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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)

OMB No 1545-0047

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

Open to Public Inspection

	ΑF	or the	2009 calendar year, or tax year beginning JUL 1, 2009 and ending	JUN 30, 2010				
•	B c	heck if		D Employer identification number				
	ap	plicable	use IRS COUNCIL ON LIBRARY AND INFORMATION					
		Addres	s label or L - c - c - c - c					
		Name change	type	52-1576808				
	\vdash	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/si					
	\vdash	_ Termin	Specific 1752 N CMDEEM NW #900	(202)939-3403				
	H	Jated ∫Amend		G Gross receipts \$ 2,913,695.				
	누	_return _Applica _tion						
	_	beuqiu	F Name and address of principal officer: CHARLES HENRY	H(a) Is this a group return for affiliates? Yes X No				
			1752 N STREET NW , WASHINGTON, DC 20036	H(b) Are all affiliates included? Yes No				
			empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a list. (see instructions)				
			e: WWW.CLIR.ORG	H(c) Group exemption number				
				ear of formation: 1988 M State of legal domicile: DC				
			Summary	ear of formation. 1300 M State of legal dofficile, DC				
	1 4		Briefly describe the organization's mission or most significant activities TO ADVOC.	ATE COLLABORATIVE				
	õ		APPROACHES TO PRESERVING THE NATION'S INTELLE					
	la		Check this box fithe organization discontinued its operations or disposed of m					
	Ver		Number of voting members of the governing body (Part VI, line 1a)	3 18				
	ၓၟ		Number of independent voting members of the governing body (Part VI, line 1b)	4 15				
	જ ೮		Total number of employees (Part V, line 2a)	50				
	Activities & Governance		Total number of volunteers (estimate if necessary)	6 0				
	ķ	_	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 0.				
	۲		Net unrelated business taxable income from Form 990-T, line 34	7b 0.				
=======================================	\dashv			Prior Year Current Year				
2011	_	8	Contributions and grants (Part VIII, line III)	5,019,346. 2,784,037.				
8	_G		Program service revenue (Part VIII, line 2g)	194,888. 46,269.				
c >	Revenue	10	Investment income (Part 3111, Column (A), Ines 614, and c)	<158,946.> 82,447.				
0	æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 400c, and 11e)	1,489. 942.				
li.AR			Total revenue - add lines 8 through 11 must equal Part VIII, column (A), line 12)	5,056,777. 2,913,695.				
		13	Grants and similar amounts paid (Fart IX, Calumn (A), lines 1-3)	4,181,847. 4,424,153.				
Щ			Benefits paid to or for members (Part IX, column (A), line 4)					
SCANNED	"		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,253,504. 1,331,085.				
Ā	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)					
တ္တ	be		Total fundraising expenses (Part IX, column (D), line 25)					
0,	ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,506,772. 1,550,448.				
	Ì		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,942,123. 7,305,686.				
			Revenue less expenses Subtract line 18 from line 12	<1,885,346.> <4,391,991.>				
	or			Beginning of Current Year End of Year				
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,750,271. 3,346,728.				
	SES SES		Total liabilities (Part X, line 26)	743,853. 146,116.				
	캺	22	Net assets or fund balances Subtract line 21 from line 20	7,006,418. 3,200,612.				
	Pa	rt II	Signature Block					
			Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowledge and belief, it is true, correct,				
			and complete organization of prepared (caree that prepared nast any knowner	- A - E - A				
	Sigr)	Mary Mount	14 selruary 2011				
	Her	е	Signature of officer	Date				
			CHARLES HENRY, PRESIDENT					
			Type or print name and title					
	Paid		Preparer's \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Check If Self- Preparer's identifying number (see instructions)				
		arer's	signature 01/14/11	employed ▶ □				
	Use		Firm's name (or STONE AND SPRING, CPA'S	EIN ►				
	-3C	Jy	self-employed), address and					
			ZIP+4 HERNDON, VA 20170	Phone no. ► 703-904-9027				
	May	the IF	RS discuss this return with the preparer shown above? (see instructions)	X Yes No				
	93200	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions. Form 990 (2009)				

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2009)RESOURCES	52-1576808	Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: SEE SCHEDULE O FOR CONTINUATION		
-	CLIR IS AN INDEPENDENT, NONPROFIT ORGANIZATION. THROUGH	PUBLICATION	S.
	PROJECTS, AND PROGRAMS, CLIR WORKS TO MAINTAIN AND IMPRO		
	INFORMATION FOR GENERATIONS TO COME. IN PARTNERSHIP WITH		<u> </u>
		E CONCEPT OF	
_		S CONCEPT OF	
2	Did the organization undertake any significant program services during the year which were not listed on		(T.)
	the prior Form 990 or 990-EZ?	L Yes	X 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?	L Yes	X 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 exp	penses	
	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 \$ 532,808. including grants of \$ 107,327.) (Re	evenue \$	
	PRESERVATION AND ACCESS: DEVELOPE NEW STRATEGIES TO SHAPE		OF
	INDIVIDUALS WITH PRESERVATION RESPONSIBILITIES, PUBLISH		
	AND INSTRUCTIONAL MATERIAL AND DOCUMENT THE ECONOMIC IM		
	MAD INDIROCTIONAL MATERIAL TAND BOCOMENT THE BEONOMIC IM	- HICKLIOND.	
		_	
4b	(Code) (Expenses \$ 227,342. including grants of \$ 109,987.) (Re	evenue \$)
	PLACE AS A LIBRARY: TO PROVIDE DIVERSE VISIONS OF THE LI	IBRARY, ITS	
	SERVICES, AND ITS SPACE IN THE TWENTY-FIRST CENTURY.		
		-	
			
			
		<u> </u>	
4c	(Code:) (Expenses \$ 5,010,388. including grants of \$ 471,233.) (Re)
	SCHOLARLY COMMUNICATION: IDENTIFYING RESEARCH ACTIVITY I		
	QUESTIONS OF ECONOMIC INFO AND RESOURCES FOR SCHOLARSHIE	2 S	
			
