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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

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

C Name of organization
THE NEWBERRY LIBRARY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
60 WEST WALTON STREET

City or town, state or country, and ZIP + 4
CHICAGO, IL 60610

D Employer identification number
36-2167814

E Telephone number
(312) 943-9090

G Gross receipts $ 36,190,144

F Name and address of principal officer
DAVID SPADAFORA
60 WEST WALTON STREET
CHICAGO, IL 60610

H(a) Is this a group return for affiliates? [ ] Yes [✓] No

H(b) Are all affiliates included? [ ] Yes [ ] No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status [✓] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J **Website:** ▶ WWW NEWBERRY ORG

K Form of organization [✓] Corporation [ ] Trust [ ] Association [ ] Other ▶

L Year of formation 1892

M State of legal domicile IL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
THE NEWBERRY LIBRARY IS AN INDEPENDENT RESEARCH LIBRARY DEDICATED TO THE ADVANCEMENT AND DISSEMINATION OF KNOWLEDGE, ESPECIALLY IN THE HUMANITIES THE NEWBERRY LIBRARY ACQUIRES AND PRESERVES A BROAD ARRAY OF SPECIAL COLLECTIONS RESEARCH MATERIALS RELATING TO EUROPE AND THE AMERICAS

2 Check this box ▶[ ] if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	40
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	40
5	Total number of employees (Part V, line 2a)	5	126
6	Total number of volunteers (estimate if necessary)	6	607
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	4,676,902	6,194,170
	9	Program service revenue (Part VIII, line 2g)	1,495,571	1,164,521
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,269,770	2,679,321
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	719,866	641,138
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,622,569	10,679,150
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	598,839	581,886
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,504,028	5,023,030
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶910,073		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	4,646,877	4,294,569
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	10,749,744	9,899,485
	19	Revenue less expenses Subtract line 18 from line 12	-5,127,175	779,665

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	59,673,169	63,781,680
	21	Total liabilities (Part X, line 26)	6,836,421	6,381,649
	22	Net assets or fund balances Subtract line 21 from line 20	52,836,748	57,400,031

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-11-15
Signature of officer | Date

JAMES P BURKE JR VP FINANCE & ADMIN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ DAVID FAJE | Date | Check if self-employed ▶ [ ] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ RSM MCGLADREY INC
ONE SOUTH WACKER DRIVE SUITE 800
CHICAGO, IL 606063392

EIN ▶

Phone no ▶ (312) 634-3400

May the IRS discuss this return with the preparer shown above? (see instructions) [✓] Yes [ ] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

THE NEWBERRY LIBRARY, OPEN TO THE PUBLIC WITHOUT CHARGE, IS AN INDEPENDENT RESEARCH LIBRARY DEDICATED TO THE ADVANCEMENT AND DISSEMINATION OF KNOWLEDGE, ESPECIALLY IN THE HUMANITIES THE NEWBERRY LIBRARY ACQUIRES AND PRESERVES A BROAD ARRAY OF SPECIAL COLLECTIONS RESEARCH MATERIALS RELATING TO THE CIVILIZATIONS OF EUROPE AND THE AMERICAS IT PROMOTES AND PROVIDES FOR THEIR EFFECTIVE USE, FOSTERING RESEARCH, TEACHING, PUBLICATION, AND LIFE-LONG LEARNING, AS WELL AS CIVIC ENGAGEMENT IN SERVICE TO ITS DIVERSE COMMUNITY, THE NEWBERRY LIBRARY ENCOURAGES INTELLECTUAL PURSUIT IN AN ATMOSPHERE OF FREE INQUIRY AND SUSTAINS THE HIGHEST STANDARDS OF COLLECTION PRESERVATION, BIBLIOGRAPHIC ACCESS AND READER SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 7,468,514 including grants of $ 581,886) (Revenue $ 1,270,842)

