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DLN: 93493187003261

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

2009

OMB No 1545-0047

Open to Public Inspection

A Fo	r the	2009 ca	lendar yea	ır, or tax year beginn	ing 09-01-2009	and ending 08-31-20)10			
		applicable	Please	C Name of organization	İ			D Emplo	yer ident	ification number
	dress cl		use IRS	AMERICAN LIBRARY A	SSOCIATION			36-21	66947	
Гиа	me cha	ange	label or print or	Doing Business As				E Teleph	one num	ber
	tal retu	_	type. See Specific					(312)	280-42	.53
	mınate		Instruc- tions.	50 East Huron St	r P O box if mail is r	ot delivered to street add	ress) Room	G Gross re	eceipts \$	89,521,340
_			tions.	Chi antaun atata an	td 71D					
	ended			City or town, state or Chicago, IL 60611279		•				
J Ap	olication	n pending								
			F Nar Keith F	me and address of pri	ıncıpal officer		H(a)	Is this a group	return f	
				t Huron St				affiliates?		⊤Yes ▼ No
			Chicag	o,IL 606112795			Н(Ь)	Are all affiliates	included	I?
						·	_	If "No," attach	alıst (see instructions)
<u>I</u> 1a	x-exen	npt status	501(c) (3) 🖪 (insert no)	4947(a)(1) or	527	H(c)	Group exempt	ion num	ber 🟲
J W	ebsite	e: 🟲 ala	org							
K For	n of or	ganızatıon	✓ Corporat	tion Trust Association	on Cother 🕨		L Yea	r of formation 18	76 M 9	itate of legal domicile MA
Pa	rt I	Sumr	mary				'		<u> </u>	
Governance	1	The mis	sion of the	•	ssociation is to p	rovide leadership for				improvement of cess to information to
oye oye									_	
			·			operations or dispose				
٠ • • • • • • • • • • • • • • • • • • •	3					/I, line 1a)			_	12 12
Activities &	4					g body (Part VI, line 1	10)		_	12 344
ទ្ធ	5 6			nployees (Part V , lin plunteers (estimate if					5 ₋	75
٠.	-					column (C), line 12			-	4,465,662
				iness taxable income					7a ₋ 7b	-25,935
						.,		Prior Year		Current Year
	8	Contril	butions an	d grants (Part VIII, I	line 1h)			22,063,3	317	18,872,095
를	9	Progra	m service		24,064,4		25,614,686			
Ravenue	10	Invest	ment incor	me (Part VIII, colum	ın (A), lınes 3, 4,	and 7d)		-1,622,6	502	3,683,736
产	11	Other	revenue (P	art VIII, column (A)	, lines 5, 6d, 8c,	9c, 10c, and 11e)		5,525,	319	5,505,489
	12			=		t VIII, column (A), lı	ıne	E0.030.1	- 3.4	F2.676.006
	12							50,030,	_	53,676,006
	13 14			ar amounts paid (Par or for members (Part		lines 1-3)		1,528,	0	1,813,968
			-	·		IX, column (A), lines			-	
\$	15	10)	es, other co	ompensation, employ	ree beliefits (Fait	1X, Column (A), mies	, 5-	25,596,	565	21,691,592
Expenses	16a	Profes	sional fund	Iraısıng fees (Part IX	, column (A), line	11e)			0	0
ੜੇ	ь	Total fui	ndraising exp	enses (Part IX, column (I	D), line 25) ► 392,20	8				
ш	17	Other	expenses	(Part IX, column (A),	lines 11a-11d,	11f-24f)		30,353,3	302	26,485,377
	18	Totale	expenses	Add lines 13–17 (mi	ust equal Part IX	column (A), line 25)	1	57,478,	062	49,990,937
	19	Reveni	ue less exp	penses Subtract line	18 from line 12			-7,447,!	538	3,685,069
ው ያ							Beg	inning of Curre	nt	End of Year
Net Assets or Fund Balances	20	Tatal -	secato /De	rt X, line 16)				Year 67,358,6	346	66,903,200
A B	21			Part X, line 26)				40,568,0		37,025,179
2 E	22			nd balances Subtract				26,790,6	_	29,878,021
	1011		ature Bl		t iiie 22 iioiii iiie			20,750,0	,	25,070,021
		_			ve examined this reti	ırn, ıncludıng accompanyır	ng schedules	and statements, a	and to the	best of my knowledge
						(other than officer) is bas				
Sign Here		Signature of officer Keith Fiels Executive Director Type or print name and title						2011-07-06 Date		
		· · · ·			Τ.)ata	Check if	Dropper	r identifi	na number
Paid		Preparer' signature				Oate	self-	(see instr		ng number
	arer's	empolye				empolyed	<u> </u>			
Use		ıf self-employed),								
_ 55	- ···y	address,	and ZIP + 4	•				Phone no	•	
		1								
May	the IR	S discus	s this retu	rn with the preparer s	shown above? (se	e instructions) .			. [Yes No

