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SCANNED DEC 2

Form 990-EZ

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

OMB No 1545-1150

2009

Open to Public Inspection

Dep	Department of the Treasury Internal Revenue Service 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 Inspection												
A			lar year.	or tax year begi	inning 07/01/	09	, and ending	06/3	30/1	0			
В		applicable.	Please	C Name of org							D	Emple	oyer identification number
	Address	change	use IRS										
П	Name ch	·	label or print or	CONCORD	PUBLIC LIE	RAF	RY FOUNDA	TIOI	N			02-	-6004782
П	Initial ret	l' l e la le Talantana number							hone number				
П	Terminat	tion	See	43 GREE	N STREET							603	3-225-8670
	Amende	Specific Instruc- City or town, state or country, and ZIP + 4 F Group Exemption											
П	Application pending tions. CONCORD NH 03301 Number												
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting method X Cash Accrual												
	a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶												
ı	Websit	te: ► W W	W.CO		LICLIBRARY.	ORC	G/CPLF/			H Check ▶		of the	organization is not
<u>J</u>	Tax-exe	empt status (ch					4947(a)(1) o		<u>527</u>			-	edule B (Form 990,
K	Check	\			a section 509(a)(3) su								re than \$25,000. A
					ed, but if the organizati					file a complete	retur		41 561
<u>L_</u>					receipts, if \$500,000 or m						4!	<u>▶</u> \$	41,561
_ <u>F</u>	Part I			-	Changes in Net	\sse	ts or Fund Ba	alance	es (S	ee the instr	ucti		or Paπ I.)
	1			nts, and similar amo					•		· }	1	19,200
	2	ū		• •	overnment fees and co	ntracts	s				ŀ	2	4,500
	3	•		nd assessments							ŀ	3	188
	4	Investment i				•	• •	i - I	• •	••	- }	4	
	5a				er than inventory	•	•	5a					
	b			asis and sales ex	•	The forces		_5b_			\dashv	- 5c	
	C				n inventory (Subtract line s			 omina /	ahaak he	vro 🕨 🗀	1 h	30	
Revenue	6_	•			licable parts of Schedule		ontributions	aming,	CHECK HE	16	J		
9.	a	Gross reven	•	ncluding \$		- 010	zonunbuuons	6a		17,6	72		
~	_	reported on	•		Irojojna ovnonaca			6b			7 0		
	b		•		fraising expenses ints and activities (Sub	tract lu	 na 6h from lina 6a		-		•	6c	17,203
	7a			tory, less returns		Jack III	ne ob nom me oa	7 7a			ı		
) 'a	Less: cost o		•	and allowances .			7b			\neg		
	C		_	•	ventory (Subtract line 7	h from	ı lıne 7a)		-			7c	
	8	Other reven			contory (Gubardot iiilo 7				 -		۱ (8	- "
	9		•	lines 1, 2, 3, 4, 5	c. 6c. 7c. and 8	\top	RECEIV	ED			▶	9	41,091
	10			mounts paid (atta		1			S	STMT 1		10	21,004
	11	Benefits par				8	NOV 2 2	2010	Ϊ́	•	Ī	11	
ø	12	•		ensation, and en	nployee benefits	₩			183	•		12	2,974
38	13				s to independent contra	actors	00051					13	3,825
Expense	14			lities, and mainte		1	ogden,	U				14	
ŭ	15	Printing, put	olications	, postage, and sl	hipping	المناسلين ال						15	1,236
	16	Other exper	nses (des	scribe ▶ SE	E STATEMENT	_2_	<u> </u>				.)	16	12,516
_	17	Total exper	nses. Ad	d lines 10 throug	<u>h 16 </u>						>	17	41,555
	18				act line 17 from line 9)						.	18	-464
Net Assets	19	Net assets of	or fund b	alances at begini	ning of year (from line	27, col	lumn (A)) (must a	gree wi	th				
Ą	1	end-of-year	figure re	ported on prior y	ear's return)			<u>.</u>				19	512,990
Žet	20	Other chang	ges in ne	t assets or fund t	oalances (attach explai	nation)) SI	ee s	TATI	EMENT 3		20	2
_	21				f year. Combine lines 1							21	512,528
	Part II	Balan	ce She		sets on line 25, column	(B) a	re \$1,250,000 or	more, fi				n 990-l	
				(See the instru	ictions for Part II.)			-	(A)	Beginning of year			(B) End of year
		savings, and i	ınvestme	nts						511,8	19		510,437
23		ind buildings		<u> </u>	3 May					4 4	-	23	2 201
24		assets (descri	ibe 🕨	SEE ST.	ATEMENT 4			\ر ار		1,1	_	24	2,091
	Total a	•				•				512,9	0		<u>512,528</u>
		iabilities (des		·	(5)			——'		512,9	_	26	
<u>27</u>	Net as	sets or fund	balance	s (line 27 of colu	mn (B) must agree wi	<u>n line</u>	21)	1	L	512,9	5 0	27	512,528

