter Transaction?	5c		
ьа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			v
	organization solicit any contributions that were not tax deductible?	6a		Х
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible?	6b	GEOLÁ:	12.7
	Organizations that may receive deductible contributions under section 170(c).	188		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1.83	100	<u> </u>
	and services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		-	
	required to file Form 8282?	7c	2.1987	X
	If "Yes," indicate the number of Forms 8282 filed during the year	7	(c)	) (in ar
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	_		
	required?	7h	BACKET AN	TOMET!
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8 35857.4	OPAGET 13	Terreson
9	Sponsoring organizations maintaining donor advised funds.	357		<b>1</b>
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	C-7 -25 1	1877
0	Section 501(c)(7) organizations. Enter	<b>3</b>		
	Initiation fees and capital contributions included on Part VIII, line 12	[海		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	130		3
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against	'		`•
	amounts due or received from them )	┞		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u>b</u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management		r :-	T
	1.1	·	Yes	No
1a		1		
þ	Enter the number of voting members that are independent	1		ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	:	1	
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	•	X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
•	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b		x
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	100		
9	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		x
Saat		уза		
	tion B. Policies (This Section B requests information about policies not required by the Internal enue Code.)			
/ CV	cinde dode.)		Yes	No
40-	Dans the assessment in house level shorters because or officers?	10a		X
	Does the organization have local chapters, branches, or affiliates?	IVa		<del></del>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	405		
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		_
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			x
	form?	11		<u> </u>
11 A		<u></u>	v	<u> </u>
12 a		12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		,,	
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy?	ľ		
	describe in Schedule O how this is done	12c	X	<b></b> _
13	Does the organization have a written whistleblower policy?	13	Х	<u> </u>
14	Does the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions )			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	/)		
. •	available for public inspection. Indicate how you make these available. Check all that apply	,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
13	· · · · · · · · · · · · · · · · · · ·			
20	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  \[ \begin{array}{c} \text{CATHERINE} & \text{REW} & 401 & \text{W} & \text{MOUNTAIN} & \text{FAYETTEVILLE}, & \text{AR} & 72701 \\ 479-856-7102 \end{array} \]			

JSA 9E1042 5 000 Form 990 (2009)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order, individual trustees or directors; institutional trustees; officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average	Posit	(C) Position (check all that a					(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
KAREN MCDONALD										,
PRESIDENT	.25	Х	!	Х				0.	0.	0.
MARY BETH BROOKS										
VICE PRESIDENT	.25	Х		Х				0.	0	0.
AMY SORRELL										
SECRETARY/TREASURER	.25	Х		Х				0.	0	0.
WILLIAM JACKSON BUTT II		1								<u> </u>
BOARD MEMBER	.25	Х						0.	l	0.
GEORGE FAUCETTE		<u> </u>								
BOARD MEMBER	.25	х						0.	0	0.
DAN FERRITOR	1 - 4								-	
BOARD MEMBER	.25	X						0.	0	0.
SALLIE OVERBEY		<u> </u>								
BOARD MEMBER	.25	Х				j		0.	0	0.
HERSHEY GARNER							<u> </u>			
BOARD MEMBER	.25	x						0.	0	0.
TONY UTH										
BOARD MEMBER	.25	x						0.	0	0.
	!	L	ш		L	L	L	l	l	F 000 (0000)

Part VII Section A. Officers, Directors, Tre	ustees, Ke	ey En	nplo	oye	es,	and	Hig	hest Compensa	ted Emplo	yees(c	ontınue	d)	
(A) Name and title	(B) Average hours per		•	heck	_	hat app		(D) Reportable compensation	(E) Reportal compensa			(F) imated ount of	
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from rela organizati (W-2/1099-N	ted ons	comp fro orga and	other ensation m the nization related nizations	
										-		-	
											<del></del> ,		
											· <del>-</del> · · ·		_
1b Total							<u> </u>	0.		0.			<u>0.</u>
Total number of individuals (including but not lim reportable compensation from the organization	ited to thos	e liste		bove	e) w	ho re	ceiv	ed more than \$100	,000 in				
3 Did the organization list any former office	er directo	ır or	trsu	stee	a. 1	cev e	mp	lovee or highest	compensa	ited		Yes N	0
employee on line 1a? If "Yes," complete Schedu											3	×	<u> </u>
4 For any individual listed on line 1a, is the the organization and related organizations													
<ul><li><i>individual</i></li></ul>										 for	4	X	<u>:</u>
services rendered to the organization? If "Yes,"	complete S	Sched	ule .	J for	su	ch pei	rson	any unrelated o			5	×	
Section B. Independent Contractors													
1 Complete this table for your five highest compensation from the organization	compensate	ed in	dep	end	ent	cont	ract	tors that received	more tha	n \$100	0,000	of	
(A) Name and business add	ess							(B) Description of ser	vices	С	(C) ompensa	ation	
							<u> </u>						_
							-				_		_
													_
2 Total number of independent contractors (in more than \$100,000 in compensation from th				nted		thos 0	e li	sted above) who	received				