Cat No 11282Y

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The mission of the American Library Association is to provide leadership for the development, promotion and improvement of library and information services and the profession of librarianship in order to enhance learning and ensure access to information to all

						Form 990 (2009
4e	Total program serv	ice expenses►\$	46,235,17	4		
	(Expenses \$	25,716,134 ı	ncluding grants o	f\$ 1,813,9	68) (Revenue \$	2,357,497)
4d	Other program ser	vices (Describe in S	chedule O) See a	also Additional Data for	Description	
	Publishing-Publishing of the profession during th		s to aide the professผ	on Published 12 trade journa	als and an estimated 45 books or	a variety of topics of interest to
4c	(Code) (Expenses \$		including grants of \$	0) (Revenue \$	10,971,296)
					ral public to keep abreast of the ns were held during the year	atest technological capabilities,
4b	(Code) (Expenses \$		including grants of \$	0) (Revenue \$	12,639,162)
	Mutual, membership be totaled 61,200 membe		other-membership se	rvices provided in conjunction	n with member participation Pers	sonal and organizational member
4a	(Code) (Expenses \$	9,901,671	including grants of \$	0) (Revenue \$	0)
4	Section 501(c)(3) a	nd 501(c)(4) organiz	ations and section	_	argest program services by e required to report the amo ervice reported	•
	If "Yes," describe th	ese changes on Sch	edule O			
3	•	cease conducting, o	•	t changes in how it cond	ducts, any program	┌ Yes ┌ No
	If "Yes," describe th	ese new services on	Schedule O			
2	Did the organization the prior Form 990 o	• •	ficant program se	rvices during the year v	which were not listed on	┌ Yes ┌ No

Part TV	Checklist	of Regi	iired	Sche	dules
	CIICCRIISC	OI IXCUI	411 C U	30110	uuics

			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	Yes	
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? <i>If "Yes," complete Schedule D, Part II</i>	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		No
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		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		l 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		No
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		Νο
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		No
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		Νο
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νο
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
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		Νο
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
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? <i>If</i> "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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
Ь	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or 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		Νο
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," complete Schedule M	30		No
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		Νο
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? <i>If</i> "Yes," complete Schedule R, Part I	33		Νο
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	Yes	
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	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "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	
		F	orm 99 0	(2009)

Part V	Statements	Regarding	Other	IRS Filings	and Tax	Compliance
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			Yes	No
.a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	Yes	
а	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			
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	
a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
a	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			
1	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
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		
	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		Νο
Ь	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).			
	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		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
3	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	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			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
a	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			

50 East Huron St Chicago, IL 606112795 (312) 280-4253

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.