THE NEWBERRY LIBRARY IS AN INDEPENDENT RESEARCH LIBRARY DEDICATED TO THE ADVANCEMENT AND DISSEMINATION OF KNOWLEDGE, ESPECIALLY IN THE HUMANITIES AS SUCH, IT PROVIDES MATERIALS TO THE PUBLIC AS WELL AS FELLOWSHIPS FOR RESEARCH, TEACHER PROGRAMS, EXHIBITIONS AND ADULT SEMINARS LIBRARY SERVICES AND COLLECTION DEVELOPMENT STATISTICSTOTAL BIBLIOGRAPHIC RECORDS IN ONLINE CATALOG 820,464TITLES CATALOGED 6,915MAP RECORDS ADDED TO MAP CATALOG 5,218VOLUMES ADDED TO COLLECTION 8,024MANUSCRIPTS ADDED TO COLLECTION 118 1 LINEAR FEETCONSERVATIONS TREATMENTS OF BOOK, MANUSCRIPTS, AND MAPS 3,996READER SIGN-IN 18,931TOTAL MATERIALS PAGED FOR READER USE 51,557REFERENCE INQUIRIES SERVED 10,494INSTRUCTIONAL SESSIONS OFFERED 182 SESSIONS, SERVING 2,880 PATRONSRESEARCH AND EDUCATION DIVISION STATISTICSFELLOWSHIPS FOR RESEARCH LONG-TERM 12 SHORT-TERM 49TEACHER PROGRAMS SEMINARS AND SYMPOSIA 77 TEACHER PARTICIPANTS 1,260EXHIBITIONS LINCOLN EXHIBITION GALLERY ATTENDANCE 25,678ADULT SEMINAR PROGRAM SEMINAR COURSES 154 PARTICIPANTS 1,374PUBLICATIONS DURING FISCAL YEAR 2010- THE ATLAS OF HISTORICAL COUNTY BOUNDARIES, ALL 19 VOLUMES COMPLETED- FRONTIER TO HEARTLAND MAKING HISTORY IN CENTRAL NORTH AMERICA, ONLINE PUBLICATION, WITH SUPPORT FROM NEH AND IMLS- THE WRITINGS OF HERMAN MELVILLE, VOL 11, PUBLISHED POEMS BATTLE PIECES, JOHN MARR, TIMOLEON ED BY ROBERT C RYAN, HARRISON HAYFORD, ALMA MACDOUGALL REISLING, G THOMAS TANSELLE PUBLISHED BY AND IN COLLABORATION WITH NORTHWESTERN UNIVERSITY PRESS

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶$ 7,468,514

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8	Yes	
9	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," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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 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.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: Yes ☐ No: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16	Yes	
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25*	24a		No
b	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 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		No
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		No
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	Yes	
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		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		No
c	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 owner? *If "Yes," complete Schedule L, Part IV*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		No
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		No
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		No
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		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	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	320			
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	126			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	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		
10	**Section 501(c)(7) organizations.** Enter					
a	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					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a 40			
b	Enter the number of voting members that are independent	1b 40			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ IL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

JAMES P BURKE JR
60 WEST WALTON STREET
CHICAGO, IL 60610
(312) 255-3567

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, and **current** key employees 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, or 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 did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
See add'l data										

1b Total . . . . ▶	738,156	0	44,554

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶5

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
JOHNSON CONTROLS PO BOX 905240 CHARLOTTE, NC 28290	MAINTENANCE	184,397
SECURITAS SECURITY SERVICES USA INC 12672 COLLECTIONS CTR DR CHICAGO, IL 60693	SECURITY	138,918
ABM JANITOR SERVICE PO BOX 198352 ATLANTA, GA 30384	JANITORIAL	115,141
EBSCO 1140 SILVER LAKE RD CARY, IL 60013	DATABASE	112,719

