

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Department of the Treasury

## **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 1545-0047 2009 Open to Public

Form **990** (2009)

Interi	1al Revenue			rements	inspection
<u>A</u>	For the 20	09 calendar year, or tax year beginning $07/01/09$ , and ending $06/30/2$	10		
<b>B</b> (	Check if applica		Y	D Emplo	yer identification number
	Address chang	e use IRS SERVICES			
X		ladel of		23-	7436918
	lame change	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	nıtıal retum	See 1407 RENSEN STREET	STE. 1		-394-2420
$\Box$	Termination	Specific SIREET	J SIE. I		
$\overline{}$		Instruc- City or town, state or country, and ZIP + 4		G Gross rece	pts\$ 30,316,112
$\sqsubseteq'$	Amended retur	n tions. LANSING MI 48910-3657		ļ	
	Application per	nding F Name and address of principal officer		H(a) Is this a	a group return for
				affiliate	
				H(b) Are all include	d? Yes No
				If "No,"	attach a list (see instructions)
$\overline{1}$	Tax-exemp	t status   X   501(c) ( 3 ) ◀ (insert no )   4947(a)(1) or   527		]	
	Website			H(c) Group	exemption number
			Year of formation 1		M State of legal domicile MI
*******	Type of organ		Teal of formation 1	. <u>. 7 1 1</u>	W State of legal domicile 1-11
	art I	Summary			
		fly describe the organization's mission or most significant activities			
စ္ပ	S	EE SCHEDULE O			
au					
ᇤ					
8	2 Che	ck this box F if the organization discontinued its operations or disposed of more than	25% of its net as:	sets	
9	3 Nun	nber of voting members of the governing body (Part VI, line 1a)		3	16
SS		nber of independent voting members of the governing body (Part VI, line 1b)		4	0
Activities & Governance		al number of employees (Part V, line 2a)		5	23
疲		al number of volunteers (estimate if necessary)		6	0
Ř		•		7a	<del></del>
		al gross unrelated business revenue from Part VIII, column (C), line 12			
10/		unrelated business taxable income from Form 990-7, line 34	Prior Ye	_   7b	Current Year
Revenue	, , , , , , ,	tributions and grants (Part )/III line 1h)	FIOTE	-	Current rear
92	8 Con	gram service revenue (Part VIII, line 2g) estment income (Part VIII, column (A), lines 3, 4, and 7d)  FEB 2 2 2011	24 56	6 000	20 470 601
	9 Pro	gram service revenue (Part VIII, line 2g) FEB 2 2 2011	24,56		29,470,601
\$7	10 Inve	estment income (Part VIII, column (A), lines 3, 4, and 7d)		0,434	193,660
	, 11 000	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10è, and 11e)		<u>1,909</u>	<u>86,607</u>
WYW	12 Tota	al revenue – add lines 8 through 11 (must equal Part VIII, column A)Eine 12) T	24,85	<u>9,203 </u>	<u>29,750,868</u>
<b>⇒</b>	13 Gra	nts and similar amounts paid (Part IX, column (A), lines 1-3)			
_	<b>14</b> Ben	efits paid to or for members (Part IX, column (A), line 4)			
၍ခွဲဒေဋ	15 Sala	aries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	1,53	5,087	1,822,976
3è	16a Pro	fessional fundraising fees (Part IX, column (A), line 11e)			
离		al fundraising expenses (Part IX, column (D), line 25) ▶			
Expe		er expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	23,01	6 625	27,967,884
			24,55		29,790,860
		al expenses Add lines 13–17 (must equal Part IX, column (A), line 25)			
- e	19 Rev	renue less expenses Subtract line 18 from line 12	Beginning of Cu	7,491	-39,992 End of Year
Net Assets or Fund Balances	20 T-1	al coacts (Bort V. lung 16)		6,686	15,602,667
\sse Bala	20 10ta	al assets (Part X, line 16)			
nd/	21 Tota	al liabilities (Part X, line 26)		7,619	7,234,537
		assets or fund balances Subtract line 21 from line 20	4,24	<u>9,067</u>	8,368,130
<u> </u>	art II	Signature Block			
		Under penalties of perjugy, I declare that I have examined this return, including accompanying schedul	es and statements,	and to the be	st of my knowledge
		and belief jit is true, confect, and complete Declaration of preparer (other than officer) is based on all i	mormation of which	prepareitias	any knowledge
Sig	n	Nama all Dikk		17,	N11 2011
Hei	re	Signature of officer		Date	, ,
		RANDALL W. DYKHUIS EXEC	UTIVE DI	RECTOR	
		Type or print name and title			
_		Date .	Check	ıf	Preparer's identifying number
Pai	d	Friedrier's   C	, self-		(see instructions)
	parer's		14/11 emplo	· ·	P00039186
	e Only	Firm's name (or yours \ YEO & YEO, P.C.		EIN ▶	38-2706146
J-J-1	<b>y</b>	if self-employed), 6639/CENTURION DR.\ SUITE 170		Phone	
		address, and ZIP + 4 LANSING, MI 48917		no ▶	517-323-9500
May	the IRS o	discuss this return with the preparer shown above? (see instructions)	<del></del>		Yes No