			
			
4d	- , ,		
	(Expenses \$ 591,579. including grants of \$ 1,487,500.) (Revenue \$ 82,44)	<u>15.)</u>	
<u>4e</u>	Total program service expenses ▶\$ 6,362,117.		
		Form 9 9	90 (2009)
93200	12		•

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Form 990 (2009) RESOURCES
Part iV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	L
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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	1		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8		_X_
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_		X
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		_X_
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	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	i		
•	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			
Ĭ	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	х	
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 X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	i		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u>
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 United States? If "Yes," complete Schedule F, Part III	16		<u>X</u> _
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			7.7
20	complete Schedule G, Part III	19		X
20_	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20 _	990 (2	X
		LOIM:	ンプリ (と	2UUY)

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RESOURCES Part IV | Checklist of Required Schedules (continued)

	•	1	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	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		Ì	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	_23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a	ł	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	İ	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		Х
ь	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	200		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	i	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	\mathbf{x}	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	-		
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			- 43
	Note. All Form 990 filers are required to complete Schedule O	38	x	
			990 (2	2000/
		. 01111	JUU (2	-003)

Form 990 (2009) RESOURCES 52-1576808 Page 5 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 0 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 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. 0 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? Х 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)? X 4a **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? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b 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? <u>5c</u> 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 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 X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е 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 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 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

Form **990** (2009)

12a

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

amounts due or received from them)

11b

Form 990 (2009)

RESOURCES

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 18			
b	Enter the number of voting members that are independent 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body? .	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	.8a	Х	
ь	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1	
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	-	<u> </u>
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	Х	
11A			7,	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	406	x	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b	^	
Ŭ	in Schedule O how this is done	12c	x	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u>X</u>
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	İ		
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed DC			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
10	Own website Another's website W Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, an	d 6	20:01	
19	statements available to the public.	u imai	iciai	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizat	ınn: 🛌		
	THE ORGANIZATION - (202) 939-3403			
	1752 N STREET, NW #800, WASHINGTON, DC 20036-2909			
		Form	990 (2009)

932006 02-04-10

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)	(C)					5010	(D)	(F)	
Name and Title	Average	 ,_,		Pos			L A	Reportable	Reportable	Estimated
	hours per	\vdash	neck	all	tnat	app I	ily) T	compensation from	compensation from related	amount of other
	week	directo						the	organizations	compensation
		tee or	ustee			ensate		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
		a) trus	onal tr		loyee	8 S		(W-2/1099-WISC)		organization and related
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
FRANCIS BLOUIN										
DIRECTOR	2.00	Х						0.	0.	0.
PETER BRANTLEY										
DIRECTOR	2.00	X						0.	0.	0.
MARK DIMUNATION										
DIRECTOR	2.00	X						0.	0.	0.
MICHAEL ANN HOLLY										
DIRECTOR	2.00	X						0.	0.	0.
PAULA T. KAUFMAN										
CHAIR	2.00	X	ļ					0.	0.	0.
WENDY P. LOUGEE										
VICE CHAIR	2.00	X			<u> </u>			0.	0.	0.
CLAUDIA LUX										
DIRECTOR	2.00	X	ļ			<u> </u>		0.	0.	0.
CAROLE MOORE				•						
DIRECTOR	2.00	X					_	0.	0.	<u> </u>
STEPHEN NICHOLS									_	_
DIRECTOR	2.00	X	_				_	0.	0.	<u> </u>
S. GEORGIA NUGENT										
DIRECTOR	2.00	X	<u> </u>		_	_		0.	0.	0.
HERMAN PABBRUWE									_	_
TREASURER	2.00	X	_	-				0.	0.	0.
JAMES F. WILLIAMS	0.00	١								•
SECRETARY	2.00	X	<u> </u>		-			0.	0.	0.
LIZABETH WILSON	2 00	.,								•
DIRECTOR	2.00	X				-		0.	0.	0.
KARIN WITTENBORG	2 00	₹.							0	•
DIRECTOR	2.00	Α	ļ			-		0.	0.	0.
CELIA RIBEIRO ZAHER DIRECTOR	2.00	v						0.	0.	0
CHARLES HENRY	2.00	^			<u> </u>		-			0.
PRESIDENT	40.00			х				225,000.	0.	22 750
AMY FRIEDLANDER	40.00			^		-	-	445,000.	<u> </u>	33,750.
PROGRAMS DIRECTOR	40.00					х		152,923.	0.	22,938.
PROGRAMS DIRECTOR	<u> </u>		l		Ь	1 41		1,44,343.		Eorm 990 (2000)