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶4

Part VIII **Statement of Revenue**

Section	Line	Description		Amount / Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	143,463				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,215,258				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,835,449				
	g	Noncash contributions included in lines 1a-1f $ 306,276						
	h	**Total.** Add lines 1a-1f		▶	6,194,170			
Program Service Revenue				Business Code				
	2a	SERVICES TO PUBLIC		900,099	495,955	495,955		
	b	MEMBERSHIP DUES		900,099	335,134	335,134		
	c	REGISTRATIONS		900,099	247,803	247,803		
	d	BOOK ROYALTIES		511,130	85,235	85,235		
	e	SUBSCRIPTIONS		900,099	394	394		
	f	All other program service revenue						
	g	**Total.** Add lines 2a–2f		▶	1,164,521			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		▶	1,527,609			1,527,609
	4	Income from investment of tax-exempt bond proceeds		▶				
	5	Royalties		▶				
			(i) Real	(ii) Personal				
	6a	Gross Rents	463,437					
	b	Less rental expenses						
	c	Rental income or (loss)	463,437					
	d	Net rental income or (loss)		▶	463,437			463,437
			(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory	26,541,152					
	b	Less cost or other basis and sales expenses	25,389,440					
	c	Gain or (loss)	1,151,712					
	d	Net gain or (loss)		▶	1,151,712			1,151,712
	8a	Gross income from fundraising events (not including $ 143,463 of contributions reported on line 1c) See Part IV, line 18	a	158,414				
	b	Less direct expenses	b	121,554				
	c	Net income or (loss) from fundraising events		▶	36,860			36,860
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities		▶				
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory		▶				
		Miscellaneous Revenue		Business Code				
	11a	COLLECTION ITEMS		900,099	99,133	99,133		
	b	OFFICER LOAN INTEREST		900,099	22,537			22,537
	c	PARKING FEES		812,930	11,983			11,983
	d	All other revenue			7,188	7,188		
	e	**Total.** Add lines 11a–11d		▶	140,841			
	12	**Total revenue.** See Instructions		▶	10,679,150	1,270,842	0	3,214,138

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22	532,293	532,293		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	49,593	49,593		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	420,228		420,228	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	3,701,460	2,679,818	565,481	456,161
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	165,229	123,046	24,007	18,176
9	Other employee benefits	457,929	274,687	126,279	56,963
10	Payroll taxes	278,184	187,243	59,452	31,489
11	Fees for services (non-employees)				
a	Management				
b	Legal	50,278		50,278	
c	Accounting	44,500		44,500	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	119,135	100,825	18,310	
g	Other	867,678	1,150,558	-463,730	180,850
12	Advertising and promotion	34,330	26,845	2,948	4,537
13	Office expenses	611,632	340,732	206,312	64,588
14	Information technology	111,581	67,533	16,822	27,226
15	Royalties . .				
16	Occupancy	1,008,703	764,329	206,232	38,142
17	Travel	175,448	170,971	2,731	1,746
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,215	5,215		
20	Interest	15,093		15,093	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	808,908	593,289	186,211	29,408
23	Insurance	9,926		9,926	
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)				
a	BOOK COLLECTIONS	202,160	202,160		
b	MONOGRAPHS	167,849	167,849		
c	OTHER HR EXPENSES	62,133	31,528	29,818	787
d					
e					
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	9,899,485	7,468,514	1,520,898	910,073
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 fundraising solicitation				

Part X Balance Sheet

Section	Line	Description			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			478,005	1	1,304,736
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			489,456	3	292,983
	4	Accounts receivable, net			166,946	4	208,177
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			483,422	5	474,837
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			40,538	9	57,755
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	29,862,573			
	b	Less accumulated depreciation	10b	21,354,149	9,211,124	10c	8,508,424
	11	Investments—publicly traded securities			46,227,101	11	50,237,805
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			2,576,577	15	2,696,963
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			59,673,169	16	63,781,680
Liabilities	17	Accounts payable and accrued expenses			767,455	17	844,813
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			5,397,816	20	4,900,000
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D			671,150	25	636,836
	26	**Total liabilities.** Add lines 17 through 25			6,836,421	26	6,381,649
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets			-1,253,386	27	2,203,921
	28	Temporarily restricted net assets			10,871,076	28	10,255,009
	29	Permanently restricted net assets			43,219,058	29	44,941,101
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			52,836,748	33	57,400,031
	34	Total liabilities and net assets/fund balances			59,673,169	34	63,781,680

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . .		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .		3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