Form 990 (2009) MIDWEST COLLABORATIVE FOR LIBRARY

23-7436918

Form 990 (2009) MIDWEST COLLABORATIVE FOR LIBRARY 23-7436918 Page 3 Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Х 4 Schedule C. Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 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," X 6 complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part !! Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," X 9 complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or 10 Х 10 quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, 11 11 Х VII, VIII, IX, or X as applicable • 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more 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 related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX • 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 the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X 12 Schedule D. Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A Х 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 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? 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 Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance 16 X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 17 Х on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19

Form **990** (2009)

19

If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

19? Note. All Form 990 filers are required to complete Schedule O

Form	990 (2009) MIDWEST COLLABORATIVE FOR LIBRARY 23-7436918		<u>P</u>	age <b>4</b>
_Pa	art IV Checklist of Required Schedules (continued)			<del></del> -
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	21		x
22	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		$\vdash $
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	22		х
23	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	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	İ		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	!	Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	-		<u> </u>
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	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		X
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	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			٠,,
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			3,7
	Schedule L, Part IV	28b	<del> </del>	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,	200		🕶
	Part IV	28c	<del> </del>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<del>                                     </del>	├^
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30	1	х
24	conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		<del>  ^</del> -
31	-	31		х
32	Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		† ···	
32	Schedule N, Part II	32	ŀ	х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1 32		
55	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	İ	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		X
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	<u> </u>	X
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	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			
	Part VI	37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			

Form 990 (2009) MIDWEST COLLABORATIVE FOR LIBRARY 23-7436918

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u>ra</u>	11 4 Statements Regarding Other INST linigs and Tax Compliance				Yes	No
4.	Tatas the assessment of the Pay 2 of Form 1006. Applied Summons and Transmitted of				162	140
та	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	11			
<b>h</b>	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep					
С	gaming (gambling) winnings to prize winners?		•	1c	Х	
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	i i				
20	Statements, filed for the calendar year ending with or within the year covered by this return	2a	23			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by				
•	this return?	•		3a		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 a	authorit	y			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina					
	account)?			4a		X
ь	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 B	Bank				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	arding				
	Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е			!	
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or		ĺ		
	gifts were not tax deductible?			6b		<del> </del>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods		_		1,,
	and services provided to the payor?			7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	<del> </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS		_		<sub>V</sub>
	required to file Form 8282?	1 1		7c	-	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	.1	┨		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	U	7e	1	x
	benefit contract?	n et 2		7f	<b>├</b> ~	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control.			7g	<del>                                     </del>	1
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0			-/9		<del> </del>
h	required?	, 03		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			<u> </u>		
U	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	1	
9	Sponsoring organizations maintaining donor advised funds.					
а	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	T-'-	
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter					1
	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					1
	amounts due or received from them )	11b		1		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	) 	12a	<u> </u>	ļ
b	16/04 B 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12b			<u></u>	
				Fe	001	1 (2000)

organization ▶ JANET LACROSS 1407 RENSEN STREET
LANSING MI 48910

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public

517-394-2420 Form **990** (2009)

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

Section A. 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

Check this box if the organization (A)	(B)			((	;)			(D)	(E)	(F)
Name and Title	Average hours per week					hat a		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	WEEK	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
PAMELA GRUDZIEN										
DIRECTOR	5.00	X						0	0	0
ISHWAR LAXMINARA		ł	ļ							
VICE-CHAIR	5.00	X						0	0	0
ROBERTA BROOKER										
DIRECTOR	5.00	X						0	0	
KELLY CURRIE										!
DIRECTOR	5.00	X		<u> </u>				0	0	0
STEPHEN DAY		ĺ								
DIRECTOR	5.00	X						0	0	0
PAM CHRISTENSON										
DIRECTOR	5.00	X	<u> </u>	ļ				0	0	0
CLIFF HAKA										
DIRECTOR	5.00	X	_					0	0	0
DENISE HOOKS										
DIRECTOR	5.00	X						0	0	0
MARGARET LINCOLN		İ							'	
DIRECTOR	5.00	X	<u> </u>					0	0	0
VICTOR LIU										
DIRECTOR	5.00	X		<u> </u>				0	0	0
AMY HARSHBARGER		ľ				1				
DIRECTOR	5.00	X		L				0	0	0
NANCY R. ROBERTS	ÞΝ			ļ						
DIRECTOR	5.00	X		<u> </u>				0	0	0
PATRICIA LUNSFOR	Þ									
DIRECTOR	5.00	X						0	0	0
BEVERLY MARTIN										
DIRECTOR	5.00	X	<u></u>					0	0	0
JIM MULLINS										
DIRECTOR	5.00	X	<u> </u>	<u> </u>				0	0	0
NANCY MCGRIFF										
CHAIR	5.00	X						0	0	. 0
RANDALL W. DYKHU	S									<del>-</del>
EXEC. DIR.	40.00			X				146,938	0	14,022
DAA										Form <b>990</b> (2009)