932007 02-04-10

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru	stees, Key E	mple	oyee	es, a	ınd l	High	est	Compensated Employ	ees (continued)				
. (A)	(B) (C)							(D)	(E)			(F)	
Name and title	Average				itior			Reportable	Reportable		Est	tımate	:d
•	hours	<u>(c</u>	hecl	k all	that	app	ly)	compensation	compensation	,		ount	of
	per	ફ					1	from	from related			other	4
	week	gig				귤		the organization	organizations (W-2/1099-MIS		•	oensa	
		stee	ruste			E SS		(W-2/1099-MISC)	(44-2/1099-14113)	"		anızatı	-
		al tru	a a		loye	E 9	1	1			-	l relati	
		individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					nızatı	
		=	=	5	3	Ŧ 5	<u>ء</u>						
KATHLIN SMITH								İ					
COMMUNICATIONS DIREC	40.00	ļ_		<u> </u>		X		104,588.		0.			0.
ALICE BISHOP										1			
SPECIAL PROJECTS	40.00	<u> </u>	<u> </u>	<u> </u>	_			0.		0.			0.
AMY LUCKO			ļ										
PROGRAM OFFICER	40.00	<u> </u>	<u> </u>					0.		0.			0.
		<u> </u>	 -	 	ļ	-				4			
				l									
			\vdash		 		-	 		-			
										\neg			
												-	
				ļ						\perp			
					ŀ					ľ			
		ļ		ļ.,	<u> </u>	ļ	_	<u> </u>					
					ľ								
4h Tatal			<u> </u>	1		_	L	482,511.		0.	E (
1b Total2 Total number of individuals (including but n	ot limited to th	2000	lieta	ad al	hov/	9) 141	20.6			<u>U • </u>	30	5,6	<u> </u>
compensation from the organization	ot minica to ti	1030	11311	Jua	5041	C) **	.0 1	CCCIVCO MOIO MIZIT WIOC	,,000 in reportable				3
												Yes	No
3 Did the organization list any former officer,	director or tru	stee	. ke	y en	nplo	yee,	or h	highest compensated er	nplovee on	Γ			
line 1a? If "Yes," complete Schedule J for si				•	•				.,,	ľ	3	1	X
4 For any individual listed on line 1a, is the su			omp	ensa	atior	n and	i ot	her compensation from	the organization		Ť		
and related organizations greater than \$150		_							•		4	x	
5 Did any person listed on line 1a receive or a	ccrue compe	nsat	ion f	from	any	unr/	elat	ted organization for serv	ices rendered to				
the organization? If "Yes," complete Schedu	ule J for such	pers	on								5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	ition fr	om	
the organization. NONE			_				_						
(A) Name and business	address							(B) Description of s	envices	Cc	(C) ompen		
							\dashv	Doddinption of o			- Inpen	Julion	<u></u>
						_	7						
											,		
							_						
									İ				
							\dashv						
2 Total number of independent contractors (ii	ncludina but n	ot I	mite	d to	tho	se lis	sted	above) who received m	ore than				
\$100,000 in compensation from the organiz		••				0							
										F	orm 9	90 (2	(009)

Form								<u>52-1576</u>	808 Page 9
Pai	rt VI	Ш	Statement of Rever	nue			_		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	1 8	a f	Federated campaigns	1a			1		
Contributions, gifts, grants and other similar amounts	ı	b f	Membership dues	1b	607,990.				
S, g		c f	Fundraising events .	1c					
gift	(d F	Related organizations	1d					
S.E		е (Government grants (contribut	tions) 1e					
Tior Si	1	f /	All other contributions, gifts, gran	nts, and					
t i		5	sımılar amounts not ıncluded abo	ve 1f 2	176,047.				
불	9	g r	Noncash contributions included in lines				1		
Ω g		h <u>1</u>	Total. Add lines 1a-1f			2,784,037.			
_					Business Code	·			
es l	2 :	a]	PUBLICATION SAI	LES	900099	2,532.	2,532.		
Program Service Revenue	1	b _							
	(c _			<u> </u>				
eve	(
9	(е _							
ا ته	1	f /	All other program service reve	enue	900099	43,737.	43,737.		
	9	<u> </u>	Total, Add lines 2a-2f			46,269.			
	3	١	Investment income (including	dıvıdends, ınter	est, and				
		(other similar amounts)		•	46,271.	ļ		46,271.
	4 Income from investment of tax-exempt bond prod				proceeds >				
	5	I	Royalties			942.			942.
				(i) Real	(ii) Personal				
	6 :	_	Gross Rents						
Ì	1		Less rental expenses		 				
			Rental income or (loss)	L	<u> </u>				
İ			Net rental income or (loss)						
ŀ	7 :	_	Gross amount from sales of	(i) Securities	(ii) Other				
			assets other than inventory	36,176.	•				
	'		Less cost or other basis						
- 1			and sales expenses	36,176.	 				
f			Gain or (loss) Net gain or (loss)	30,170		36,176.	36,176.		
			Gross income from fundraisin	a avente (not		30,170.	30,170.		
Other Revenue	0 (ncluding \$						
§			contributions reported on line						
æ			Part IV, line 18	a 10). 000	.				
‡			Less direct expenses	- b					
0			Net income or (loss) from fund	draising events			l i		
			Gross income from gaming ac	•					
			Part IV, line 19	а					
Ì	1	b l	Less: direct expenses	b]		
	(c l	Net income or (loss) from garr	ning activities					
	10 8	a (Gross sales of inventory, less	returns					
Ì		á	and allowances	а	·	i			
1	ı	b l	Less: cost of goods sold	b	· [
Ļ	(<u>. l</u>	Net income or (loss) from sale	es of inventory	▶				
L			Miscellaneous Revenu	ie	Business Code				
-	11 :	а _							
1	1	b _							
	(C _							
		_	All other revenue		<u></u>				
- 1		-	Total. Add lines 11a-11d			0.010.505	00 115		48.046
93200	<u>12</u>]	Total revenue. See instructions.	_		2,913,695.	82,445.	0.	47,213.
02-04-	10								Form 990 (2009)

RESOURCES

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 (C)

	All other organizations must compl			ete columns (B), (C), and	
	not include amounts reported on lines 6b, 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	4,424,153.	4,424,153.		
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	258,750.	258,750.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				<u></u>
7	Other salanes and wages	796,274.	469,466.	326,808.	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	103,517.	59,592.	43,925.	
9	Other employee benefits	172,544.	117,822.	54,722.	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	12,115.		12,115.	
С	Accounting	120,237.	16,260.	103,977.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				-
f	Investment management fees				 .
g	Other	254,253.	<u>254,253.</u>		
12	Advertising and promotion		<u></u>		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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.) TRAVEL AND MEETINGS	705,383.	643,621.	61,762.	
a	OFFICE OPERATIONS	350,900.	45,482.	305,418.	
D	COMMUNICATIONS COMMUNICATIONS	66,903.	47,034.	19,869.	
C	PUBLICATIONS	35,157.	25,684.	9,473.	
d	FELLOWSHIPS - ADMIN	5,500.	43,004.	5,500.	
e		3,300.		3,300.	-
f oe	All other expenses Total functional expenses Add lines 1 through 24f	7,305,686.	6,362,117.	943,569.	0.
<u>25</u>	Joint costs Check here If following	7,303,000.	0,304,11/.	943,309.	
26	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			Ì	
	educational campaign and fundraising solicitation				
_	euncational campaign and tunidialsing solicitation				F 000 (2000)