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

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		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 the supported organization?	**11g(i)**		
(ii) a family member of a person described in (i) above?	**11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	**11g(iii)**		

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	6,216,550	3,950,653	5,589,864	4,676,902	6,194,170	26,628,139
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	6,216,550	3,950,653	5,589,864	4,676,902	6,194,170	26,628,139
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)						4,290,946
6 **Public Support.** Subtract line 5 from line 4						22,337,193

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
7 Amounts from line 4	6,216,550	2,558,672	5,589,864	4,676,902	6,194,170	26,628,139
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,225,309	2,558,672	2,690,658	2,972,463	1,991,046	12,438,148
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	88,394	89,680	107,911	93,387	140,841	520,213
11 **Total support** (Add lines 7 through 10)						39,586,500

12 Gross receipts from related activities, etc (See instructions)	12	6,716,382

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	56 430 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	55 680 %

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

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 ☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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 ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or 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

Name of the organization
THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 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 importantly land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a–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 Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶________

4 Number of states where property subject to conservation easement is located ▶________

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶________

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ________

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 ▶ $ ________

2 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 ▶ $ ________

b Assets included in Form 990, Part X ▶ $ ________

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☑ Public exhibition d ☑ Loan or exchange programs

b ☑ Scholarly research e ☐ Other

c ☑ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☑ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	46,061,000	56,025,000			
b Contributions	517,000	735,000			
c Investment earnings or losses	6,571,000	-9,850,000			
d Grants or scholarships					
e Other expenditures for facilities and programs	2,616,000	849,000			
f Administrative expenses					
g End of year balance	50,533,000	46,061,000			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ 0 % %

b Permanent endowment ▶ 100 000 % %

c Term endowment ▶ 0 % %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		24,277,520	16,070,754	8,206,766
c Leasehold improvements				
d Equipment		5,585,053	5,283,395	301,658
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				8,508,424

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED GIFT ANNUITY	589,804
STOPP COLLECTION - GERMAN AMERICAN BIRTH CERTIFICATES	47,032
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	636,836

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,679,150
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,899,485
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	779,665
4	Net unrealized gains (losses) on investments	4	3,948,646
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-165,028
9	Total adjustments (net) Add lines 4 - 8	9	3,783,618
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	4,563,283

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	15,206,127
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	3,948,646		
b	Donated services and use of facilities	2b	621,809		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	121,550		
e	Add lines **2a** through **2d**			2e	4,692,005
3	Subtract line **2e** from line **1**			3	10,514,122
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	165,028		
c	Add lines **4a** and **4b**			4c	165,028
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	10,679,150

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,642,844
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	621,809		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	121,550		
e	Add lines **2a** through **2d**			2e	743,359
3	Subtract line **2e** from line **1**			3	9,899,485
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,899,485