Page 9

VIII	Statement of Rever	nue			71-0827418		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from to under sections 512, 513, or 514
1a	Federated campaigns	1a	0			· <del>-</del>	
b	Membership dues		0				
c	Fundraising events	1 1	0				
d	Related organizations	1 1	0				
е	Government grants (contribut		0				
f	All other contributions, gifts, grants	,		1			
•	and similar amounts not included		210,311	-			
g	Noncash contributions included in		1	1			1
	Total. Add lines 1a-1f			210,311			
_			Business Code				
2a							
ь							
c							
d							
e							
f	All other program service reve						
g	Total. Add lines 2a-2f	<u> </u>		0		·	
3	Investment income (including		l l				
	other similar amounts)			173,478			173,4
4	Income from investment of tax			0			
5	Royalties			0			
	· · · <b>,</b> - · · · · ·	(ı) Real	(II) Personal				
6a	Gross Rents	0	0				
ь	Less rental expenses		0.				
c	Rental income or (loss)		0				
d	Net rental income or (loss) .			0			
7a	Gross amount from sales of	(ı) Secunties	(II) Other				
, a	assets other than inventory	1,090,353	0				
ь	Less cost or other basis						
	and sales expenses	1,177,178	0.				
С	Gain or (loss)						
d	Net gain or (loss)			-86,825			-86,8
8a	Gross income from f	undraising					
	events (not including \$						
	of contributions reported on lii	ne 1c)					
	See Part IV, line 18						
b	Less direct expenses					<del></del>	
С	Net income or (loss) from fund		· · · · · · · · • • • • • • • • • • • •	0			
9a	Gross income from gaming ac						
	See Part IV, line 19						
b	Less direct expenses						+
С	Net income or (loss) from gan	=	· · · · · · · • •	0	_		1
10a	Gross sales of invento						1
_	returns and allowances		1				1
	Less cost of goods sold						<b>+</b>
С	Net income or (loss) from sale Miscellaneous Reven		Business Code	0			
				2.22			1
11a	OTHER REVENUE		900099	3,138	3,138		
b			<del>                                     </del>	<del>-</del>	-		
C			<del>                                     </del>	- +			
ď	All other revenue				<del></del>	<del></del>	<del></del> -
е	Total. Add lines 11a-11d .		· · · · · · · <b>-</b> [_	3,138			

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete	te column (A) but are i	not required to comple	ete columns (B), (C), a	and (D).
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
·	organizations in the U.S. See Part IV, line 21	154,000.	154,000.		
2	Grants and other assistance to individuals in	-			
-	the U S See Part IV, line 22	0.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	0.			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	0.	'		
8	Pension plan contributions (include section 401(k)	-			
-	and section 403(b) employer contributions)	0.			
9	Other employee benefits	0.			· · · · · · · · · · · · · · · · · · ·
10	Payroll taxes	0.	Í		
11	Fees for services (non-employees)			<del>-</del>	
	Management	10.	10.		
	Legal	0.			
	Accounting	12,550.	•	12,550.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17	0.			
	Investment management fees	30,977.	30,977.		
	Other	0.			
12	Advertising and promotion	0.			
13	Office expenses	0.			·.
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
. 🕶	for any federal, state, or local public officials	0.		-	
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.	-		
 23	Insurance	0.			
24	Other expenses Itemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				
а					
b					
c					
d			<del></del>		
2					
f	All other expenses		-		
25	Total functional expenses Add lines 1 through 24f	197,537.	184,987.	12,550.	
<u>25</u> 26	Joint Costs. Check here	- · , · ·			
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