Form **990** (2009)

more than \$100,000 in compensation from the organization

23-7436918 Form 990 (2009) MIDWEST COLLABORATIVE FOR LIBRARY Page 9 Part VIII Statement of Revenue (B) Related or (C) Unrelated (D) Revenue (A) Total revenue business excluded from tax under sections exempt function revenue 512, 513, or 514 revenue 1a Federated campaigns 1b b Membership dues c Fundraising events 1c 1d d Related organizations Contributions, and other sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn. Code 22,337,952 22,337,952 2a REFERENCE SERVICES 5,338,133 5,338,133 ONLINE COMPUTER SERVICES 762,540 762,540 C ADMINISTRATIVE CONTRACTS 650,450 650,450 MEL DELIVERY 199,116 199,116 SHARED CATALOG - ILS 182,410 182,410 f All other program service revenue ▶ 29,470,601 Total. Add lines 2a-2f Investment income (including dividends, interest, and 193,660 193,660 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6a Gross Rents 50,865 24,036 b Less rental exps 26,829 c Rental inc or (loss) 26,829 26,829 Net rental income or (loss) Gross amount from (II) Other (i) Secunties sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss)  $\blacktriangleright$ d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses b c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 600,586 returns and allowances b 541,208 b Less cost of goods sold 59,378 59,378 c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 400 400 11a MISCELLANEOUS h d All other revenue 400 Total. Add lines 11a-11d

29,750,868

29,530,379

Total Revenue. See instructions

## Form 990 (2009) MIDWEST COLLABORATIVE FOR LIBRARY

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(Å) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses					
1	Grants and other assistance to governments and			-						
•	organizations in the U.S. See Part IV, line 21									
2	Grants and other assistance to individuals in	<del>-</del>								
2	the U.S. See Part IV. line 22									
3	Grants and other assistance to governments,		<del></del>		· · · · · · · · · · · · · · · · · · ·					
3	organizations, and individuals outside the									
	9									
	U.S. See Part IV, lines 15 and 16		<del>-</del>							
4	Benefits paid to or for members	<del></del>								
5	Compensation of current officers, directors,									
_	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·					
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)	1 206 000	7 061 536	265 204						
7	Other salaries and wages	1,326,920	1,061,536	265,384						
8	Pension plan contributions (include section 401(k)	105 004	100 075	25 010						
	and section 403(b) employer contributions)	125,094	100,075	25,019						
9	Other employee benefits	267,772	214,218	53,554						
10	Payroll taxes	103,190	82,552	20,638						
11	Fees for services (non-employees)									
а	Management									
b	Legal									
С	Accounting			<del></del>						
d	Lobbying				<del></del>					
е	Professional fundraising services See Part IV, line 17				<u> </u>					
f	Investment management fees									
g	Other									
12	Advertising and promotion		50.662	14 017						
13	Office expenses	74,580	59,663	14,917						
14	Information technology	3,374	3,374		<del></del>					
15	Royalties	24 607	07.601	6 020						
16	Occupancy	34,601	27,681	6,920						
17	Travel	52,761	42,209	10,552						
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials	2.076	2 101	775	<del></del>					
19	Conferences, conventions, and meetings	3,876	3,101	175						
20	Interest		<del></del>							
21	Payments to affiliates	04 100	67.206	16 022						
22	Depreciation, depletion, and amortization	84,108	67,286	16,822						
23	Insurance	17,494	13,995	3,499						
_										
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 )	21 406 242	21 406 042							
a	REFERENCE SERVICES	21,496,943	21,496,943							
þ	CATALOG & RESOURCE SHARIN	5,158,427	5,158,427		* · · · · · · · · · · · · · · · · · · ·					
C	MEL DELIVERY SERVICE	588,550	588,550	56,912						
d	CONTRACTED SERVICES	284,562	227,650	50,312	<del></del>					
e	SHARED CATALOG ILS	65,100	65,100	13,744						
f	All other expenses	103,508	89,764	488,736	<del></del>					
25	Total functional expenses. Add lines 1 through 24f	29,790,860	29,302,124	400,/30						
26	Joint costs. Check here ► if following SOP 98-2 Complete this line only if the									
	organization reported in column (B) joint costs									
	from a combined educational campaign and									
DAA	fundraising solicitation				Form <b>990</b> (200					