DAA

Form 990-EZ (2009) CONCORD	PUBLIC LIBRARY FOUN	DATION 02	-6004782			Page 2
Part III Statement of Progr	ram Service Accomplishments	(See the instruct	ons for Part III	.)	Ex	penses
What is the organization's primary exemp	t purpose?			İ	(Required t	for section
SEE STATEMENT 5					501(c)(3) a	nd 501(c)(4)
Describe what was achieved in carrying o	ut the organization's exempt purposes. In	n a clear and concise		- 1	organizatio	ns and section
manner, describe the services provided, t	he number of persons benefited, or other	r relevant information for	•		4947(a)(1)	trusts; optional
each program title.		- ·			for others)	
28 FUNDING LIBRARY FACILITY N	MEEDS FURNITURE, FLOWER PANEL					
RESTORATION, EQUIPMENT, AU	DIO BOOKS, CD'S STAFF SUPPORT					
(Grants \$ 21,004) If this amount includes foreign grants,	check here	. •	2	8a	22,138
29 CONCORD READS PROGRAM - BO	OOK IS SELECTED TO BE READ BY					
COMMUNITY OVER SUMMER, OCT	OBER EVENTS TO DISCUSS BOOK,					
MEET THE AUTHOR, ETC						
(Grants \$) If this amount includes foreign grants,	check here	<u> </u>	<u> </u>	9a	6,173
30 BOOKS FOR BABIES - CHILDRE	EN'S BOOK GIVEN TO EACH BABY					
BORN AT CONCORD HOSPITAL			-			
				,,		
(Grants \$) If this amount includes foreign grants,		<u> </u>	<u> </u>	0a	4,295
31 Other program services (attach sched	dule) SEE STATEMENT	6		_		
(Grants \$) If this amount includes foreign grants,	, check here		3	1a	
32 Total program service expenses (a	dd lines 28a through 31a)) ;	32	32,606
Part IV 4 List of Officers, Directo	ors, Trustees, and Key Employees. List					
(a) Nan	me and address	(b) Title and average hours per week	(c) Compensation (if not paid,		ontributions to benefit plans &	(e) Expense account and
(a) Nan	——————————————————————————————————————	devoted to position	enter -0)		compensation	other allowances
DON BRUEGGEMANN	CONCORD	DIRECTOR				
14 NOYES STREET	NH 03301	0.50	c	<u> </u>	0	0
DAVID BURNS	CONCORD	DIRECTOR				
3 LISA DRIVE	NH 03301	3.00	ļ c	ļ	0	0
TENLEY CALLAGRAN	CONCORD	DIRECTOR		1		
14 TAHANTO ST	NH 03301	2.00	c	<u> </u>	0	0
ANN DANCY	EPSOM	DIRECTOR		Ì		
327 CENTER HILL RD	NH 03307	1.00	c	ļ	0	.0
WENDY FOLLANSBEE	PENACOOK	DIRECTOR				
72 MERRIMACK ST	NH 03303	1.00			0	0
LINDA GILBERT	CONCORD	DIRECTOR				
36 DWINELL DRIVE	NH 03301	0.50	ļc		0	0
ANN KENNARD	CONCORD	DIRECTOR				
58 MOUNTAIN ROAD	NH 03301	0.50	c	<u> </u>	0	0
SHAWN LAFRANCE	CONCORD	DIRECTOR				
112 SCHOOL ST	NE 03301	1.00	ļ <u>c</u>	<u> </u>	0	. 0
MEGAN MACMULLIN	CONCORD	VICE PRES				
32 THACKERY RD	NH 03301	1.00		<u> </u>	0	0
MARY MACNEIL	CONCORD	DIRECTOR				
307 SOUTH STREET	NH 03301	0.50		<u> </u>	0	0
CHRIS MILLER	CONCORD	PRESIDENT				•
25 PORTSMOUTH STREET	NE 03301	0.50	c	<u> </u>	0	0
MARCIA HENELLY MORAN	CONCORD	DIRECTOR		1		:
115 SCHOOL STREET	NH 03301	0.50	c	<u> </u>	0	0
RUTH PERENCEVICH	CONCORD	DIRECTOR				
57 RIDGE ROAD	NH 03301	0.50	ļ	 	0	0
JOHN RANSMEIER	CONCORD	DIRECTOR	[1		
ONE CAPITOL STREET	NH 03301	0.50		<u> </u>	0	0
MARTIN RINGO	CONCORD	DIRECTOR				
38 DWINNELL DRIVE	NH 03301	0.50		<u> </u>	0	0
KRISTIN SULLIVAN	CONCORD	DIRECTOR	1			
9 PINE STREET	NH 03301	0.50		<u> </u>	0	0
PATRICK TAYLOR	CONCORD	TREASURER	1			
24 NORTH SPRING STREET	NH 03301	0.50		<u> </u>	0	0
JEANNA WALSH	CONCORD	DIRECTOR	1			
7 CUPNANDONE DETUE	. NW 02201	0.50	1	.l	^	۸ ا