JSA 9E1052 1 000

Part X	<u> </u>	0027410		Fage II
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	910,122.	1	332,294.
2	Savings and temporary cash investments	0.	2	0
3	Pledges and grants receivable, net	280,309.	3	334,125.
4	Accounts receivable, net	17,591.	4	18,915.
5	Receivables from current and former officers, directors, trustees, key			<u></u>
	employees, and highest compensated employees Complete Part II of	0.		0
	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L	0.	6	0
왕 7	Notes and loans receivable, net	0.	-	0
Assets 8	Inventories for sale or use	<u></u>		0
و اک	Inventories for sale or use	0.		0
	Prepaid expenses and deferred charges	0.	9	
10 a	Land, buildings, and equipment cost or 10a 0.			
Ι.	other basis Complete Part VI of Schedule D	0		0
l l	Less accumulated depreciation		10c	0
11	Investments - publicly traded securities		11	0
12	Investments - other securities See Part IV, line 11	4,131,842.	<del></del>	5,728,811.
13	Investments - program-related See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11		15	0
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,339,864.		6,414,145.
17	Accounts payable and accrued expenses		17	54,000.
18	Grants payable		18	0
19	Deferred revenue	261,560.	19	302,957.
20	Tax-exempt bond liabilities	0.	20	0
ဖ္ထု 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
<u>≢</u> 22	Payables to current and former officers, directors, trustees, key			
Liabilities 22	employees, highest compensated employees, and disqualified		l	
<b>=</b>	persons Complete Part II of Schedule L	0.	22	0
23	Secured mortgages and notes payable to unrelated third parties	0.	23	0
24	Unsecured notes and loans payable to unrelated third parties	0.	24	0 .
25	Other liabilities. Complete Part X of Schedule D	0.	25	0
26	Total liabilities. Add lines 17 through 25	261,560.		356,957.
	Organizations that follow SFAS 117, check here   X  and			
စ္က	complete lines 27 through 29, and lines 33 and 34.			
Ž 27	Unrestricted net assets	2,770,604.	27	3,081,065.
흥 28	Temporarily restricted net assets	0.	28	0
<u>m</u> 29	Permanently restricted net assets	2,307,700.	29	2,976,123.
Š	Organizations that do not follow SFAS 117, check here			
<u>"</u>	and complete lines 30 through 34.			
o 30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund	•	31	
8 32	Detained a survey and a survey dated a series during		32	
Net Assets or Fund Balance: 2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Total net assets or fund balances	5,078,304.	33	6,057,188.
34	Total liabilities and net assets/fund balances	5,339,864.	34	6,414,145.
	Total navinues and het assets/fulla valaffees		J4	0,714,143.

Form **990** (2009)

· C.

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

#### 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.

OMB No 1545-0047 Open to Public

Department of the Treasury ► Attach to Form 990 or Form 990-EZ. See separate instructions. Inspection Internal Revenue Service Name of the organization **Employer identification number** FAYETTEVILLE PUBLIC LIBRARY FOUNDATION 71-0827418 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 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 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) Х 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 a Type I 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 II, Type III, 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? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(n) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (i) Name of supported (vii) Amount of (ir) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section governing document? col (i) of your (i) organized in the (see instructions)) support? Total

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

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you chec	ganizations Di ked the box o	Described in Son In Son In Son In Son In Son Inc.	Sections 170( 8 of Part I.)	b)(1)(A)(iv) a	nd 170(b)(1)(A	A)(vi)
Sec	tion A. Public Support						
Cale	ndar 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	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		1	i	]		
	publicly supported organization) included			ļ		ļ	
	on line 1 that exceeds 2% of the amount				i		
	shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4			L			
	tion B. Total Support			1	1		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(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						
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)						
11	Total support Add lines 7 through 10	<u> </u>	L		l		
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First five years. If the Form 990 is toganization, check this box and stop here		•				
<u>Sec</u>	tion C. Computation of Public Sup	port Percenta	ige				
14	Public support percentage for 2009 (line	e 6, column (f) d	ivided by line 11	, column (f))		14	%
15	Public support percentage from 2008 S	chedule A, Part	II, line 14			15	%
16a	33 1/3 % support test - 2009. If the o	organization did	not check the	box on line 13,	, and line 14 is	33 1/3 % or mo	re, check
	this box and stop here. The organization	on qualifies as a	a publicly suppo	rted organizatio	n		▶ 🔲
b	33 1/3 % support test - 2008. If the	•			·		
	check this box and stop here. The org	anızatıon qualıfi	es as a publicly	supported orga	nization		▶ 🔲
17a	10%-facts-and-circumstances test - 2	<b>2009</b> . If the orga	anization did no	check a box or	n line 13, 16a o	r 16b, and line 1	4 is 10%
	or more, and if the organization me	eets the "facts	-and-circumstan	ces" test, chec	k this box an	d stop here. E	xplaın ın
	Part IV how the organization meets	the "facts-and-o	arcumstances"	est The organi	zation qualifies	as a publicly s	upported
	organization						▶ 📙
b	10%-facts-and-circumstances test -						
	15 is 10% or more, and if the orga	anization meets	s the "facts-and	d-circumstances	" test, check t	his box and <b>st</b>	op here.
	Explain in Part IV how the organization						-
	supported organization				-	•	
	Private foundation. If the organization						
18					, iiu, oi iib.		and see
18	instructions						

Part III	Support Schedule for Organizations Described in Section 509(a)(2)
	(Complete only if you shocked the box on line 0 of Port I.)