Form 990 (2009)

RESOURCES

52-1576808 Page 11

Parl	tΧ	Balance Sheet			
		•	(A) Beginning of year		(B) End of year
	1٠	Cash - non-interest-bearing	1,909,717.	1	1,709,774.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	4,049,061.	4	696,328.
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
1	6	Receivables from other disqualified persons (as defined under section	Ì)	
- 1		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
ş l	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8_	
₹	9	Prepaid expenses and deferred charges	49,391.	9	53,174.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 172,	288.		
	b	Less accumulated depreciation 10b 133,	998. 37,648.	10c	38,290.
-	11	Investments - publicly traded securities		_11	
	12	Investments - other securities See Part IV, line 11	1,654,254.	12	778,699.
	13	Investments · program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	50,200.	15	70,463.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	7,750,271.	16	3,346,728.
	17	Accounts payable and accrued expenses	345,992.	17	146,116.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<u> </u>
မွ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employed	es,	1 1	
jab		highest compensated employees, and disqualified persons. Complete Pa	art II	j l	
-		of Schedule L		22	<u> </u>
	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	397,861.	25	0.
	26	Total liabilities. Add lines 17 through 25	743,853.	26	146,116.
		Organizations that follow SFAS 117, check here X and comp	lete		
ses		lines 27 through 29, and lines 33 and 34.	004 545		4 050 040
auc	27	Unrestricted net assets	894,517.		1,060,218.
Bal	28	Temporarily restricted net assets	6,111,901.		2,140,394.
рu	29	Permanently restricted net assets		29	
교		Organizations that do not follow SFAS 117, check here an	nd		
20		complete lines 30 through 34.			
Set	30	Capital stock or trust principal, or current funds	•	30	
Ass	31	Paid in or capital surplus, or land, building, or equipment fund		31_	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	7 006 440	32	2 200 612
-	33	Total net assets or fund balances	7,006,418.		3,200,612.
1	<u>34</u>	Total liabilities and net assets/fund balances	7,750,271.	34	3,346,728. Form 990 (2009)

Form **990** (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

FORT	1990 (2009) RESOURCES	9090	Pa	geı∡
Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990. Cash X 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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	l l		
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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:	1	1	Ì
	X Separate basis Consolidated basis Both consolidated and separate basis		İ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		İ	
	Act and OMB Circular A-133?	_3a	<u> </u>	X
h	If "Yes " did the organization undergo the required audit or audits? If the organization did not undergo the required audit	1	1	1

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

COUNCIL ON LIBRARY AND INFORMATION

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Employer identification number

	·	RESOURC							52	<u>2-1576808</u>	
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t) See ıns	tructions			
The organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ection 170	(b)(1)(A)(i).			
2 🗀	A school des	cribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🗔	A hospital or	a cooperative hospi	tal service organization	described	In section	170(b)(1)	(A)(iii).				
4 🗀	A medical res	search organization (operated in conjunction	with a hos	prtal desc	nbed in se	ection 170	(b)(1)(A)(ii	ii). Enter th	ne hospital's name,	
	city, and stat	te									
5 🔲	An organizat	on operated for the	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental un	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🔲	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1)(A)(v).				
7 X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general p	ublic 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 organizat	on that normally rec	eives (1) more than 33	1/3% of its	s support f	rom contr	ibutions, n	nembershi	p fees, an	d gross receipts from	1
	activities rela	ited to its exempt fui	nctions - subject to certa	aın exceptı	ons, and (2) no more	than 33 °	1/3% of its	support 1	rom gross investmen	ıt
	income and i	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	isinesses a	acquired b	y the orga	ınızatıon a	fter June 30, 1975	
	See section	509(a)(2). (Complete	Part III)								
10 🖳	An organizat	ion organized and op	perated exclusively to te	st for publ	ic safety S	See sect io	on 509(a)(4	4).			
11 📙			perated exclusively for the						-	•	
	more publicly	y supported organiza	ations described in secti	on 509(a)(or section	on 509(a)(2	2). See se e	ction 509 (a)(3). Che	ck the box that	
			organization and compl		-				_		
	a Type			• •	e III - Fund	•	-		_	Type III - Other	
e 📖		•	it the organization is not		-		•				
			han one or more publicly						9(a)(1) or s	ection 509(a)(2).	
f	if the organiz	ation received a writ	ten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III			
	•	rganization, check th							-	L	
g	•		organization accepted ar			-				 _	_
	• • •	-	irectly controls, either al	lone or tog	jether with	persons o	described	ın (ii) and (iii) below,	Yes No	<u>) </u>
	_	• •	upported organization?							11g(i)	_
		•	n described in (i) above?		_					11g(ii)	
	• •	-	person described in (i)	• •						11g(iii)	_
h	Provide the t	ollowing information	about the supported or	ganization	(s).						
		1	(iii) Type of	6. 1.4.			4 6 . 4 5 . 4	(1/1/10	tho		_
	of supported	(ii) EIN	organization		organization sted in your		Fordanizatio	on in col. l	(vii) Amount of		
orga	anization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	support	
		1	above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
			(000	1.00		103		100	'''	 -	_
				·	_	<u></u> .		-	 		-
				-							
		 		<u> </u>	 		 	l —	 		_
					 	-	 				_
	<u> </u>	 						_	-+		-
							 		 		_
Total											
	Privacy Act ar	nd Paperwork Redu	ction Act Notice, see t	he Instruc	tions for	<u> </u>		Schedul	e A (Form	990 or 990-EZ) 200	_ 9

Form 990 or 990-EZ.