Form **990-EZ** (2009)

1915				
	1990-EZ (2009) CONCORD PUBLIC LIBRARY FOUNDATION 02-6004782		P	Page 3
P	art V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		165	140
	description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
-	the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
	6033(e) notice, reporting, and proxy tax requirements?	35a		X
Ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		<u> </u>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr.	┨ -		
b	Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			_
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	4		
39	Section 501(c)(7) organizations Enter:	1		
а	Initiation fees and capital contributions included on line 9	4		
b	Gross receipts, included on line 9, for public use of club facilities	4		
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶			
þ		ŀ		-
	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	1		
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С				
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	ŀ		
d				
_	reimbursed by the organization	1	1	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	t	X
4 1	List the states with which a copy of this return is filed NH	_ -00		
41 42a		3-22	5-8	670
72 0	PO BOX 3957			• • •
	Located at b CONCORD NH 7/P+4 b 03:	302		
ь				
_	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank		1	
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country.			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year > 43			

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

"Yes," Form 990 must be completed instead of Form 990-EZ

Form 990-EZ
Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If

Form **990-EZ** (2009)

Yes

Form 990-EZ

990-EZ (2009) CONCORD PUBLIC LIBRARY FOUNDA	ATION 02	2-6004782		Page 4
rt VI Section 501(c)(3) organizations and section 4947(a)	(1) nonexempt	charitable trus	ts only. All se	ection
501(c)(3) organizations and section 4947(a)(1) none	xempt charitable	e trusts must a	nswer question	ıs 46-49b
and complete the tables for lines 50 and 51.			<u> </u>	
Did the organization engage in direct or indirect political campaign activities on	behalf of or in oppos	ition to		Yes No
candidates for public office? If "Yes," complete Schedule C, Part I				46 X
•	C, Part II	•••	• •	47 X
	•	hedule E	•	48 X
		• ••	•	49a X
·	•	• •	•	49b
•	(other than officers.	directors, trustees	and kev	
	•		-	
(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
3				
		_		
·			_	
				L
			•	
Total number of other employees paid over \$100,000	•	-	_	
Complete this table for the organization's five highest compensated independen	nt contractors who ea	ach received more	than	
\$100,000 of compensation from the organization. If there is none, enter "None."	1			
(a) Name and address of each independent contractor paid more than \$100,000	(b)	Type of service	(c) C	Compensation
NE				
· · · · ·				
		-	_	
	·			
				