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part III, Line 1a		THE VALUE OF THE LIBRARY'S COLLECTION IS EXCLUDED FROM THE STATEMENTS OF FINANCIAL POSITION AN ADDITION TO THE LIBRARY'S COLLECTION IS MADE EITHER BY A DONATION FROM A BENEFACTOR OR THROUGH A PURCHASE FROM LIBRARY ACQUISITION FUNDS LIBRARY ACQUISITION FUNDS MAY BE CLASSIFIED AS PERMANENTLY RESTRICTED, FOR WHICH ONLY THE INCOME EARNED ON PRINCIPAL BALANCES MAY BE USED FOR ACQUISITIONS, TEMPORARILY RESTRICTED, FOR WHICH BOTH THE PRINCIPAL AND EARNED INCOME MAY BE USED FOR ACQUISITIONS, OR UNRESTRICTED, REPRESENTING FUNDS DESIGNATED BY THE BOARD TO BE USED FOR ACQUISITIONS THE SALE OF HOLDINGS FROM THE LIBRARY'S COLLECTION IS PERFORMED IN ACCORDANCE WITH LIBRARY POLICY PROCEEDS FROM THE SALE OF COLLECTION ITEMS ARE CLASSIFIED AS UNRESTRICTED, TEMPORARILY RESTRICTED FOR PURCHASE OF ADDITIONAL COLLECTION ITEMS, OR ADDED TO THE PERMANENTLY RESTRICTED ENDOWMENT FOR THE PURCHASE OF COLLECTION ITEMS THE LIBRARY'S COLLECTION IS PROTECTED, CARED FOR, AND PRESERVED, AND IS SUBJECT TO STRICT POLICIES GOVERNING ITS USE THE VALUE OF THE LIBRARY'S COLLECTION IS NOT SUBJECT TO REASONABLE ESTIMATION
Part III, Line 4		OUR COLLECTIONS INCLUDE 1 5 MILLION BOOKS, 5 MILLION MANUSCRIPT PAGES AND 0 5 MILLION HISTORIC MAPS THESE NON-CIRCULATING COLLECTIONS ARE FREE AND OPEN TO THE PUBLIC FOR USE IN SCHOLARLY RESEARCH AND SPAN THE HISTORY AND CULTURE OF WESTERN EUROPE AND THE AMERICAS (MIDDLE AGES - WWII) COLLECTIONS SPECIALIZE IN CARTOGRAPHY, AMERICAN INDIANS, CHICAGO, EUROPE, LITERATURE, PRINTING AND GENEALOGY
Part V, Line 4	Description of Intended Use of Endowment Funds	THERE ARE ENDOWMENTS THAT SUPPORT THE PURCHASE OF LIBRARY MATERIALS, SUPPORT FOR CERTAIN DIVISIONS OF THE LIBRARY AND SUPPORT FOR UNRESTRICTED PURPOSES
Part X	Description of Uncertain Tax Positions Under FIN 48	THE LIBRARY IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE (IRC) SECTION 501(C)(3) AS A PUBLIC CHARITY THE LIBRARY IS ALSO EXEMPT FROM ILLINOIS INCOME TAX THE LIBRARY FILES FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX) ANNUALLY WHEN THIS RETURN IS FILED, IT IS HIGHLY CERTAIN THAT POSITIONS TAKEN WOULD BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES EXAMPLES OF TAX POSITIONS COMMON TO NONPROFIT ORGANIZATIONS INCLUDE SUCH MATTERS AS THE FOLLOWING THE TAX EXEMPT STATUS OF THE ENTITY, THE CONTINUED TAX EXEMPT STATUS OF BONDS ISSUED AND VARIOUS POSITIONS RELATIVE TO POTENTIAL SOURCES OF UNRELATED BUSINESS TAXABLE INCOME (UBIT) THE BENEFIT OF A TAX POSITION IS RECOGNIZED IN THE FINANCIAL STATEMENTS IN THE PERIOD DURING WHICH, BASED ON ALL AVAILABLE EVIDENCE, MANAGEMENT BELIEVES THAT IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING THE RESOLUTION OF APPEALS OR LITIGATION PROCESSES AT JUNE 30, 2010 AND 2009 NO SUCH POSITIONS WERE RECOGNIZED FORMS 990 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS) UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF EACH RETURN
Part XI, Line 8 - Other Adjustments		DEFERRED GIVING ARRANGEMENTS -159993 MISCELLANEOUS -5035
Part XII, Line 2d - Other Adjustments		FUNDRAISING EXPENSES 121550
Part XII, Line 4b - Other Adjustments		DEFERRED GIVING ARRANGEMENTS 159993 MISCELLANEOUS 5035
Part XIII, Line 2d - Other Adjustments		FUNDRAISING EXPENSES 121550

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . ▶ ☐
Use Schedule F-1 (Form 990) if additional space is needed.

