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## 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  
Inspection

► 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

## A For the 2009 calendar year, or tax year beginning

, and ending

Check if applicable  
Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type.  
See Specific Instructions.

C Name of organization

FRIENDS OF THE CORVALLIS PUBLIC LIBRARY, INC.

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

645 NW MONROE AVENUE

City, town, or country

State

ZIP + 4

CORVALLIS

OR

97330

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

D Employer identification number  
93-6033847E Telephone number  
(541) 757-6928

F Group Exemption Number ►

G Accounting Method:  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c)(3) ◀ (insert no)  4947(a)(1) or  527H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ►  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.

L 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 ► \$ 80,932

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	RECEIVED	1	1,732
	2 Program service revenue including government fees and contracts		2	100
	3 Membership dues and assessments		3	15,479
	4 Investment income		4	2,971
	5a Gross amount from sale of assets other than inventory	048 MAY 1 2010 RS OSC	5a	0
	b Less: cost or other basis and sales expenses		5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►			
	a Gross revenue (not including \$ 0 of contributions reported on line 1)		6a	0
Expenses	b Less: direct expenses other than fundraising expenses		6b	0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a Gross sales of inventory, less returns and allowances	7a	60,650	
	b Less: cost of goods sold	7b	7,177	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	53,473
	8 Other revenue (describe ►		8	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	73,755
Net Assets	10 Grants and similar amounts paid (attach schedule)		10	42,659
	11 Benefits paid to or for members		11	
	12 Salaries, other compensation, and employee benefits		12	
	13 Professional fees and other payments to independent contractors		13	
	14 Occupancy, rent, utilities, and maintenance		14	
	15 Printing, publications, postage, and shipping		15	474
	16 Other expenses (describe ► See Attached Statement)		16	9,965
	17 Total expenses. Add lines 10 through 16		17	53,098
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18	20,657
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	130,582
	20 Other changes in net assets or fund balances (attach explanation)		20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		21	151,239

## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	130,594	22 151,367
23 Land and buildings		23
24 Other assets (describe ►	0	24 0
25 Total assets	130,594	25 151,367
26 Total liabilities (describe ► CREDIT CARD)		26 128
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	130,582	27 151,239

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

(HTA)

Form 990-EZ (2009)

10

**Part III Statement of Program Service Accomplishments** (See the instructions for Part III.)

What is the organization's primary exempt purpose? SUPPORT FOR LOCAL PUBLIC LIBRARIES

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others )

28 "WISH-LIST" PROJECTS, STAFF SUPPORT			
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0	
29			
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0	
30			
(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0	
31 Other program services (attach schedule) (Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0	
<b>32 Total program service expenses.</b> (add lines 28a through 31a) ► 32		0	

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
STEFANI MCRAE	Title PHILOMATH LIASON			
PHILOMATH OR 97370	Hr/WK .50	0	0	0
CORRINE GOBELI	Title PAST PRESIDENT			
CORVALLIS OR 97330	Hr/WK 5.00	0	0	0
DEBRA GOLDENBERG	Title DIRECTOR			
ALBANY OR 97321	Hr/WK 3.00	0	0	0
JAMES HOWARD	Title DIRECTOR			
CORVALLIS OR 97330	Hr/WK .50	0	0	0
CAROL KLAUNKIN	Title DIRECTOR			
CORVALLIS OR 97330	Hr/WK .50	0	0	0
BRENDA BROWN	Title SECRETARY			
CORVALLIS OR 97330	Hr/WK .50	0	0	0
CATE CARUSO	Title MEMBERSHIP CHAIR			
ALBANY OR 97321	Hr/WK .50	0	0	0
DAVID LOW	Title PRESIDENT			
PHILOMATH OR 97370	Hr/WK 6.00	0	0	0
LOIS MALANGO	Title PAST-PRESIDENT			
CORVALLIS OR 97330	Hr/WK 1.00	0	0	0
CHERYL MAZE	Title PAST-PRESIDENT			
CORVALLIS OR 97330	Hr/WK 5.00	0	0	0
DAVID NEWMAN	Title CO-TREASURER			
CORVALLIS OR 97330	Hr/WK .50	0	0	0
CAROLYN RAWLES HEISER	Title DIRECTOR			
CORVALLIS OR 97330	Hr/WK .50	0	0	0
CHRIS ROCHESTER	Title DIRECTOR			
CORVALLIS OR 97330	Hr/WK .50	0	0	0
PHYLLIS SARTAIN	Title CO-TREASURER			
PHILOMATH OR 97370	Hr/WK 1.00	0	0	0
JACQUE SCHRECK	Title DIRECTOR			
CORVALLIS OR 97330	Hr/WK 1.00	0	0	0
MARK SPEULDA	Title DIRECTOR			
PHILOMATH OR 97370	Hr/WK 3.00	0	0	0
TED TOUW	Title DIRECTOR			
ALBANY OR 97321	Hr/WK 4.00	0	0	0
	Title			
	Hr/WK .00	0	0	0