Total number of other independent contractors each receiving over \$100,000	>			
	>			
Under penalties of penuar 3 declare that I have examined this return, including	accompanying schedule	es and statements, an	d to the best of my kno	wledge
Under penalties of penulty declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than	accompanying schedule officer) is based on all in	is and statements, and	d to the best of my kno	wledge 1ge
Under penalties of penuar 3 declare that I have examined this return, including	accompanying schedule officer) is based on all in	es and statements, and formation of which pro	d to the best of my knoeparer has any knowled	wledge
Under penalties of perjury declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than a Signature of officer	officer) is based on all in	es and statements, and formation of which property of the Date	eparer has any knowle	wledge dge
Under penalties of penjugy? declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than a signature of officer PATRICK TAYLOR TREAS	accompanying schedule officer) is based on all in	formation of which pro	eparer has any knowle	wledge
Under penalties of perjury declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than a Signature of officer	officer) is based on all in	formation of which pro	eparer has any knowle	wledge dge
Under penalties of perjury declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than a signature of officer Signature of officer Type or print name and title	officer) is based on all in	formation of which produce the Date Check if	eparer has any knowled	wledge dge trfying Number (See instr.)
Under penalties of penjugy? declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than a signature of officer PATRICK TAYLOR TREAS	officer) is based on all in	Date Check if self-	Preparer's Iden	dge trfying Number (See instr.)
Under penalties of perjust, declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than a signature of officer PATRICK TAILOR TREAS Type or print name and title Preparer's signature	officer) is based on all in	Date Check if self-	Preparer's Iden	trfying Number (See instr.)
Under penalties of perjust declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than one of signature of officer Type or print name and title Preparer's signature Firm's name (or yours MASON & RICH P.A.	officer) is based on all in	Date Check if self-	Preparer's Iden	dge trfying Number (See instr.)
Under penalties of perjury? declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than one of the complete of the c	officer) is based on all in	Date Check if self-	Preparer's Iden P0065 EIN D Phone	trfying Number (See instr.) 0823 02-0365196
Under penalties of perjust declare that I have examined this return, including and belief, it is true correct, and complete. Declaration of preparer (other than one of signature of officer Type or print name and title Preparer's signature Firm's name (or yours MASON & RICH P.A.	officer) is based on all in	Date Check if self-	Preparer's Iden Phone no 603	trfying Number (See instr.)
	501(c)(3) organizations and section 4947(a)(1) none and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule Is the organization operating a school as described in section 170(b)(1)(A)(ii)? Did the organization make any transfers to an exempt non-charitable related or If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees employees) who each received more than \$100,000 of compensation from the (a) Name and address of each employee paid more than \$100,000 Complete this table for the organization's five highest compensated independent \$100,000 of compensation from the organization. If there is none, enter "None."	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable and complete the tables for lines 50 and 51. Did the organization engage in direct or indirect political campaign activities on behalf of or in oppos candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule C, Part II Is the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, employees) who each received more than \$100,000 of compensation from the organization. If there than \$100,000 (b) Title and average hours per week devoted to position Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who eas \$100,000 of compensation from the organization. If there is none, enter "None."	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must a and complete the tables for lines 50 and 51. 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 II Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Noi hours per week devoted to position Total number of other employees paid over \$100,000 Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more \$100,000 of compensation from the organization. If there is none, enter "Noie." (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service	501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question and complete the tables for lines 50 and 51. 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 II Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," was the related organization a section 527 organization? 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 of compensation from the organization operation. Total number of other employees paid over \$100,000 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 of compensation from the organization if there is none, enter "None."

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

CONCORD PUBLIC LIBRARY FOUNDATION 02-6004782 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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) 8 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 11 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. c | Type III–Functionally integrated b Type II 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 I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the Yes No (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? 11g(i) (ii) A family member of a person described in (i) above? 11g(II) 11g(III) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (vil) Amount of (iv) is the organization (v) Did you notify (vi) Is the (i) Name of supported (ii) EIN organization (described on lines 1-9 ın col (i) listed in your the organization in inization in col support col (i) of your (I) organized in the above or IRC section governing document? support? US? (see instructions)) Yes No Yes Nο Yes No

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

Schedule A (Form 990 or 990-EZ) 2009

Total

1915							
	dule A (Form 990 or 990-EZ) 2009 CON ort II Support Schedule for Ort (Complete only if you che	ganizations D		ctions 170(b)(-6004782 70(b)(1)(A)(vi)	Page 2
Sec	tion A. Public Support	oned the box	011 11110 0, 1, 01	O OI I GICILI			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
•			<u> </u>	<u> </u>			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6_	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support						
Ca	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4		ļ				
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 carned 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		l		<u> </u>	12	
12 13	Gross receipts from related activities, etc. (s First five years. If the Form 990 is for the co	•	cocond third four	h or fifth tay year	 as a section 501/c)		· ···
13	organization, check this box and stop here	-	second, uma, rount	ii, Oi iiiui tax yeai e	as a secuon sono	(3)	▶ [
Sec	tion C. Computation of Public Su		age	•	•		
14	Public support percentage for 2009 (line 6,			(f))		14	%
15	Public support percentage from 2008 Scher					15	%
16a	33 1/3 % support test—2009. If the organi			 3, and line 14 is 33			
	and stop here. The organization qualifies a					•	▶ [
b	33 1/3 % support test—2008. If the organi		•	or 16a, and line 15	ıs 33 1/3 % or mor	e, check this	
	box and stop here. The organization qualifi						▶ [
17a	10%-facts-and-circumstances test—2009	If the organization	n did not check a b	ox on line 13, 16a	or 16h and line 14	l is 10% or	

more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Page 3

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

 (Complete only i	f you checked the b	ox on line 9 of Part I.)