1 **(a)** Name of organization	**(b)** IRS code section and EIN (if applicable)	**(c)** Region	**(d)** Purpose of grant	**(e)** Amount of cash grant	**(f)** Manner of cash disbursement	**(g)** Amount of of non-cash assistance	**(h)** Description of non-cash assistance	**(i)** Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . . ▶ ____________

3 Enter total number of other organizations or entities . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
STIPENDS - FELLOWSHIP STIPENDS FROM THE NEWBERRY LIBRARY ARE INTENDED TO BE SPENT AS RECIPIENTS DEEM NECESSARY GENERALLY, THEY ARE USED BY FELLOWS TO SUPPORT HOUSING, FOOD AND OTHER COSTS ASSOCIATED WITH A PERIOD OF RESEARCH AT THE LIBRARY	East Asia and the Pacific	1	800	CHECK			
STIPENDS - FELLOWSHIP STIPENDS FROM THE NEWBERRY LIBRARY ARE INTENDED TO BE SPENT AS RECIPIENTS DEEM NECESSARY GENERALLY, THEY ARE USED BY FELLOWS TO SUPPORT HOUSING, FOOD AND OTHER COSTS ASSOCIATED WITH A PERIOD OF RESEARCH AT THE LIBRARY	Europe (Including Iceland & Greenland)	16	26,217	CHECK			
STIPENDS - FELLOWSHIP STIPENDS FROM THE NEWBERRY LIBRARY ARE INTENDED TO BE SPENT AS RECIPIENTS DEEM NECESSARY GENERALLY, THEY ARE USED BY FELLOWS TO SUPPORT HOUSING, FOOD AND OTHER COSTS ASSOCIATED WITH A PERIOD OF RESEARCH AT THE LIBRARY	Middle East and North Africa	6	22,576	CHECK			

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 EACH GRANT HAS A BUDGET AND A PROGRAM PLAN THE VICE PRESIDENT FOR FINANCE ADMINISTRATION AND THE CONTROLLER MONITOR THE BUDGET ON A MONTHLY BASIS

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Internet and e-mail solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

			(a) Event #1 BOOK FAIR (event type)	(b) Event #2 GALA (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	164,752	137,125		301,877
	2	Less Charitable contributions	6,338	137,125		143,463
	3	Gross income (line 1 minus line 2)	158,414			158,414
Direct Expenses	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs	5,478			5,478
	7	Food and beverages	3,731	20,210		23,941
	8	Entertainment		800		800
	9	Other direct expenses	68,212	23,119		91,331
	10	Direct expense summary Add lines 4 through 9 in column (d)				121,550
	11	Net income summary Combine lines 3, column d, and line 10				36,864

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1, column d, and line 7				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	**13a**			
b	An outside facility	**13b**			

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

			Yes	No
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ____________ and the amount of gaming revenue retained by the third party ▶ $ ____________

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $ ____________

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

			Yes	No
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . ☑ **Yes** ☐ **No**

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . ▶ ☐

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . . ▶

3 Enter total number of other organizations . . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STIPENDS - FELLOWSHIP STIPENDS FROM THE NEWBERRY LIBRARY ARE INTENDED TO BE SPENT AS RECIPIENTS DEEM NECESSARY GENERALLY, THEY ARE USED BY FELLOWS TO SUPPORT HOUSING, FOOD AND OTHER COSTS ASSOCIATED WITH A PERIOD OF RESEARCH AT THE LIBRARY	161	532,293			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 EACH GRANT HAS A BUDGET AND A PROGRAM PLAN THE VICE PRESIDENT FOR FINANCE ADMINISTRATION AND THE CONTROLLER MONITOR THE BUDGET ON A MONTHLY BASIS

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First-class or charter travel ☐ Travel for companions ☐ Tax idemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	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 ☑ Compensation committee ☐ Independent compensation consultant ☑ Form 990 of other organizations ☐ Written employment contract ☑ Compensation survey or study ☐ Approval by the board or compensation committee			
4	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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	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?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	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			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
DAVID SPADAFORA	(i)	220,279	0	0	13,593	0	233,872	0
	(ii)	0	0	0	0	0	0	0
JAMES P BURKE JR	(i)	164,983	0	0	10,439	0	175,422	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation

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Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶**See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization	Employer identification number
THE NEWBERRY LIBRARY	36-2167814

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
DAVID SPADAFORA MORTGAGE		X	500,000	474,837		No	Yes		Yes	
Total . . . . ▶ $				474,837						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