Sec	tion A. Public Support		<i>-</i>		<del>-</del>		
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(u) 2000	(5) 2000	(6) 2001	(4) 2000	(0) 2000	(1) 10101
1	, š ,						
	membership fees received (Do not include						
_	any "unusual grants ")	1,046,637	946,452	414,812.	225,588	210,311	2,843,800
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	<u>-</u> -					
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .		<del></del> .				
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	İ					
6	Total. Add lines 1 through 5	1,046,637	946, 452	414,812	225,588	210,311	2,843,800
7 a	Amounts included on lines 1, 2, and 3	,	•	ŕ	·	,	, ., .,
	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						
_	·		<del></del>			-	
	Add lines 7a and 7b						
Ü	''' '						2 242 222
500	line 6)						2,843,800
	. 1	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	alendar year (or fiscal year beginning in)	` '	, ,		, ,	1,	
9 10 a	Amounts from line 6	1,046,637	946,452	414,812	225,588	210,311	2,843,800
10 a	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	92,441	177,286	203,730	198,060	173,478	844,995
D	Unrelated business taxable income (less					İ	
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b	92,441	177,286	203,730	198,060	173,478	844,995
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) ATCH 1	2,731	270	458	0	3,138.	6,597
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	1,141,809	1,124,008	619,000	423,648	386,927	3,695,392
14	First five years. If the Form 990 is for	the organization	's first, second,	third, fourth, or	fifth tax year a	s a section 501(	c)(3)
	organization, check this box and stop here .						▶ 🗌
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8, co	olumn (f) divided b	y line 13, column	(f))		15	76.96%
16	Public support percentage from 2008 Schedu	ile A, Part III, line	15			16	85.08%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (lir			column (fl)		17	22.87%
18	Investment income percentage from 2008					18	14.85%
	33 1/3 % support tests - 2009. If the or					<u> </u>	
, 3 a	17 is not more than 33 1/3 %, check th	-					. —
_			_				_
D	33 1/3 % support tests - 2008. If the organized the 18 is not more than 231/3 % shock						
~~	line 18 is not more than 331/3 %, check		•	·		• • •	. :
20	Private foundation. If the organization	ulu not check a	a dox on line '	14, 19a, or 19b,	, cneck this bo	x and see instru	ictions 🟲

Page 4

	al Information. Comp 7a or 17b; or Part III, II					
SCHEDULE A, PART	II - 0		<del> </del>	<u>AT</u>	TACHMENT 1	
DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
OTHER INCOME	2,731	270	458	0	3,138	6,597
TOTAL	2 731	270	458		3 139	6 597

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

➤ Attach to Form 990. ➤ See separate instructions.

structions.

	/ His organisation			Employer identification number
FAY	ETTEVILLE PUBLIC LIBRARY FOUNDATIO	N		71-0827418
Par	Organizations Maintaining Donor Ad the organization answered "Yes" to Fo	vised Funds or Othe orm 990, Part IV, line	er Similar Funds or 6.	AccountsComplete if
		(a) Donor adv	ised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			-
3	Aggregate grants from (during year)	-		
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor ad	lvisors in writing that the	assets held in donor :	advised
6	funds are the organization's property, subject to the Did the organization inform all grantees, donors, an	organization's exclusiv	e legal control?	Yes No
	used only for charitable purposes and not for the be purpose conferring impermissible private benefit?	enefit of the donor or dor	nor advisor, or for any	other
Par		f the organization and	wored "Ves" to For	m 000 Port IV line 7
1 di	Purpose(s) of conservation easements held by the			m 990, Part IV, line 7.
ľ				
	Preservation of land for public use (e.g., recre	eation or pleasure)		an historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization he	ld a qualified conservati	on contribution in the f	orm of a conservation
	easement on the last day of the tax year		Г	Held at the End of the Year
	<del>-</del>		ŀ	
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements		1	2b
С	Number of conservation easements on a certified h		lın(a)	2c
d	Number of conservation easements included in (c)			2d
3	Number of conservation easements modified, trans	ferred, released, extingu	iished, or terminated b	y the organization during
	the tax year ▶			
4	Number of states where property subject to conserv	vation easement is locat	ed <b>&gt;</b>	
5	Does the organization have a written policy regardii violations, and enforcement of the conservation eas			
6	Staff and volunteer hours devoted to monitoring, ins			
7	Amount of expenses incurred in monitoring, inspect	ting and enforcing cons	ervation easements di	iring the year
•	S	ang, and emorcing cons	ervation easements ut	aring the year
8	Does each conservation easement reported on line	2(d) about actions the	navuramenta of acetics	
0				
_	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?			
9	In Part XIV, describe how the organization reports of		•	
	balance sheet, and include, if applicable, the text of		nization's financial sta	itements that describes
Dor	the organization's accounting for conservation ease			Cimilar Assault
Par	Organizations Maintaining Collection Complete if the organization answered	is of Art, Historical I	reasures, or Other	Similar Assets.
	<del>- · · · · · · · · · · · · · · · · · · ·</del>			
1a	If the organization elected, as permitted under art, historical treasures, or other similar assets hi provide, in Part XIV, the text of the footnote to its	SFAS 116, not to repo eld for public exhibition financial statements that	ort in its revenue sta n, education, or resea it describes these iten	stement and balance sheet works of arch in furtherance of public service, ns.
b	If the organization elected, as permitted under historical treasures, or other similar assets held provide the following amounts relating to these ite	for public exhibition, ems	education, or resear	rch in furtherance of public service,
	(i) Revenues included in Form 990, Part VIII, line 1	1		▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of a			
	following amounts required to be reported under			
а	Revenues included in Form 990, Part VIII, line 1	_		▶ \$
b	Assets included in Form 990, Part X			
_			<i>-</i>	· · · · · · · · · · · · · · · · · · ·