	n 990 ert X	(2009) MIDWEST COLLABORATIVE  Balance Sheet	FOR LIBRA	ARY 23-	-7436918		
	`	Daminoc Officer			(A) Beginning of year		(B) End of year
$\neg$ T	1	Cash—non-interest bearing			200	1	575
		Savings and temporary cash investments			5,704,161	2	7,481,588
		Pledges and grants receivable, net		[		3_	
-		Accounts receivable, net			516,893	4	1,066,929
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees Con					
Ì		Schedule L				5	
ŀ	6	Receivables from other disqualified persons (as defined	d under section	Į.			
ł		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete	ļ			
		Part II of Schedule L	6				
et	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			157,516	8	104,948
⋖	9	Prepaid expenses and deferred charges			627,943	9	618,491
	10a	Land, buildings, and equipment cost or		į			
		other basis Complete Part VI of Schedule D	10a 2	<u>,630,397</u>			
	b	Less accumulated depreciation	10b	659,694	1,154,400	10c	1,970,703
	11	Investments—publicly traded securities	1	641,122	_11_	3,366,728	
	12	Investments—other securities See Part IV, line 11	Ĺ		12		
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11		<u> </u>	954,451	15	992,705
	16	Total assets. Add lines 1 through 15 (must equal line 3	34)		9,756,686	16	15,602,667
	17	Accounts payable and accrued expenses	-	1,406,637	17	2,235,827	
	18	Grants payable		-	1 100 000	18	4 000 710
	19	Deferred revenue		-	4,100,982	19	4,998,710
	20	Tax-exempt bond liabilities				20	
Liabilities	21	Escrow or custodial account liability Complete Part IV		-		21	<del></del>
ij	22	Payables to current and former officers, directors, trust					
ab		employees, highest compensated employees, and disc	jualified				
<b>□</b>		persons Complete Part II of Schedule L		ŀ		22	
	23	Secured mortgages and notes payable to unrelated thin		-		23	
	24	Unsecured notes and loans payable to unrelated third p	parties	ŀ		24	
	25	Other liabilities Complete Part X of Schedule D		}	E E07 (10	25	7,234,537
<u></u>	26_	Total liabilities. Add lines 17 through 25	<i>ਹ</i> ੀ		5,507,619	26	1,234,531
ë		Organizations that follow SFAS 117, check here ►	X and				
a		complete lines 27 through 29, and lines 33 and 34.			4,249,067	27	8,368,130
ğa	27	Unrestricted net assets	4,249,007	28	8,308,130		
<b>B</b>	28	Temporarily restricted net assets		29	<del></del>		
ğ	29	Permanently restricted net assets  Organizations that do not follow SFAS 117, check he	<b>-</b>			25	
쁘		and complete lines 30 through 34.					
ō	20	Capital stock or trust principal, or current funds			:	30	
Net Assets or Fund Balances	30 31	Paid-in or capital surplus, or land, building, or equipme	ŀ		31		
SS	32	Retained earnings, endowment, accumulated income,		ŀ		32	
<b>▼</b>	33	Total net assets or fund balances	or outer fullus	ŀ	4,249,067	33	8,368,130
		i otai net assets oi Tuliu balalloes		I	-, -, -, -, -, -, -, -, -, -, -, -, -, -	י	0,000,100

15,602,667 Form **990** (2009)