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THE NEWBERRY LIBRARY

Employer identification number
36-2167814

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art	X		0	
2 Art—Historical treasures	X		0	
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	21	306,276	FMV ON DATE OF GIFT
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (____________)				
26 Other ▶ (____________)				
27 Other ▶ (____________)				
28 Other ▶ (____________)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . | 29 |

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Non Reporting of Revenue	Part I, Line 33	THE NEWBERRY LIBRARY PERIODICALLY RECEIVES GIFTS OF ART AND HISTORICAL TREASURES WHICH IT DOES NOT RECORD AS REVENUE, AS ALLOWED UNDER SFAS 116 AS SUCH, THE NUMBER OF CONTRIBUTORS HAS BEEN LEFT BLANK AS THE NUMBER OF DONATIONS OF EACH TYPE OF NONCASH ITEM IS UNCERTAIN

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

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Name of the organization
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Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE FINANCE COMMITTEE OF THE BOARD MEETS TO DISCUSS AND REVIEW FORM 990 BEFORE IT GETS FILED
Form 990, Part VI, Section B, line 12c		MEMBERS OF THE BOARD OF TRUSTEES AND ANY OF ITS COMMITTEES AND MEMBERS OF THE STAFF OF THE NEWBERRY LIBRARY SHALL DISCLOSE ANY CONFLICT OF INTEREST ON AN ANNUAL BASIS BY COMPLETING AND SUBMITTING THE NEWBERRY LIBRARY CONFLICT OF INTEREST DISCLOSURE FORM THERE IS FOLLOW-UP TO INSURE RECEIPT OF THE FORMS FROM ALL THE AFOREMENTIONED INDIVIDUALS
Form 990, Part VI, Section B, line 15a		THE BY-LAWS OF THE NEWBERRY LIBRARY PROVIDE (IN SECTION 3 OF ARTICLE V) THAT THE EXECUTIVE COMMITTEE OF THE BOARD OF TRUSTEES "SHALL AT LEAST ANNUALLY REVIEW THE COMPENSATION OF THE PRESIDENT AND LIBRARIAN" WITH RESPECT TO THE NEWBERRY LIBRARY'S ACCOUNTING YEAR WHICH ENDED JUNE 30, 2010, THE EXECUTIVE COMMITTEE, ACTING IN EXECUTIVE SESSION, SET THE COMPENSATION OF THE PRESIDENT AND LIBRARIAN IN SETTING THAT COMPENSATION THE EXECUTIVE COMMITTEE CONSIDERED THE PERFORMANCE OF THE PRESIDENT AND LIBRARIAN TO THAT TIME AS WELL AS COMPARATIVE INFORMATION AVAILABLE TO IT OF THE COMPENSATION OF CHIEF EXECUTIVE OFFICERS OF PEER INSTITUTIONS AND OTHER NON-PROFIT ORGANIZATIONS IN THE CHICAGO AREA THE EXECUTIVE COMMITTEE IS AWARE OF THE REQUIREMENTS WITH RESPECT TO THE REVIEW OF EXECUTIVE COMPENSATION WHICH ARE SET OUT IN THE INSTRUCTIONS TO INTERNAL REVENUE SERVICE FORM 990 AND BELIEVES IT HAS FULFILLED SUCH REQUIREMENTS WITH RESPECT TO THE NEWBERRY LIBRARY'S YEAR ENDED JUNE 30, 2010 THE EXECUTIVE COMMITTEE HAS DESIGNATED ITSELF AS THE "COMPENSATION COMMITTEE" AS THAT TERM IS USED IN SAID INSTRUCTIONS NO INDEPENDENT COMPENSATION CONSULTANT HAS ADVISED THE EXECUTIVE COMMITTEE
Form 990, Part VI, Section C, line 19		THE NEWBERRY LIBRARY MAKES ALL OF ITS GOVERNING DOCUMENTS AVAILABLE UPON REQUEST