COUNCIL ON LIBRARY AND INFORMATION Schedule A (Form 990 or 990-EZ) 2009 RESOURCES 52-1576808 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2166213. 2824185. 6503699. 5019146. 2784037.19297280. 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 2166213. 2824185. 6503699. 5019146. 2784037.19297280. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 19297280. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 2166213. 2824185. 7 Amounts from line 4 6503699 5019146. 2784037.19297280. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 173,690. 125,770. 207,913. 182,668. and income from similar sources 83,389. 773,430. 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 20070710. 12 Gross receipts from related activities, etc. (see instructions) 823,867. 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 96.15

15	Public support percentage from 2008 Schedule A, Part II, line 14	15	95.9	95_	%
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 m	ore, c	heck this box and		
	stop here. The organization qualifies as a publicly supported organization			$\blacktriangleright \Box$	K.
b	33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3%	or mo	re, check this box		
	and stop here. The organization qualifies as a publicly supported organization			ightharpoons	
17a	10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, a	nd line	e 14 is 10% or more,		
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Pai	t IV h	ow the organization		

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

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009



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.

2009
Open to Public Inspection

Name of the organization

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

Employer identification number 52-1576808

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 advi	sed funds
•	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a	-	
·	for chantable purposes and not for the benefit of the donor of		•
	impermissible private benefit?	or across garages	Yes No
Pai		ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		tifled historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year		
	,,,		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re		
•	year▶	, 3 ,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the per	-	
•	violations, and enforcement of the conservation easements i	- · · · · · · · · · · · · · · · · · · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	s the organization's accounting for
	conservation easements		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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, no	t to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic 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 bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public service	e, 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 tre	asures, or other similar assets for financi	al gaın, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 RESOURC							52-15	768 <u>0</u>	8 P	age 2
Pai	rt III Organizations Maintaining C										
3	Using the organization's acquisition, access	on, and other record	is, checl	k any of the	following that	at are a s	ignificant	use of its	collection	n item	ns
	(check all that apply)										
а	Public exhibition	d	· 🔲	Loan or exc	hange progr	ams					
b	Scholarly research	е	,	Other							
С	Preservation for future generations										
4	Provide a description of the organization's continuous	ollections and explai	n how th	ney further t	he organızat	ion's exe	mpt purp	ose ın Pa	rt XIV		
5	During the year, did the organization solicit of	or receive donations	of art, hi	storical trea	sures, or oth	ner sımıla	r assets				
	to be sold to raise funds rather than to be m	aintained as part of t	the orga	nization's co	ollection?				Yes		No
Pai	t IV Escrow and Custodial Arran	gements. Comple	ete if org	janization ai	nswered "Ye	s" to For	m 990, Pa	art IV, line	9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for	contribution	ns or other as	ssets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing t	table [.]							
									Amour	nt	
С	Beginning balance						1c				
d	Additions during the year		_				1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on F	orm 990, Part X, line	21?				,		Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIV										
Par	t V Endowment Funds. Complete	f the organization an	swered	"Yes" to Fo	rm 990, Part	IV, line 1	10.	• • •			
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three	ears back	(e) Fou	r years	back
1a	Beginning of year balance .										
b	Contributions										
С	Net investment earnings, gains, and losses										
d	Grants or scholarships					** *					
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the year	r end balance held a	ıs		•			-			
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	<u></u> %									
С	Term endowment	%									
За	Are there endowment funds not in the posse	ssion of the organiza	ation tha	it are held a	nd administe	ered for t	he organi	zation			
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sched	lule R?					3b		
4	Describe in Part XIV the intended uses of the										
Par	t VI Investments - Land, Building	s, and Equipmo	ent. Se	e Form 990,	, Part X, line	10.					
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	e
		basis (investr	nent)	basis	(other)	de	preciation				
1a	Land										
b	Buildings	172,	288.				133,9	98.	3	8,2	90.
c	Leasehold improvements										
d	Equipment .										
	Other										
<u>Total</u>	, Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colun	nn (B), line 1	O(c))				3	8,2	90.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 RESOURCES			52	<u>-1576808</u>	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12.				
(a) Description of security or category (including name of security)	(b) Book value		Method of valua end-of-year mar		
Financial derivatives					
Closely-held equity interests					
Other			 -		
INVESTMENTS-SECURITIES	778,699.	END-OF-YEAR	MARKET	VALUE	
					
				 -	
	550 600				
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	778,699.				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13		Anthod of colum		
(a) Description of investment type	(b) Book value		Method of valua end-of-year man		
					
		· · · · · · · · · · · · · · · · · · ·			
					
					
					·
					
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15				
(a)	Description			(b) Book va	lue
	_	 -			
			'		
					
Total (Calumn (h) must equal Form 000, Part V, cal (P) line	15)				
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities. See Form 990, Part X,	line 25				
1. (a) Description of liability		(b) Amount			
Federal income taxes		(0)			
T cacrai income taxes					
Total. (Column (b) must equal Form 990, Part X, col (B) line	25.)				
2. FIN 48 Footnote In Part XIV, provide the text of the foo		inancial statements that	reports the org	anızatıon's liabilit	y for
uncertain tax positions under FIN 48					

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 RESOURCES					1576808	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	<u>ted Financi</u>	al State	<u>emen</u>	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,913	,695.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		7,305	,686.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3		<4,391	,991.
4	Net unrealized gains (losses) on investments			4			,787.
5	Donated services and use of facilities			5			
6	Investment expenses .			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8		516	,398.
9	Total adjustments (net) Add lines 4 through 8			9			,185.
10_	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	nd 9		10		<3,805	
Par	t XII Reconciliation of Revenue per Audited Financial Stateme		ith Revenu	e per F	₹eturr		-
1	Total revenue, gains, and other support per audited financial statements				1	2,983	,482.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a	69	_787 .	,]		
b	Donated services and use of facilities	2b			7 /		
С	Recoveries of prior year grants	2c			1 !		
d	Other (Describe in Part XIV)	2d			1		
e	Add lines 2a through 2d		•		2e	69	,787.
3	Subtract line 2e from line 1				3	2,913	695.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					<u> </u>	<u>, 055.</u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		1		
b	Other (Describe in Part XIV.)	4b			1		
	Add lines 4a and 4b	<u></u>	I		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	2,913	
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents V	With Expens	ses per			<u>, 093.</u>
1	Total expenses and losses per audited financial statements				1	7,305	686
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					1,505	, 000 -
	Donated services and use of facilities	2a	l				
b	Prior year adjustments	2b	-		1		
_	Other losses				1 1		
C C	Other (Describe in Part XIV.)	2c			1		
d	·	2d	L		1 .	l	^
e	Add lines 2a through 2d				2e	7 205	606
3	Subtract line 2e from line 1				3	7,305	,000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	l			1	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			-	ı	
	Other (Describe in Part XIV.)	4b	<u> </u>		- 1	ı	•
	Add lines 4a and 4b				4c	7 205	0.
Dai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIV Supplemental Information				5	7,305	<u>,686.</u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II						4; Part
	e 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp			e any ad	ditional	information	
TRA	ANSFER FROM DIGITAL LIBRARY FEDERATION \$51	0,39	8				
			··				
-							
							