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

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

Department of the Treasury Internal Revenue Service Name of the organization

MIDWEST COLLABORATIVE FOR LIBRARY SERVICES

Employer identification number 23 - 7436918

			ومعتب									, 10	<u> </u>		
Pa	rt i	Reas	on for Pul	olic Charity	Status (A	l organization	s must c	omplet	e this	part.) \$	See in	struct	ions.		
he c	orga	nization is not	a private fou	ndation becaus	seitis (Forli	nes 1 through 11,	check only	one box	)						
1	П	A church, coi	nvention of cl	hurches, or ass	ociation of ch	urches described	ın sectior	170(b)(1	)(A)(i).						
2	П	A school des	cribed in sec	tion 170(b)(1)(	A)(ii). (Attach	Schedule E)									
3	П					on described in se	ection 170	(b)(1)(A)(i	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	$\Box$	-		for the benefit	of a college o	r university owned	d or operate	ad by a gr	overnme	ntal unr	descri	hed in			
•	ш					diliversity owner	a or operati	ca by a g	OVCIIIII	intai uin	ucsonii	DCG III			
_		•		(Complete Part	•		4: 47	0/63/43/4	\(\)						
6	H	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7	Ш	An organization that normally receives a substantial part of its support from a governmental unit or from the general public													
	$\Box$			(b)(1)(A)(vi). (Co											
8		•				ri). (Complete Par									
9	X	-		•	-	33 1/3 % of its su									
						—subject to certai									
		support from	gross investi	ment income ai	nd unrelated	ousiness taxable i	income (les	ss section	1 511 tax	t) from b	usiness	ses			
	_	acquired by t	he organızatı	on after June 3	0, 1975 See	section 509(a)(2	). (Comple	te Part III	)						
10		An organizati	on organized	l and operated	exclusively to	test for public sa	fety See s	ection 50	)9(a)(4).						
11	Ш	An organizati	on organized	and operated	exclusively fo	r the benefit of, to	perform t	ne functio	ns of, or	to carry	out the	€			
		purposes of o	one or more p	publicly support	ted organizati	ons described in	section 509	9(a)(1) or	section	509(a)(2	) See	section	1		
		509(a)(3). Ch	eck the box t	that describes t	he type of su	pporting organiza	tion and co	mplete li	nes 11e	through	11h				
		a Type	1 <b>b</b>	Type II	с 🗌	Type III-Function	nally integr	ated	d [	Тур	e III-Ot	her			
е		By checking t	this box, I cei	rtify that the org	anization is r	ot controlled dire	ctly or indir	ectly by c	ne or m	ore disq	ualified				
		persons othe	r than founda	ation managers	and other tha	an one or more pu	ublicly supp	orted org	anızatıo	ns desc	ribed in	section	า		
		509(a)(1) or s	section 509(a	1)(2)											
f					ermination fro	m the IRS that it i	ıs a Type İ,	Type II, o	or Type	III suppo	orting				
		organization,						• •							
g		Since August	t 17. 2006. ha	as the organiza	tion accepted	any gift or contri	bution from	any of th	ne						ш
3		following per		<b>J</b>		, 5		•							
		• .		v or indirectly o	ontrols either	alone or togethe	r with perso	ons descr	ibed in (	πλ				Yes	No
		• • •	•	•		ed organization?	· www.poros	4000.		,			11g	<del></del>	+
		• •		a person descri	• •	•							11g		+
		•		ity of a person of									11g		†
_				-									[119	<u></u>	.—.—
n m					Τ΄	organization(s)	(ha) to the	m organization	64 Oct.		(40)	la tha	(mi) A	mount of	
(1) 1		e of supported anization	ļ "	i) EIN		e of organization ed on lines 1–9	1 ' '	sted in your		rou notify nization in				mount of	
	5					or IRC section		document?	col (i)	of your	(i) organı	zed in the			
			1		(see i	nstructions))			-	oort?		S?			
		·	-		<del> </del>	<del>-</del>	Yes	No	Yes	No	Yes	No			
								<b></b>	ļ	ļ	<del> </del> -				
			l		Į		}	1	ļ		ļ .				
							<del> </del>		<b> </b>			<b> </b>			
								1							
					<u> </u>			ļ		ļ		<u> </u>			
										<u> </u>					
							$\bot$ —	ļ	<u> </u>	<u> </u>					
								]							
					<del> </del>		+	<u> </u>			-		<del></del>		
F-4-4			]					1							

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

Sche	dule A (Form 990 or 990-EZ) 2009 MID	WEST COLI	ABORATIVI	E FOR LIB	RARY 23	<u>-743691</u>	L8	Page 2
	rt II Support Schedule for O	ganizations D	escribed in S	ections 170(b	)(1)(A)(iv) and	170(b)(1)(	A)(vi)	)
	(Complete only if you che	cked the box	on line <u>5, 7, o</u>	8 of Part I.)				
Sect	tion A. Public Support					,		·
Cal	endar 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 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				<u> </u>			
	tion B. Total Support	<del></del>	r		1	1		
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	<del>'</del>	(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)	***************************************			1			
11	Total support. Add lines 7 through 10		<u> </u>	<u> </u>	<u>‡</u>	<del></del>		
12	Gross receipts from related activities, etc					L	12	<del></del>
13	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		
	organization, check this box and stop her							<b>&gt;</b>
Sec	tion C. Computation of Public Su	ipport Percen	tage				<del></del>	
14	Public support percentage for 2009 (line 6	, column (f) divide	d by line 11, colun	nn (f))		ŀ	14	<u>%</u>
15	Public support percentage from 2008 Sch					L	15	<u></u> %
16a	33 1/3 % support test-2009. If the organ				33 1/3 % or more	, check this bo	Σ	
	and stop here. The organization qualifies						_	▶ ∐
b	33 1/3 % support test—2008. If the organ				15 is 33 1/3 % or	more, check th	nis	. [
	box and stop here. The organization qual							▶ ∐
17a	10%-facts-and-circumstances test—200							
	more, and if the organization meets the "fa						<b>;</b>	. □
	organization meets the "facts-and-circums							▶ ∐
b	10%-facts-and-circumstances test200							
	more, and if the organization meets the "fa						<b>;</b>	
	organization meets the "facts-and-circums		-					
18	Private foundation. If the organization did	I not check a box	on line 13, 16a, 16	b, 17a, or 17b, ch	eck this box and s	ee instructions	5	▶ ∟