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

Schedule D (Form 990) 2009

_	due D (Form 990) 2009				-002/410			Page Z
Par	t III Organizations Maintainin	g Collections	of Art, Historic	cal Treasures	, or Other S	imilar Assets(	continued	1)
3	Using the organization's acquisition,	acces sion, and	other records, ch	eck any of the fo	ollowing that a	re a significant i	use of its	
	collection items (check all that apply)							
а	Public exhibition		d 🗌	Loan or exch	ange program	ıs		
b	Scholarly research		е	Other				
C	Preservation for future gene							
4	Provide a description of the organization	tion's collection	s and explain hov	v they further the	e organization	's exempt purpo	se in	
	Part XIV							
5	During the year, did the organization							
	assets to be sold to raise funds rathe		<del></del>				Yes	No
Par	t IV Escrow and Custodial Ar IV, line 9, or reported an a				nswered "Y	es" to Form 99	00, Part	_
1a	Is the organization an agent, trustee,	custo dian or ot	her intermediary t	or contributions	or other asse	ts not		
	included on Form 990, Part X?					[	Yes	No
b	If "Yes," explain the arrangement in F	art XI V and cor	nplete the following	ng table <sup>.</sup>		•		
				Γ		Amount		
С	Beginning balance				lc			
d	Additions during the year			[1	ld			
е	Distributions during the year				le			
f	Ending balance				lf			
2a	Did the organization include an amou	int on Form 990	), Part X, line 217	·			Yes	No
	If "Yes," explain the arrangement in F							
Par	t V Endowment Funds. Com	plete if organiz	ation answered	"Yes" to Forn	n 990, Part I	V, line 10.		
		(a) Current Year	(b) Prior year	(c) Two year	s back (d)	Three years back	(e) Four ye	ears back
1a	Beginning of year balance						<u></u>	
b	Contributions							
С	Net investment earnings, gains,		-		ŀ			
_	and losses							
	Grants or scholarships							
е	Other expenditures for facilities							
	and programs		<u> </u>					
	Administrative expenses							
9	End of year balance		<u> </u>					
2	Provide the estimated percentage of	•						
a	Board designated or quasi-endowme		%					
D	Permanent endowment	<u>,                                    </u>						
2-	Term endowment ▶%	-	E 41			16 11		
Ja	Are there endowment funds not in the	e pos session o	t the organization	that are nelo ar	na aaministere	ea for the	Įv.	
	organization by						Ye	es No
	(i) unrelated organizations						3a(i)	<del></del>
h	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related organ		-				3b	. !
4	Describe in Part XIV the intended use				V line 40			
Par	t VI Investments - Land, Build							
	Description of investment		st or other basis evestment)	(b) Cost or other basis (other)	(c) Accumu depreciat		<b>d)</b> Book value	•
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
_ е	Other							_
Tota	Add lines 1a through 1e (Column /	d) must squal E	rm 000 Part V	olumn (P) lung	10(0)			

Part VII Investments - Other Securities. See F	orm 990, Part X, line	12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			_
OtherMARKETABLE SECURITIES	2,973,611.	FMV	
SIGNATURE BANK	196,933.	FMV	
CHILD REST MARKETABLE SECURITI	1,281,603.	FMV	
ELDER REST MARKETABLE SECURITI	300,623.	FMV	
NEH REST MARKETABLE SECURITIES	233,556.	FMV	
OTWELL REST MARKETABLE SECURIT	742,485.	FMV	
		•	
_			
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	5,728,811.		
Part VIII Investments - Program Related. See F	orm 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15.		
	Description	(b) Book va	lue
			-
			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)			
Part X Other Liabilities. See Form 990, Part X			
1. (a) Description of liability	(b) Amount	<del></del>	
Federal income taxes	(5) / 111100111		
rederar income taxes	<del>                                     </del>		
	<del> </del>		
<del></del>			
<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)		.,	

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Schedul	e D (Form 990) 2009 71-0827418			Page <b>4</b>
Part	XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Staten	nents	5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1		300,102
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		197,537
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3		102,565
4	Net unrealized gains (losses) on investments	4		876,319
5	Donated services and use of facilities	5		
6	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		
7	Investment expenses	7		
8	Prior period adjustments Other (Describe in Part XIV)	8	<del> </del>	
9	TALL A SACKAN ALLA AR LO	9		876,319
_		10		978,884
10				970,004
Part		Luin	4	1 172 202
1	Total revenue, gains, and other support per audited financial statements	• • ⊦	1	1,173,283.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			
a	Net unrealized gains on investments 2a 876, 31	9.		
b	Donated services and use of facilities	_		
C	Recoveries of prior year grants	_		
d	Other (Describe in Part XIV )	_		
е	Add lines 2a through 2d		2e	876,319
3	Subtract line 2e from line 1	· ·  _	3	296,964
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	_		
b	Other (Describe in Part XIV)	18.		
С	Add lines 4a and 4b	⊢	4c	3,138
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	300,102
Part	the control of the co	<u>≀etur</u>	n_	
1	Total expenses and losses per audited financial statements	🖵	1	194,399
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities 2a			
b	Prior year adjustments 2b			
C	Other losses 2c			
d	Other (Describe in Part XIV )			
е	Add lines 2a through 2d	L	2e	
3	Subtract line 2e from line 1	L	3	194,399
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV ) 4b 3,13	8.		
C	Add lines 4a and 4b		4c	3,138
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	197,537
Part :	XIV Supplemental Information			
and 2b	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part I b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also rt to provide any additional information			
SEE	PAGE 5			
	<b></b>			
			Schedu	ıle D (Form 990) 2009