							
000					Sched	lule D (Form 9	90) 2009
93205- 02-01-							

SCHEDULE 1 (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" on Form 990, Part IV, line 21 or 22. COUNCIL ON LIBRARY AND INFORMATION

OMB No 1545-0047	· 600 7	Open to Public	Inspection

Name of the organization COUNCIL ON	N LIBRARY	AND INFORMATION	IATION				Employer identification number
REDUCKによる Part I General Information on Grants and Assistance	nd Assistance						22-15/6808
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	o substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	tion
criteria used to award the grants or assistance? Describe in Bart IV the organization's procedures for montoring the	tance?	torse to control to	enter of around franch as the Louis for con-	50+0			X Yes
art II	Governments an	d Organizations in the	e United States. C	omplete if the orga	Inization answered "\	res" 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) Amount of (b) Method of (g) Description of received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (b) EIN (c) IRC section (d) Amount of (e) Amount of or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or government or gover	55,000 Check thi	(c) IRC section if applicable	(d) Amount of	an \$5,000. Use Pa (e) Amount of non-cash	(f) Method of valuation (book,	(Form 990) if addition (g) Description of non-cash assistance	al space is needed (h) Purpose of grant or assistance
			5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	assistance	FMV, appraisal, other)		0 855581
LITCHFIELD HIST							CATALOGING HIDDEN SPECIAL
PO BOX 385							COLLECTIONS; BUILDING NEW
LITCHFIELD, CT 06759			40 000	0			RESEARCH ENVIRONMENT
BROOKLYN HISTORICAL SOCIETY		_					TATALOGING HIDDEN SPECTAL
128 PIERREPONT ST							COLLECTIONS: BUILDING NEW
BROOKLYN, NY 11201			440,491.	0			RESEARCH ENVIRONMENT
CALIFORNIA DIGITAL LIBRARY							CATALOGING HIDDEN SPECIAL
OAKLAND CA 94607			446 817	c			COLLECTIONS; BUILDING NEW
							NESEANCH ENVINORMENT
FREE LIBRARY OF PHILADELPHIA							CATALOGING HIDDEN SPECIAL
1901 VINE ST							COLLECTIONS; BUILDING NEW
PHILADELPHIA, PA 19103			264 945.	0.			RESEARCH ENVIRONMENT
REGENTS OF UC BERKELEY							TETOGRA MEGATIL DIVIDO TERAS
2150 SHATTUCK AVE							COLLECTIONS: BUILDING NEW
BERKELEY, CA 94704			306,446.	0			RESEARCH ENVIRONMENT
		_					
LEHIGH UNIVERSITY							CATALOGING HIDDEN SPECIAL
Z DR							COLLECTIONS; BUILDING NEW
된			90,552	0			RESEARCH ENVIRONMENT
	nd government or	ganizations					
3 Enter total number of other organizations	1		111		111		A

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

Schedule I (Form 990) 2009

RESOURCES

Schedule I (Form 990) 2009

Part III

Page 2

52-1576808

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information PART I, LINE 2: THE PRESIDENT ALONG WITH THE PROGRAM DIRECTOR THE ORGANIZATION HAS SET UP A FORMAT IN WHICH (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients APPLICANTS CAN APPLY FOR GRANTS REVIEW ALL GRANT REQUESTS. (a) Type of grant or assistance SCHEDULE I,

Schedule I (Form 990) 2009

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932102 02-02-10

SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009

SCHEDULE I-1		Continual Continual	Continuation Sheet for Schedule I (Form 330)	leaule I (Form 99) Hiopal informatio	n for		2009 Onen to Public
Department of the Treasury		Sched	Schedule I (Form 990), Part II or Part III.	art II or Part III.			Inspection
ation COUNCIL	ON LIBRARY	AND INFORM	NFORMATION			Employe 5	Employer identification number 52–1576808
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	izations in the Ur	nited States (Scho	edule I (Form 990), Pai		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARQUETTE UNIVERSITY LIBRARY 1355 W WISCONSIN AVE			149 964.	0			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
GEORGE MASON UNIVERSITY 4400 UNIVERSITY DR PAIRFAX VA 22030			76.800.	0			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
NC STATE UNIVERSITY LIBRARIES CAMPUS BOX 7111 RAIEIGH NC 27696			221,023,	0			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
NEWBERRY LIBRARY 60 W WALTON CHICAGO II. 60610			488 179	0			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
NORTHEAST HISTORIC FILM 85 MAIN ST BITTER SOOD WE 04416			214 626	0			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
11 13 12 12 12 12 12 12 12 12 12 12 12 12 12				0			CATALOGING HIDDEN SPECIAL COLLECTIONS, BUILDING NEW RESEARCH ENVIRONMENT
ES ORIAL			160,000	0			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
YALE UNIVERSITY 130 WALL ST NEW HAVEN CT 06510	· .		457,776.	o			CATALOGING HIDDEN SPECIAL COLLECTIONS; BUILDING NEW RESEARCH ENVIRONMENT
Ę	luction Act Notice	, see the Instructions	s for Form 990.				Schedule I-1 (Form 990) 2009