Sec	tion A. Public Support	sched the box o	il lille 9 Ol Fal				
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	78,754	330,628	61,478	26,873	19,200	516,933
3	organization's tax-exempt purpose Gross receipts from activities that are not an			28,445	24,859	22,173	75,477
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	78,754	330,628	89,923	51,732	41,373	592,410
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	46,284					46,284
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	<u> </u>					
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year			23,445	19,859	179	43,483
C	Add lines 7a and 7b	46,284		23,445	19,859	179	89,767
8	Public support (Subtract line 7c from line 6)						502,643
	tion B. Total Support	T					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	78,754	330,628	89,923	51,732	41,373	592,410
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,897	6,305	17,200	11,296	188	37,886
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975					:	
c	Add lines 10a and 10b	2,897	6,305	17,200	11,296	188	37,886
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on					0	
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	81,651	336,933	107,123	63,028	41,561	630,296
14	First five years. If the Form 990 is for the organization, check this box and stop here	•	second, third, fourth	n, or fifth tax year as	s a section 501(c)(3)	. ▶ 🗌
Sec	tion C. Computation of Public Su	pport Percenta	ge			· · · · · ·	
15	Public support percentage for 2009 (line 8,	column (f) divided b	y line 13, column (f))		. 15	79.75%
16	Public support percentage from 2008 Sche					16	74.95%
Sec	tion D. Computation of Investmer	*					
17	Investment income percentage for 2009 (lir		-	olumn (f))		17	6 %
18	Investment income percentage from 2008						6 %
19a	33 1/3 % support tests—2009. If the organ						⊾ G
	17 is not more than 33 1/3 %, check this bo		-			•	. X
b	33 1/3 % support tests—2008. If the organ						▶ □
20	line 18 is not more than 33 1/3 %, check th	•	•	•		•	
<u>20</u>	Private foundation. If the organization did	not check a dox on	ime 14, 19a, or 19	o, check this box ar	iu see instructions		

Schedule A (Fo	orm 990 or 990-EZ) 20	09 CONC	ORD PUBLIC	LIBRARY	FOUNDATION	02-6004782	Page 4
Partily	Supplemental li	nformation.	Complete this	part to provide	e the explanation	ns required by Part II, line 1 information. See instruction	0; s
•							٠
		•					
				••			•
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Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