### Part XIV Supplemental Information (continued)

RECLASS OF EXPENSES

SCH D, PART XII, LINE 4B

AMOUNT WAS REFLECTED AS A NEGATIVE EXPENSE PER AUDIT REPORT. MOVED TO OTHER INCOME FOR FORM 990.

RECLASS OF EXPENSES

SCH D, PART XIII, LINE 4B

AMOUNT WAS REFLECTED AS A NEGATIVE EXPENSE PER AUDIT REPORT. MOVED TO OTHER INCOME FOR FORM 990.

# **SCHEDULE 1** (Form 990)

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

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Open to Public 2009

Name of the organization						Employer identification number	on number
FAYETTEVILLE PUBLIC LIBRARY FOUNDATION	UNDATION					71-0827418	
Part I General Information on Grants and Assistance	and Assista	nce					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	substantiate th	e amount of the	grants or assistance	, the grantees' eligib	ility for the grants or a	ssistance, and	
the selection criteria used to award the grants or assistance?	ants or assistan	ce?	•	•	•	•	× Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for mon	itoring the use o	of grant funds in the L	Inited States.			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Use	o Governmer	nts and Orgar	<b>nizations in the Un</b> lore than \$5,000 C	ited States. Com	plete if the organiza o one recipient rece	ition answered "Ye	s" to ,000. Use
	990) if additio	nal space is r	reeded				•
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAYETTEVILLE PUBLIC LIBRARY							
401 W MOUNTAIN FAYETTEVILLE, AR 72701	71-6039025	501 (A)	154,000		FMV	:	BUILD/MAINT LIBRARY
						i	
2 Enter total number of section 501(c)(3) and government o	d government o	rganizations					0
3 Enter total number of other organizations						•	
For Privacy Act and Paperwork Reduction Ac	t Notice, see tl	ne Instructions	for Form 990.			Schec	Schedule I (Form 990) 2009

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Schedule I (Fo	Schedule I (Form 990) 2009			71-0827418			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	<b>dividuals in th</b> 990) if additio	ials in the United States. Co	. Complete if the ided.	organization answered	"Yes" on Form 990, Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance	
							i
Part IV	Supplemental Information. Complete this		provide the infor	mation required	in Part I, line 2, and any	part to provide the information required in Part I, line 2, and any other additional information.	
GRANT F	GRANT FUNDS MONITORING	                 		; 8 9 4 1 1 1			 
SCHEDULE	E I PART I LINE 2						
 		! ! ! ! ! ! ! !	 	; ; ; ; ; ; ; ; ; ;	1		
 		 	 				! ! !
 		1 1 1 1 1 1 1 1 1	 	1 1 1 1 1 1 1 1 1 1 1 1	,	1	! ! !
 							,         
						Schedule I (Form 990) 2009	190) 2009