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Schedule I-1 (Form 990) 2009 OMB No 1545-0047 2009 Open to Public Inspection (h) Purpose of grant or assistance Employer identification number 52-1576808 (g) Description of non-cash assistance Part I | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (f) Method of valuation (book, FMV, appraisal, other) ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance Ö (d) Amount of cash grant 184,000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. COUNCIL ON LIBRARY AND INFORMATION (c) IRC section if applicable (b) EIN RESOURCES (a) Name and address of organization or government COLLEGE OF CHARLESTON CHARLESTON, SC 29424 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 66 GEORGE ST (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

2009

Open to Public Inspection

Name of the organization

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

COUNCIL ON LIBRARY AND INFORMATION

RESOURCES

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

Employer identification number 52-1576808

Schedule J (Form 990) 2009

	art i Questions negarating Compensation		,	
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			ĺ
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			ĺ
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			1
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	ļ		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		Ĺ
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		L
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 Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				ı
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		ŀ	
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:			
а	The organization?	5a		<u> X</u>
b	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III		l	
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:			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		<u> </u>
	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		<u> </u>
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	ınıtıal contract exception described in Regs. section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u> </u>
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		- 1	
	Regulations section 53 4958-6(c)?	9		

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Schedule J (Form 990) 2009

52-1576808

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

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

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

		, y	317 0007 77/2000		3	(į	į
	•	(b) breakdown or	(b) breakdown of W-2 and/or 1099-MISC compensation	oc compensation	(C) Petirement and	(D)	(E)	(r)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(D)-(I)(B)	reported in prior Form 990 or Form 990-EZ
	Ξ	225,000.	0	0	0.	33,750.	258,750.	0
CHARLES HENRY	(iii)	0	0	0	0.	0.	0	0
	Θ	152,923.	0	0	0.	22,938.	175,861.	0
AMY FRIEDLANDER	⊞	0.	0.	0.	0.	0	0.	0.
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Schedule J (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990 Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

Employer identification number 52-1576808

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
STRENGTHENING THE MANY COMPONENTS OF ITS INFORMATION SYSTEM.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
"LIBRARY" AND SUPPORTS THE PROVIDERS AND PRESERVERS OF INFORMATION.
CLIR PURSUES THREE PRIMARY GOALS IN SUPPORT OF ITS MISSION:
TO FOSTER NEW APPROACHES TO THE MANAGEMENT OF DIGITAL AND NONDIGITAL
INFORMATION RESOURCES SO THAT THEY WILL BE AVAILABLE IN THE FUTURE
TO EXPAND LEADERSHIP CAPACITY IN THE INFORMATION PROFESSIONS
TO ANALYZE CHANGES IN THE INFORMATION LANDSCAPE AND HELP PRACTITIONERS
PREPARE FOR THEM.
ITS BOARD ESTABLISHES POLICY, OVERSEES THE INVESTMENT OF FUNDS, SETS
GOALS, AND APPROVES STRATEGIES FOR THEIR ACHIEVEMENT. THE PROGRAM STAFF
OF CLIR DEVELOPS PROJECTS AND PROGRAMS IN RESPONSE TO THE BROAD CHARGES
OF THE BOARD. CLIR IS SUPPORTED BY FEES FROM SPONSORING INSTITUTIONS,
GRANTS FROM PUBLIC
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
EXPENSES \$ 591579. INCLUDING GRANTS OF \$ 1487500. REVENUE \$ 82445.
DIGITAL LIBRARY, LEADERSHIP AND OTHER EXPENSES: SPONSOR PROJECTS THAT
PROMISE TO BUILD A NEW CADRE OF SKILLED LEADERS. HELP LIBRARIANS AND
OTHERS ENGAGED IN THE MANAGEMENT OF INFORMATION RESOURCES TO ACQUIRE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule O (Form 990) 2009
92-03-10

, SCHEDULE O (Form 990)

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

COUNCIL ON LIBRARY AND INFORMATION

Employer identification number 52-1576808

REDOURCED 1 32 1370000
THE SKILLS NECESSARY TO MANAGE LIBRARIES AND DEFINE LIBRARY SERVICES.
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION'S GOVERNING BODY
REVIEWS THE FINAL TAX RETURN BEFORE MAILING. THE TREASURER REVIEWS THE
AMOUNTS SHOWN ON THE TAX RETURN WITH THE PRESIDENT. ANY QUESTIONS ARE
RESOLVED BY THE PRESIDENT PRIOR TO MAILING.
FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
REVIEWED ON AN ANNUAL BASIS BY THE BOARD OF DIRECTORS AT THEIR FALL
MEETING.
FORM 990, PART VI, SECTION B, LINE 15: BOARD OF DIRECTORS APPROVE
PRESIDENT'S COMPENSATION. PRESIDENT DETERMINES ALL OTHER EMPLOYEE
COMPENSATION. THERE IS A WRITTEN EMPLOYMENT CONTRACT FOR EACH EMPLOYEE AND
INDEPENDANT CONTRACTOR. COMPENSATION IS DETERMINED BY COMPARIBILITY DATA
WITH SIMILIAR ORGANIZATIONS.
FORM 990, PART VI, SECTION C, LINE 18: CLIR PROVIDES TO THE PUBLIC ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
UPON REQUEST. ALL REQUESTS GO THROUGH THE PRESIDENT.
FORM 990, PART VI, SECTION C, LINE 19: CLIR PROVIDES TO THE PUBLIC ITS
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS
UPON REQUEST. ALL REQUESTS GO THROUGH THE PRESIDENT.
PART IX - 2C.