## Part 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 description of each activity. 33  Yes  No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes. 34  Yes  No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T. 35a  Yes  No

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35b  Yes  No

b If "Yes," has it filed a tax return on Form 990-T for this year? 36  Yes  No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. 37a  Yes  No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 37b  Yes  No

b Did the organization file Form 1120-POL for this year? 38a  Yes  No

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? 38b  Yes  No

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39a  Yes  No

39 Section 501(c)(7) organizations. Enter: 39b  Yes  No

a Initiation fees and capital contributions included on line 9. 40a  Yes  No

b Gross receipts, included on line 9, for public use of club facilities. 40b  Yes  No

40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► \_\_\_\_\_ ; section 4912 ► \_\_\_\_\_ ; section 4955 ► \_\_\_\_\_ 40c  Yes  No

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 40d  Yes  No

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. 40e  Yes  No

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40f  Yes  No

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40g  Yes  No

41 List the states with which a copy of this return is filed. ► OR

42 a The organization's books are in care of ► PHYLLIS SARTAIN Telephone no. ► (541) 929-2460  
Located at ► PO BOX 879 City PHILOMATH ST OR ZIP + 4 ► 97370 42b  Yes  No

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 42c  Yes  No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► 43  Yes  No

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ► 43  N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ. 44  Yes  No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45  Yes  No

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46 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. . . . . Yes  No  46 X

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. . . . . 47 X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . . 48 X

49 a Did the organization make any transfers to an exempt non-charitable related organization? . . . . . 49a X

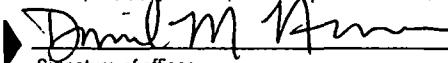
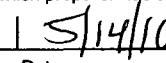
b If "Yes," was the related organization a section 527 organization? . . . . . 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
f Total number of other employees paid over \$100,000 . . . . . ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 . . . . . ►		

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge		
	 Signature of officer	 Date	
► <i>David M. Newman Treasurer</i> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature ► <i>Ilene Anderton</i>	Date 5/2/2010	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <i>A &amp; S ACCOUNTING</i> 316 SW WASHINGTON AVE, CORVALLIS, OR 97333	EIN ►	Preparer's identifying number (See instructions)
		Phone no ► (541) 757-1945	

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ►  Yes  No

**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

FRIENDS OF THE CORVALLIS PUBLIC LIBRARY, INC.

Employer identification number

93-6033847

**Part I 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.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  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)**.  
 11  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.

a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other

e  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)**.

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . .

g 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) and (iii) below, the governing body of the supported organization? . . . . .

Yes	No
11g(i)	
11g(ii)	
11g(iii)	

(ii) A family member of a person described in (i) above? . . . . .

(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
<b>Total</b>									0

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
4 <b>Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .	0	0	0	0	0	0
<b>6 Public support.</b> Subtract line 5 from line 4.	0	0	0	0	0	0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0					0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .	0	0	0	0	0	0
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	0.00%
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	0.00%
<b>16a 33 1/3% support test–2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test–2008.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test–2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test–2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a ,or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)
**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,206	18,990	21,031	17,324	17,211	95,762
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 . . . . .	36,616	44,974	45,667	49,013	60,750	237,020
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
6 <b>Total.</b> Add lines 1 through 5 . . . . .	57,822	63,964	66,698	66,337	77,961	332,782
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6) . . . . .						332,782

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	57,822	63,964	66,698	66,337	77,961	332,782
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,615	3,180	3,842	3,584	2,971	15,192
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	1,615	3,180	3,842	3,584	2,971	15,192
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	59				59
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .	59,437	67,203	70,540	69,921	80,932	348,033
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	95.62%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	95.88%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	4.37%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	4.10%
19a <b>33 1/3% support tests—2009.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ► <input type="checkbox"/>		





**Part I, Line 16 (990-EZ) - Other Expenses**

9,965

1	Travel	1
2	Meals and entertainment	2
3	Fundraising	3
4	Amortization	4
5	Conferences, conventions, and meetings	5
6	Depreciation	6
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10
11	Telephone	11
12	Unrelated business income taxes	12
13	<b>BANK CHARGES</b>	13
14	<b>DUES, SUBSCRIPTIONS &amp; FEES</b>	14
15	<b>INSURANCE</b>	15
16	<b>OFFICE SUPPLIES</b>	16
17	<b>LIBRARY SUPPORT</b>	17
18	<b>NEWSLETTER</b>	18
19	<b>PROGRAM EXPENSES</b>	19
20		20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29

**Part II, Line 26 (990-EZ) - Liabilities**

	Description	12	128
1	CREDIT CARD	12	128
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part IV.(990-EZ) - List of Officers, Directors, Trustees, and Key Employees**