Additional Data

Software ID:
Software Version:
EIN: 36-2167814
Name: THE NEWBERRY LIBRARY

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROGER BASKES CHAIRMAN	1 00	X						0	0	0
VICTORIA HERGET VICE CHAIRMAN	1 00	X						0	0	0
DAVID HILLIARD VICE CHAIRMAN	1 00	X						0	0	0
DAVID MCNEEL VICE CHAIRMAN	1 00	X						0	0	0
PAUL MILLER SECRETARY	1 00	X						0	0	0
NORMAN BOBINS TREASURER	1 00	X						0	0	0
T KIMBALL BROOKER TRUSTEE	1 00	X						0	0	0
DWIGHT CLEVELAND TRUSTEE	1 00	X						0	0	0
JANE MILLS CONLAN TRUSTEE	1 00	X						0	0	0
ANTHONY DEAN TRUSTEE	1 00	X						0	0	0
ROBERT DONNELLY TRUSTEE	1 00	X						0	0	0
DAVID P EARLE III TRUSTEE	1 00	X						0	0	0
ROBERT FEITLER TRUSTEE	1 00	X						0	0	0
JAMES FITZGERALD TRUSTEE	1 00	X						0	0	0
LOUISE R GLASSER TRUSTEE	1 00	X						0	0	0
HANNA GRAY TRUSTEE	1 00	X						0	0	0
SUE GRAY TRUSTEE	1 00	X						0	0	0
CHARLES C HAFFNER III TRUSTEE	1 00	X						0	0	0
NEIL HARRIS TRUSTEE	1 00	X						0	0	0
SANDRA HINDMAN TRUSTEE	1 00	X						0	0	0
D CARROLL JOYNES TRUSTEE	1 00	X						0	0	0
STANLEY KATZ TRUSTEE	1 00	X						0	0	0
JONATHAN KEMPER TRUSTEE	1 00	X						0	0	0
LAWRENCE LIPKING TRUSTEE	1 00	X						0	0	0
BARRY L MACLEAN TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FREDERICK J MANNING TRUSTEE	1 00	X						0	0	0
GRANT MCCULLAGH TRUSTEE	1 00	X						0	0	0
ANDREW MCGHEE TRUSTEE	1 00	X						0	0	0
M JULIE MCKINLEY TRUSTEE	1 00	X						0	0	0
ANDREW MCNALLY IV TRUSTEE	1 00	X						0	0	0
CYNTHIA MITCHELL TRUSTEE	1 00	X						0	0	0
JOHN H NOONAN TRUSTEE	1 00	X						0	0	0
JANIS W NOTZ TRUSTEE	1 00	X						0	0	0
RUDY L RUGGLES JR TRUSTEE	1 00	X						0	0	0
PAUL RUXIN TRUSTEE	1 00	X						0	0	0
ALYCE SIGLER TRUSTEE	1 00	X						0	0	0
RICHARD D SIRAGUSA TRUSTEE	1 00	X						0	0	0
HAROLD B SMITH TRUSTEE	1 00	X						0	0	0
JULES STIFFEL TRUSTEE	1 00	X						0	0	0
ALLEN TURNER TRUSTEE	1 00	X						0	0	0
WILLIAM C VANCE TRUSTEE	1 00	X						0	0	0
CAROL WARSHAWSKY TRUSTEE	1 00	X						0	0	0
ROBERT WEDGEWORTH TRUSTEE	1 00	X						0	0	0
DAVID SPADAFORA PRESIDENT & LIBRARIAN	35 00			X				220,279	0	13,593
JAMES P BURKE JR VP FINANCE & ADMIN	35 00			X				164,983	0	10,439
MICHELLE BURNS VP DEVELOPMENT	35 00					X		127,200	0	5,773
JAMES GROSSMAN VP RESEARCH & EDUCATION	35 00					X		114,473	0	7,586
HJORDIS HALVORSON VP LIBRARY SERVICES	35 00					X		111,221	0	7,163

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
SERVICES TO PUBLIC	900,099	495,955	495,955		
MEMBERSHIP DUES	900,099	335,134	335,134		
REGISTRATIONS	900,099	247,803	247,803		
BOOK ROYALTIES	511,130	85,235	85,235		
SUBSCRIPTIONS	900,099	394	394		