932211 02-03-10

Schedule O (Form 990) 2009

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

, SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

Employer identification number 52-1576808

ORGANIZATION	HAS	NOT	CHANGED	ITS	OVERSIGHT	PROCESS	NOR	ITS	SELECTION	PROCES
ORGANIZATION	HAS	NOT	CHANGED	ITS	OVERSIGHT	PROCESS	NOR	ITS	SELECTION	
PROCESS										
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SCHEDULE R (Form 990) Department of the Teasury Internal Revenue Service	► Complet	Related Organizations and Unrelated Partnerships ▼ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▼ Attach to Form 990.	Related Organizations and Unrelated Partnerships anization answered "Yes" to Form 990, Part IV, line 33, 3 tach to Form 990.	3, 34, 35, 36, or 37 ons.	.•	OMB No. 1545-0047 2009 Open to Public Inspection
Name of the organization	COUNCIL ON LIBRARY RESOURCES				Em	Employer identification number 52-1576808
Part I Identification of D	Disregarded Entities (Complete	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	o Form 990, Part IV, line 33.)			
Name, addr of disrega	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identification of R	Related Tax-Exempt Organizating the tax year.)	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	swered "Yes" to Form 990, Parl	t IV, line 34 becaus	e it had one or more	related tax-exempt
Name, addr of related c	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
DIGITAL LIBRARY FEDERATION 1752 N STREET NW #800 WASHINGTON, DC 20036-2909		SISTER ORGANIZATION	DISTRICT OF COLUMBIA	501	(c)(3)	NO
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for	sperwork Reduction Act Notice	s. see the Instructions for Form 990				Schodule B (Earm 000) 2000

34

COUNCIL ON LIBRARY AND INFORMATION RESOURCES Schedule R (Form 990) 2009

52-1576808 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

Page 2

	General or managing partner?				elated	(h) Percentage ownership		
	(i) Code V.UBI amount in box 20 of Schedule K-1 (Form 1065)			i	ad one or more	(g) Share of Pe end-of-year ov assets		
	(h) Disproportionate allocations?	2			because rt h			
	(g) Share of end-of-year assets				t IV, line 34	(f) Share of total income		
				:	o Form 990, Par	(e) Type of entity (C corp, S corp, or trust)		
					ered "Yes" to	(d) Direct controlling entity		
	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)				ation answe			
					the organiz	(c) Legal domicile (state or foreign country)		
	(d) Direct controlling entity				Trust (Complete if	(b) Primary activity		
	(c) Legal domicile (state or foreign country)		}		ooration or year)			
	(b) Primary activity				ganizations Taxable as a Corporation or trust during the ta	Z c		
משל מי ביייייייייייייייייייייייייייייייייי	(a) Name, address, and EIN of related organization				Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization		

Schedule R (Form 990) 2009

35

932162 07-21-10

Page 3

52-1576808

COUNCIL ON LIBRARY AND INFORMATION RESOURCES Schedule R (Form 990) 2009

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

		:	\vdash
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	2
Borning the tax year, and the organization engage in any or the following transactions with one of independed organizations listed in Faits in Vita.			×
b Gift grant or capital contribution to other organization(s)		÷	×
		1 2	×
		2 ;	;
d Loans or loan guarantees to or for other organization(s)		- P	4
e Loans or loan guarantees by other organization(s)		1e	×
f Sale of assets to other organization(s)		11	×
a Purchase of assets from other organization(s)		1	×
		- -	×
		= ;	4
i Lease of facilities, equipment, or other assets to other organization(s)		;	×
j Lease of facilities, equipment, or other assets from other organization(s)		ij	×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
I Performance of services or membership or fundraising solicitations by other organization(s)		11	×
m Sharing of facilities, equipment, mailing lists, or other assets		1m	×
n Sharing of paid employees		-	×
o Reimbursement paid to other organization for expenses		Ç	×
		ţ	×
		2	
q Other transfer of cash or property to other organization(s)		- pt	×
		† X	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	insaction thresholds.		
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	o
(1) DIGITAL LIBRARY FEDERATION	R	516,3	398.
Si Si Si Si Si Si Si Si Si Si Si Si Si S			
(4)		į	
(5)			
(9)			
932183 02-04-10	Sche	Schedule R (Form 990) 2009	2009

RESOURCES

Schedule R (Form 990) 2009

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

Page 4

52-1576808

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

יייי יייי יייי יייי יייי ייייי ייייי יייי	מיסיו וסו מפול ווייסיבוויסון לשונויסו					[;	
(a)	(g)		<u>6</u>			6	E
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- vear assets	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
			Yes No			of Schedule K-1 (Form 1065)	1 -
					,		
							_
			_				
					_		
	•						
			_		-		

Schedule R (Form 990) 2009

.Ferm 8868

(Rev. Aprıl 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

ation Return OMB No. 1545-1709

► File a separate application for each return.

	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box	▶ X
	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	
	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously fil	led Form 8868
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed)	
A cor	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete
Part I	only	>
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns	extension of time
noted (not a you n	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or context submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file in the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of the file of	cally if (1) you want the additional nsolidated Form 990-T. Instead.
Туре		Employer identification number
print	COUNCIL ON LIBRARY AND INFORMATION	• •
File by t	RESOURCES	52-1576808
due dat	e for Number, street, and room or suite no. If a PO box, see instructions 1752 N STREET NW #800	
return (See	
	WASHINGTON, DC 20036-2909	
Chac	k type of return to be filed (file a separate application for each return):	
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	27 69
Te • If t • If t	THE ORGANIZATION be books are in the care of ▶ 1752 N STREET, NW #800 - WASHINGTON, Desemble to books are in the care of ▶ (202)939-3403 FAX No ▶ the organization does not have an office or place of business in the United States, check this box his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all it.	▶ □ s is for the whole group, check this
	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2011, to file the exempt organization return for the organization named at its for the organization's return for. Calendar year or and ending JUN 30, 2010	
2	If this tax year is for less than 12 months, check reason Initial return Final return	Change in accounting period
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any	
	nonrefundable credits See instructions	3a \$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	
	tax payments made Include any prior year overpayment allowed as a credit	3b \$
	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)	
	See instructions	3c \$ N/A
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8	8879-EO for payment instructions
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.	Form 8868 (Rev. 4-2009)

923831 05-26-09