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

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

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

71-0827418

FAYETTEVILLE PUBLIC LIBRARY FOUNDATION

ATTACHMENT 2

ORGANIZATION'S MISSION

PART III LINE 1

THE FAYETTEVILLE PUBLIC LIBRARY FOUNDATION SPEARHEADS MAJOR FUND-RAISING CAMPAIGNS TO BRIDGE THE GAP CAUSED BY SHRINKING MUNICIPAL BUDGETS AND THE GROWING NEEDS OF THE FAYETTEVILLE PUBLIC LIBRARY. WORKING IN COOPERATION WITH OTHER LIBRARY-SERVING ORGANIZATIONS, WE ENSURE THAT THE FAYETTEVILLE PUBLIC LIBRARY HAS SUFFICIENT FINANCIAL RESOURCES TO CREATE A VIBRANT, MODERN LIBRARY SYSTEM THAT SERVES THE DIVERSE NEEDS OF EVERYONE IN OUR THE FAYETTEVILLE PUBLIC LIBRARY FOUNDATION'S PURPOSE IS TO ACCEPT DONATIONS FROM THE COMMUNITY TO FUND THE CONTINUED DEVELOPMENT AND ENHANCEMENT OF QUALITY LIBRARY SERVICES PROVIDED BY THE FAYETTEVILLE PUBLIC LIBRARY. THE GOAL OF THE FOUNDATION IS TO RAISE FUNDS TO SUPPLEMENT THE CITY OF FAYETTEVILLE BUDGET AND TO PROVIDE FOR ADDITIONAL MATERIALS AND EQUIPMENT FOR THE LIBRARY. THE FAYETTEVILLE PUBLIC LIBRARY FOUNDATION IS A PRIVATE, NONPROFIT CORPORATION COMMITTED TO PROVIDING SUPPLEMENTARY SUPPORT TO THE FAYETTEVILLE PUBLIC LIBRARY. THE FOUNDATION, WHILE REINFORCING THE NEED FOR CONTINUED AND INCREASED PUBLIC SUPPORT FOR THE LIBRARY, SERVES AS A CATALYST FOR ATTRACTING PRIVATE FUNDING FROM INDIVIDUALS, BUSINESSES, ORGANIZATIONS AND FOUNDATIONS TO ENHANCE LIBRARY SERVICES FOR OUR COMMUNITY. THE FAYETTEVILLE PUBLIC LIBRARY FOUNDATION IS DEDICATED TO ENSURING A QUALITY LIBRARY SYSTEM. THROUGH FUND RAISING ACTIVITIES, THE FOUNDATION WILL INVEST IN AN ENDOWMENT FOR THE LONG-TERM EXCELLENCE OF THE LIBRARY. IT ENCOURAGES COMMUNITY INVOLVEMENT WITH THE LIBRARY PROGRAM SUPPORT TO MEET THE EXPECTATIONS OF PRESENT AND FUTURE

Name of the organization

FAYETTEVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number 71-0827418

ATTACHMENT 2 (CONT'D)

CITIZENS OF FAYETTEVILLE PUBLIC LIBRARY. THE FAYETTEVILLE PUBLIC LIBRARY FOUNDATION ENHANCES THE FAYETTEVILLE PUBLIC LIBRARY AS A COMMUNITY RESOURCE BY RAISING FUNDS FOR AN ENDOWMENT. OUR GOAL IS TO ENRICH, NOT REPLACE, TRADITIONAL TAX-BASED SUPPORT FOR THE LIBRARY THROUGH GIFTS, GRANTS AND BEQUESTS FROM INDIVIDUALS AND ORGANIZATIONS.

COMMITTEES WITH AUTHORITY TO ACT ON BEHALF OF GOVERNING BODY PART VI, SECTION A, LINE 8B ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT CAN ACT ON BEHALF OF THE GOVERNING BODY.

REVIEW OF RETURN

PART VI, SECTION B, LINE 11A

REVIEW OF FORM 990 PEFORMED BY CATHERINE REW (DIRECTOR OF ADMINISTRATIVE SERVICES) BEFORE THE TAX RETURN IS FILED WITH THE IRS.

CONFLICT OF INTEREST POLICY MONITORING

PART VI SECTION B LINE 12C

BOARD MINUTES ARE READ BY THE EXECUTIVE DIRECTOR AND ANY CONFLICTS OF INTEREST ARE BROUGHT TO THE ATTENTION OF THE BOARD IMMEDIATELY.

PROCESS OF DETERMINING OFFICER COMPENSATION

PART VI SECTION B LINE 15

OFFICERS OF THE FOUNDATION ARE NOT COMPENSATED BY THE FOUNDATION.

DOCUMENTS AVAILABLE TO THE PUBLIC

PART VI, SECTION C, LINE 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL

Schedule O (Form 990) 2009

Page 2

Name of the organization

FAYETTEVILLE PUBLIC LIBRARY FOUNDATION

Employer identification number 71-0827418

ATTACHMENT 2 (CONT'D)

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

# SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

FAYETTEVILLE PUBLIC LIBRARY FOUNDATION

Part

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36 or 37. ▶ Attach to Form 990.

Related Organizations and Unrelated Partnerships

Open to Public 2009 Inspection

OMB No 1545-0047

Employer identification number

See separate instructions.

71-0827418

Identification of Disregarded Entities (Complete If the organization answered "Yes" on Form 990, Part IV, line 33.)

	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II	Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ne organization ansv	wered "Yes" on F	orm 990, Part IV	/, line 34 because	e it
	(a) Name, address, and EIN of related organization	(b) Primary activity		Exempt Code section Public charity status	(e) Public charity status	(f) Direct controlling
	7000000 10		or roterigin country)		(ic)(c)(c)(c)(c)(c)	eniny

FAYETTEVILLE PUBLIC LIBRARY	71-6039025			
401 W MOUNTAIN	FAYETTEVILLE, AR 72701	PUBLIC LIBRAR AR	AR	501 (A)

N/A

N/A

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

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Schedule R (Form 990) 2009

Page 2

Schedule R (Form 990) 2009

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(j) General or managing partner?	s No						(F)
8 E g	Yes				 		=
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)						orm 990, Part	(B)
(h) Disproportionata adocations?	ž				 	n F	
) Dispring	Yes					s"o	
(g) Share of end-of-year assets						on answered "Ye tax year.)	<b>(</b> )
						zati	<b>e</b>
(f) Share of total income						f the organi rust during	_
Share of			:			omplete if ration or t	Ð
(e) Predominant income (related, unrelated, excluded from tax under sections	512-514)					ation or Trust(C eated as a corpo	(0)
(d) Direct controlling entity						<b>able as a Corpo</b> l d organizations tr	<u>@</u>
(c) Legal domicile (state or foreign						ions Tax	
(b) Primary activity						slated Organizat It had one or mo	
(a) Name, address, and EIN of related organization						Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(e)
Nan						Part IV	

the first and the control of the con	a 0.9am=amon a			Service Services	, (		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
	:						
		!					