Schedule A (Form 990 or 990-EZ) 2009

23-7436918

Page 3

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 (d) 2008 (c) 2007 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (b) 2006 (a) 2005 Gifts, grants, contributions, and membership fees received (Do not include 704,063 725,746 785,150 3,258,209 any "unusual grants ") 476,077 567,173 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 20,351,061 25,103,671 33,448,208 115,731,262 16,892,001 19,936,321 organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 17,368,078 20,503,494 21,055,124 25,829,417 34,233,358 118,989,471 Total. Add lines 1 through 5 6 Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Add lines 7a and 7b Public support (Subtract line 7c from line 6) 118,989,471 Section B. Total Support (f) Total (d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 118<u>,989</u>,471 25,829,417 34,233,358 Amounts from line 6 17,368,078 20,503,494 21,055,124 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 180,434 241,809 912,249 181,571 208,981 99,454 sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 241,809 912,249 181,571 208,981 180,434 Add lines 10a and 10b 99,454 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly 73,810 73.810 carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, 13 34,475,167 and 12) 17,541,342 20,685,065 21,264,105 26,009,851 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 99.18% Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 16 99.12 <mark>%</mark> Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage 1 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 19a 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3 % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009 MIDWEST COLLABORATIVE FOR LIBRARY 23-7436918 Page 4

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b; and Part III, line 12 Provide any other additional information See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009
Open to Public

Inspection

**Employer identification number** Name of the organization MIDWEST COLLABORATIVE FOR LIBRARY 23-7436918 SERVICES Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ \_ \_ \_ \_ \_ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		OLLABORATIVE			23-74		Page <b>2</b>
	rt III Organizations Maintaining						ts (continued)
3	Ùsing the organization's acquisition, accessio collection items (check all that apply)	n, and other records, che	ck any of the follow	ing that ar	e a significa	nt use of its	
а	Public exhibition	d Loan	or exchange progra	ms			
b	Scholarly research	e Other					
c	Preservation for future generations						
4	Provide a description of the organization's col	lections and explain how	they further the org	anızatıon's	s exempt pu	rpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art,	historical treasures	, or other s	similar		Yes No
Pa	et IV Escrow and Custodial Arra	ngements. Comple	ete if the organiz	zation a	nswered '	'Yes" to Forr	m 990, Part
7 47	IV, line 9, or reported an an	nount on Form 990.	Part X, line 21.				
	Is the organization an agent, trustee, custodia				s not		
	included on Form 990, Part X?						Yes No
h	If "Yes," explain the arrangement in Part XIV	and complete the following	o table				
~	Tres, explain the arrangement in rate with		9 12.010				Amount
	Beginning balance					1c	
C	Additions during the year					1d	
a						1e	***
e	Distributions during the year					1f	
T 0-	Ending balance	000 Dort V line 212					Yes No
	Did the organization include an amount on Fo	orm 990, Part A, line 217					res No
	If "Yes," explain the arrangement in Part XIV  Endowment Funds. Comp	lete if organization a	enswered "Ves"	to Forn	990 Pa	rt IV line 10	
Fa	it v Endowment Funds. Comp	(a) Current year	(b) Pnor year		years back	(d) Three years b	
		(a) Current year	(b) I not year	(0) 100	years back	(u) Times yours is	(c) i car your such
1a	Beginning of year balance			<u> </u>			
þ	Contributions			<del> </del>			
С	Net investment earnings, gains,						
	and losses						
d	Grants or scholarships		<del></del>	-			
е	Other expenditures for facilities						
	and programs			-			
f	Administrative expenses						
9	End of year balance						
2	Provide the estimated percentage of the year	end balance held as					
а	Board designated or quasi-endowment ▶ _	%					
	Permanent endowment ▶ %						
С	Term endowment ▶ %						
3a	Are there endowment funds not in the posses	ssion of the organization t	that are held and ad	lministered	for the		( <del>-  </del>
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organizations	s listed as required on Sc	hedule R?				3b
4	Describe in Part XIV the intended uses of the						
Pa	art VI Investments—Land, Build	<u>ings, and Equipme</u>	nt. See Form 9	<u>90, Part</u>	X, line 10	0	
	Description of investment	(a) Cost or other basis	(b) Cost or (	other	(c) Acc	umulated	(d) Book value
		(investment)	basis (oth	er)	depr	eciation	<u></u>
1a	Land		34	4,208			344,208
b	Buildings		1,88	5,362		346,169	1,539,193
	Leasehold improvements						
	Equipment		40	0,827		313,525	87,302
	Other						
	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, c	olumn (B), line 10(c	) )		•	1,970,703