Attachment Sequence No

Identifying number

	(0)	CONCORD	PUBLIC LI	BRARY FOU	MDAI	'ION			02-	600	4782
		y to which this form relates							_		
Pa	ırt I	Election To Expens	•	•			0000	nloto Do	I		
		Note: If you have a				elore you	COITI	piete ra	IL I.	1	250,000
1		amount. See the instructi			ses					2	230,000
2		t of section 179 property p			ota iotion	٠,			•	3	800,000
3		i cost of section 179 proper in in limitation. Subtract line			Suuction	٥)			• • •	4	
4		ation for tax year. Subtract line		· ·	 mod filina		netru	tions.		5	.
5_	Donai IIIIII	ation for tax year. Subtract line (a) Description		less, enter -0- il mai		: (business use			lected cost		
6		(a) Description	To property		(5, 505.	(Laconicae dec	Jy/	(0) 2			
7	Listed pro	operty. Enter the amount fr	rom line 20		1		7				
8	•	cted cost of section 179 pro		in column (c) lines	s 6 and 7	,				8	
9		deduction. Enter the sma	•	iii colaiiii (c), iii c	o o una i	•		•••	•	9	
10		r of disallowed deduction f		 008 Form 4562		•	•			10	<u>., _</u>
11	•	income limitation. Enter th	•		than zer	o) or line 5 (s	 ee insi	tructions)	•	11	
12		79 expense deduction Ad						,	• •	12	
13		r of disallowed deduction t				· •	13				
		se Part II or Part III below f									
Pa	ırt II	Special Depreciation	on Allowance ar	nd Other Depre	eciatio	n (Do not	incl	ude liste	d prope	erty.)	(See instr.)
14		epreciation allowance for									
	•	· e tax year (see instructions								14	
15	•	subject to section 168(f)(1	•••			••		•		15	
16		preciation (including ACRS	•					••••	<u>.</u>	16	470
Pa	art III	MACRS Depreciati		ide listed prop	erty.) (See instru	ction	s.)			
				Sect	ion A						
17	MACRS	deductions for assets place	ed in service in tax ye	ears beginning befo	ore 2009					17	0
18	If you are	electing to group any assets pl	aced in service during th	e tax year into one or	more ger	neral asset acco	ounts, c	heck here			
		Section B—	Assets Placed in Se	rvice During 2009	9 Tax Ye	ar Using the	Gene	ral Depre	ciation Sy	stem	
	(a) Clas	ssification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only-see instruc	ent use	(d) Recovery period	(e) C	Convention	(f) Met	thod	(g) Depreciation deduction
19a	3-year p	property		-					_		
<u>b</u>	5-year p	property]								
c	7-year p	property	<u> </u>								
d	10-year r	property									
е	15-year p	property					ļ	_			
<u>f</u>	20-year p	property									
9	25-year p	property				25 yrs	<u> </u>		S/L		
h	Resident	ial rental				27.5 yrs	ļ	MM	S/L	•	
	property					27.5 yrs.		MM	S/L	•	
i		ential real				39 yrs.	ļ.—	ММ	S/L		
	property		l		-		<u> </u>	MM	S/L		
		Section C-A	ssets Placed in Ser	vice During 2009	Tax Yea	r Using the A	Alterna	ative Depr	eciation S	Systen	<u>n</u>
<u>20a</u>	Class life		_		_				S/L		
<u>_b</u>	12-year		<u> </u>			12 yrs.	<u> </u>	-	_ S/L		
_	40-year		<u> </u>	<u> </u>		40 yrs.	<u> </u>	MM	S/l		L
<u>P</u>	art IV	Summary (See ins	tructions.)							T	
21	•	operty. Enter amount from	• •							21	_
22		ld amounts from line 12, lii	_				Enter	here			
		ne appropriate lines of you				nstructions		<u> </u>		22	470
23		ts shown above and place	=	e current year, ent	ter the						}
	portion o	f the basis attributable to s	ection 263A costs				23	<u> </u>			<u> </u>

1915 CONCORD PUBLIC LIBRARY FOUNDATION 02-6004782 FYE: 6/30/2010

Federal Statements

ent 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid to	Organizations
Statement 1 - F	

		Organizations	Suc			
Name and Address		Class of Activity				
Date of Gift	Description of Property	Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
CONCORD PUBLIC LIBRARY		19, 752				
45 GREEN ST						
CONCORD, NH 03301						
TOTAL		19,752				

1915 CONCORD PUBLIC LIBRARY FOUNDATION

. 02-6004782

Federal Statements

FYE: 6/30/2010

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
ANNUAL APPEAL SUPPLIES STATIONARY, PRINTING, ETC	\$ 141 1,307
BOOKS FOR BABIES SUPPLIES COST OF GOODS SOLD	29 3,868
CONCORD READS SPEAKERS MISC COST OF GOODS SOLD	4,950 56 899
EXPENSES ADVERTISING MEETINGS NATIONAL LIBRARY WEEK BANK INVESTMENT FEES GRANT APPLICATIONS/FEES NH ANNUAL FEE ADVOCACY COMMITTEE	526 111 86 150 150 75 168 \$ 12,516

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	<u>_</u>	Amount
ROUNDING	\$_	2
TOTAL	\$	2

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year		End of Year	
EQUIPMENT LESS ACCUMULATED DEPRECIATION	\$ 8,049 6,938	\$	9,499 7,408	
	 1,111		2,091	

1915 CONCORD PUBLIC LIBRARY FOUNDATION

02-6004782 FYE: 6/30/2010

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

GENERAL PROGRAM SERVICES TO SUPPORT THE LOCAL PUBLIC LIBRARY AND TO PROMOTE READING WITHIN THE COMMUNITY.

Statement 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PUBLICATION AND DISTRIBUTION OF QUARTERLY LIBRARY NEWSLETTER CHILDREN AND ADULT PROGRAMS AND ACTIVITIES, PROMOTION OF NATIONAL LIBRARY WEEK.

1915 CONCORD PUBLIC LIBRARY FOUNDATION
Q2-6004782 Federal Statements

Q2-6004782

FYĘ: 6/30/2010

PURCHASES

Description	Amount	
BOOKS	\$	3,868
TOTAL	\$	3,868