Schedule R (Form 990) 2009

PAGE 31

Page 3

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

Schedule R (Form 990) 2009

 $\times |\times| \times$  $\times$ Schedule R (Form 990) 2009 Yes × (c) Amount involved ξ 2 19 ÷ 9 타 4 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. Purchase of assets from other organization(s) .................... (b)
Transaction type (a-r) During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule (a) Name of other organization Lease of facilities, equipment, or other assets from other organization(s) Other transfer of cash or property from other organization(s) Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) Loans or loan guarantees to or for other organization(s) Sharing of paid employees . . . . . . . . Sale of assets to other organization(s) ø ٤ 0 £ € (2) (3)₹ 3 9

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Page 4

Schedule R (Form 990) 2009

Part VI

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?	(a) Share of end-of-year assets	(f) Disproportionate allocations?	(g) Code V-UBI amount in box 20 of Schedule K-1	(h) General or managing partner?
			Yes No		Yes No	(100111003)	Yes No
							-
		,					
			-				
	:						
						Schedule R (Form 990) 2009	990) 2009

Schedule R (Form 990) 2009

PAGE 33

## Form 8868

(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No 1545-1709

internal Revenue S								<del></del>		
•	ling for an Automatic 3-I	•	•		• • •			. <b>▶</b> 🗓		
	ling for an Additional (No ete Part II unlessou have									
Part I Auto	matic 3-Month Extens	sion of Time. Only	submit original (no c	opies needed	d).					
•	equired to file Form 990-				ıs box a	nd complete		<b>.</b> [		
•					• • • •					
	orations (including 1120 ome tax returns	)-C filers), partnershij	os, REMICs, and trus	ts must use l	Form 70	004 to reque	∍st an ext	ension of		
one of the re- electronically i returns, or a co	ng (e-file) Generally, you turns noted below (6 n if (1) you want the addi omposite or consolidated e details on the electroni	nonths for a corpora tional (not automatic) d From 990-T Instead	tion required to file 3-month extension of the you must submit the	Form 990-T) or (2) you file e fully comple	Howeve Forms ted and	er, you cann 990-BL, 606 I signed page	ot file Fo 9, or 887 e 2 (Part II	rm 8868 '0, group		
Type or	Name of Exempt Organiza	ition				Employer ide	ntification	number		
print	FAYETTEVILLE	PUBLIC LIBRARY	FOUNDATION			71-082	27418			
File by the Number, street, and room or suite no. If a P.O. box, see instructions										
due date for 401 W MOUNTAIN										
filing your return See	City, town or post office, st	City, town or post office, state, and ZIP code For a foreign address, see instructions								
instructions FAYETTEVILLE, AR 72701										
Check type of	return to be filed (file a	separate application f	or each return)							
X Form 990		Form 990-T (corpo	ration)		For	m 4720				
Form 990	-BL	Form 990-T (sec 4	101(a) or 408(a) trust)		For	m 5227				
Form 990	-EZ	Form 990-T (trust	other than above)		For	m 6069				
Form 990	-PF	Form 1041-A			For	m 8870				
<ul><li>If the organ</li><li>If this is for</li><li>for the whole g</li></ul>	No ► 479 856-71 station does not have an a Group Return, enter the group, check this box	office or place of busi e organization's four d ►		lumber (GEN)	N	/A nd attach a li				
	Is of all members the exte									
until for the org	an automatic 3-mc 201 201 201 201 201 201 201 201 201 201	$\frac{0}{1}$ , to file the exer	r a corporation re npt organization return	n for the orga						
2 If this tax	year is for less than 12 m	onths, check reason	Initial return	Final reti	urn	Change in	accounting	j period		
b If this appeared in the made	plication is for Form 99 dable credits. See instruction is for Form 990 clude any prior year over <b>Due</b> . Subtract line 3b from 50 coupon or, if requirens.	ctions D-PF or 990-T, enter payment allowed as a pm line 3a. Include y	any refundable credits credit our payment with this	and estimate	d tax p	ayments deposit	3a \$ 3b \$ 3c \$			
Caution. If you	are going to make an ele	ctronic fund withdrawa	I with this Form 8868,	see Form 8453	B-EO and					
for payment ins										
For Privacy Ac	t and Paperwork Reduct	ion Act Notice, see In	structions.			Fo	rm <b>8868</b> (R	lev 4-2009)		