(c) Metho Cost or end-o	od of valuation
Cost of end-o	
	<del></del>
	<del></del>
<del>-  </del>	
<u> </u>	
(c) Meth	od of valuation
Cost or end-o	of-year market value
	<u></u>
	(b) Book value
LIB	977,205
<u></u>	15,500
, - · · · · · · · · · · · · · · · · · ·	
	▶ 992,705
_	
_	

Sche	dule D (Form 990) 2009 MIDWEST COLLABORATIVE FOR LIBE			Page <b>4</b>
₽₽	art XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	29,750,868
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	29,790,860
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	-39,992
4	Net unrealized gains (losses) on investments		4	48,149
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV )		8	4,110,906
9	Total adjustments (net) Add lines 4 through 8		9	4,159,055
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	4,119,063
Pa	art XII Reconciliation of Revenue per Audited Financial Statemen	its With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements		1	34,475,167
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains on investments	2a 48,149		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d		2d 4,676,150		
е	Add lines 2a through 2d		2e	4,724,299
3	Subtract line 2e from line 1		3	29,750,868
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		4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	29,750,868
Pa	art XIII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per F	Retur	'n
1	Total expenses and losses per audited financial statements		1	30,356,104
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	]	
С	Other losses	2c		
d	Other (Describe in Part XIV )	2d 565,244		
е	Add lines 2a through 2d		2e	565,244
3	Subtract line 2e from line 1		3	29,790,860
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	4a	'	
	Other (Describe in Part XIV )	4b		
	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	29,790,860
	art XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	es 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, line			
	part to provide any additional information			
	ART XI, LINE 8 - RECONCILIATION OF CHANGES	- OTHER		
			_	
_C	OST OF SALES DEDUCTED FROM REVENUE		·	541,208
_R	ENTAL EXPENSES DEDUCTED FROM REVENUE	\$	5	24_,036
_G	AIN FROM INCOLSA ACQUISITION		5	4,110,906
_R	ENTAL EXPENSES INCLUDED IN REVENUE	\$	5	24,036
_C	OST OF SALES INCLUDED WITH REVENUE		5	541,208

Schedule D (Form 990) 2009 MIDWEST COLLABORATIVE FOR LIBRARY  Part XIV Supplemental Information (continued)	23-7436918	Page <b>5</b>
PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN F	I <u>NAN</u> CIALS(	OTHER
_COST_OF_SALES_DEDUCTED_FROM_REVENUE		541,208
_RENTAL EXPENSES DEDUCTED FROM REVENUE	\$_	24,036
_GAIN_FROM_INCOLSA_ACQUISITION	\$_	_4,110,906_
PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN I	F <u>INANCIALS</u> -	OTHER
_RENTAL EXPENSES_INCLUDED_IN_REVENUE	\$_	24,036
_COST_OF_SALES_INCLUDED_WITH_REVENUE	\$_	541,208

## SCHEDULE J

(Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

MIDWEST COLLABORATIVE FOR LIBRARY SERVICES

Employer identification number 23 - 7436918

**Questions Regarding Compensation** Part I Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (e.g., maid, chauffeur, chef) Discretionary spending account b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all 2 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Written employment contract Compensation committee Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4c c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5b X b Any related organization? If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of 6a a The organization? 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed Х 7 payments not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe Х 8 in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2009

Page 2

MIDWEST COLLABORATIVE FOR LIBRARY

23-7436918

Schedule J (Form 990) 2009 MIDWEST COLLABORATIVE FOR LIBRARY 23 - 7436918

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	9	(B) Breakdown	of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	i) moo	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
RANDALL W. DYKHUIS (II	© (E)	146,938	00	0	14,022	0	160,960	0 0
5	€ €							
	€ €		,					
	€ €							
	© (E)							
	(II)							
1)	(i)							
<b>1</b>	(ii)							
	© (E)							
)	(E)							
)	(H)							
)	(II)							:
)	(II) (b)		•					
1)	(I)							
)	(II)		•					
	<u>(i)</u>							
							Sched	Schedule J (Form 990) 2009

23-7436918 MIDWEST COLLABORATIVE FOR LIBRARY

Supplemental Information Schedule J (Form 990) 2009 Part III

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

### Supplemental Information to Form 990

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

SYSTEMS.

**SERVICES** 

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

Attach to Form 990.

MIDWEST COLLABORATIVE FOR LIBRARY

Employer identification number 23 - 7436918

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

FACILITATING THE SHARING OF INFORMATION RESOURCES AMONG THE

LIBRARIES OF MICHIGAN AND INDIANA; ENHANCING THE AVAILABILITY OF

INFORMATION RESOURCES TO THE CITIZENS OF MICHIGAN AND INDIANA;

ENCOURAGING THE LIBRARIES OF MICHIGAN AND INDIANA TO INSTITUTE SUCH

COST-EFFECTIVE PRACTICES AND PROCEDURES AS MAY BE POSSIBLE

THROUGH STATEWIDE INTERLIBRARY COOPERATION; ENABLING THE

LIBRARIES OF MICHIGAN AND INDIANA TO CONNECT AND INTERACT WITH REGIONAL

AND NATIONAL ELECTRONIC BIBLIOGRAPHICAL COMMUNICATION

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED
PAMELA GRUDZIEN
310A PARK LIBRARY
MOUNT PLEASANT, MI 48859

ISHWAR LAXMINARAYAN
24 W. MICHIGAN AVE
JACKSON, MI 49201

ROBERTA BROOKER

140 NORTH SENATE AVE.

INDIANAPOLIS, IN 46204

KELLY CURRIE

Page 2

Schedule O (Form 990) 2009

Name of the organization

MIDWEST COLLABORATIVE FOR LIBRARY

Employer identification number 23 - 7436918

222 EAST MAIN ST.

DELPHI, IN 46923

STEPHEN DAY

180 WEST SPRING STREET

NEW ALBANY, IN 47150

PAM CHRISTENSEN

217 NORTH FRONT STREET

MARQUETTE, MI 49855

CLIFF HAKA

100 LIBRARY

EAST LANSING, MI 48824

DENISE HOOKS

503 SOUTH SAGINAW, SUITE 839

FLINT, MI 8502

MARGARET LINCOLN

15060 SOUTH HELMER ROAD

BATTLE CREEK, MI 49015

VICTOR LIU

4800 EAST HURON RIVER DRIVE

ANN ARBOR, MI 48105

Page 2

Schedule O (Form 990) 2009

Name of the organization

MIDWEST COLLABORATIVE FOR LIBRARY

Employer identification number 23 - 7436918

AMY HARSHBARGER

5500 WABASH AVE

TERRE HAUTE, IN 47803

NANCY R. ROBERTSON

PO BOX 30007

LANSING, MI 48909

PATRICIA LUNSFORD

1701 SOUTH CREASY LANE

LAFAYETTE, IN 47905

BEVERLY MARTIN

401 SOUTH STATE ST.

FRANKLIN, IN 46131

JIM MULLINS

504 W. STATE ST.

WEST LAFAYETTE, IN 47907

NANCY MCGRIFF

9808 S. 600 W

UNION MILLS, IN 46386

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE 990 WILL BE REVIEWED BY THE BUSINESS MANAGER BEFORE FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THERE WILL BE NO SELF-DEALING OR BUSINESS BY A MEMBER WITH THE

ORGANIZATION. BOARD MEMBERS WILL ANNUALLY DISCLOSE THEIR INVOLVEMENTS WITH

OTHER ORGANIZATIONS, WITH VENDORS, OR ANY ASSOCIATIONS THAT MIGHT BE OR

MIGHT REASONABLY BE SEEN AS BEING A CONFLICT.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE BOARD SHALL NEGOTIATE A CONTRACT WITH THE EXECUTIVE DIRECTOR THAT WILL

STIPULATE COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR.

EXECUTIVE DIRECTOR REMUNERATION WILL BE DECIDED ANNUALLY IN SEPTEMBER AFTER

A REVIEW OF MONITORING REPORTS AND THE EXECUTIVE DIRECTOR'S SELF

EVALUATION.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

THE BOARD SHALL NEGOTIATE A CONTRACT WITH THE EXECUTIVE DIRECTOR THAT WILL

STIPULATE COMPENSATION AND BENEFITS FOR THE EXECUTIVE DIRECTOR.

EXECUTIVE DIRECTOR REMUNERATION WILL BE DECIDED ANNUALLY IN SEPTEMBER AFTER

A REVIEW OF MONITORING REPORTS AND THE EXECUTIVE DIRECTOR'S SELF

EVALUATION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GOVERNING DOCUMENTS, INCLUDING THE CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE MIDWEST COLLOBORATIVE FOR LIBRARY SERVICE'S WEB SITE. FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST, AND THE ANNUAL AUDIT IS FURNISHED TO DUNN & BRADSTREET FOR USE AND PUBLICATION ANNUALLY.