Se	ection A. Governing Body and Management					
			Yes	No		
1a	Enter the number of voting members of the governing body					
ь	Enter the number of voting members of the governing body					
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		Νo		
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		Νο		
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo		
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo		
6	Does the organization have members or stockholders?	6	Yes			
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes			
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following					
а	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		Νo		
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)					
			Yes	No		
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes			
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	Yes			
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?					
444	448 December in Cabadula O Aberrana a farm and but the amount to the Cabadula O Aberrana and the Cabadula Aberrana and the Cabadula O Aberrana and the Cabadula O Aberrana					
IIA	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	4-21	,			
c	to conflicts?	12b	Yes			
	describe in Schedule O how this is done	12c	Yes			
13	Does the organization have a written whistleblower policy?	13	Yes			
14 15	Does the organization have a written document retention and destruction policy?	14	Yes			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	_				
	The organization's CEO, Executive Director, or top management official	15a	Yes			
Ь	Other officers or key employees of the organization	15b	Yes			
	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		Νο		
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				
Se	ection C. Disclosure					
17	List the States with which a copy of this Form 990 is required to be filed ►IL, MA					
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.					
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	e orga	ınızatıor	n 🕨		
	Russell Swedowski					

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

1 225 022	0	

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 15

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> "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		N o

Section B. Independent Contractors

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
Barnes and Thornburg One North Wacker Drive Suite 4400 Chicago, IL 606062809	Legal Services	147,216
Hall Erickson 98 E Naperville Rd Westmont, IL 60559	Trade Show Consulting	277,336
Corcoran Exhibitions 100 W Monroe St Chicago, IL 60611	Trade Show Consulting	250,112
The Bhatia Group Merrill Lynch One North Wacker Drive Chicago, IL 60606	Investment Services	333,534
The Fifteenth of March PO Box 98 Woodstock, IL 60098	Graphic Arts Services	166,172
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 >7

Page 8 184,295

Part \	7.1.1.	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
\$ \$	1a	Federated campaigns	1a 0				
흔들	ь	Membership dues	1b 8,820,157				
್ಕ	c	Fundraising events	1c 0				
£e	d	Related organizations	1d 0				
ᅙᆖ		Government grants (contributions)					
经基	e						
을높	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,573,559				
ੂੰ	g	Noncash contributions included in					
붙음		lines 1a-1f \$					
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	▶	18,872,095			
			Business Code				
∃e	2a	Advertising-net	541,800	4,876,520	0	4,465,662	410,858
ē.			,				410,636
22	Ь	Sales of Materials	511,130	1,181,511	1,181,511	0	0
<u> </u>	C	Subscriptions	511,120	4,559,996	4,559,996	0	0
er er	d	Meetings and Conferences	541,900	12,639,162	12,639,162	0	0
<i>S</i> =	e						
Program Service Revenue	f	All other program service revenue		2,357,497	2,357,497	0	0
Δ	g	Total. Add lines 2a-2f		25,614,686			
	3	Investment income (including divid	dends, interest				
		and other similar amounts)	🕨	1,773,379	0	0	1,773,379
	4	Income from investment of tax-exempt be	ond proceeds 🕨	0	0	0	0
	5	Royalties	▶ [0	0	0	0
		(ı) Real	(II) Personal				
	6a	Gross Rents 0	0				
	ь	Less rental 0	0				
	l c	expenses Rental income 0	0				
	`	or (loss)					
	d	Net rental income or (loss)		0	0	0	0
	7a	Gross amount from sales of assets other	(II) O ther 0				
	ь	than inventory Less cost or other basis and sales expenses	0				
	l c	Gain or (loss) 1,910,357	0				
	d	Net gain or (loss)		1,910,357	0	0	1,910,357
<u>o</u>	8a	Gross income from fundraising events (not including					
Other Revenue		\$0 of contributions reported on line 1c See Part IV, line 18	a 0				
<u>=</u>	ь	Less direct expenses	b 0				
<u>ರ</u>	c	Net income or (loss) from fundraisi		0	0	0	0
	9a	Gross income from gaming activiti					
		See Part IV, line 19	a 0				
	ь	Less direct expenses	b 0				
	c	Net income or (loss) from gaming a	ictivities	0	0	0	0
	10a	Gross sales of inventory, less returns and allowances .	5,798,034				
	ь		568,245				
	_ c	Net income or (loss) from sales of		5,229,789	5,229,789	0	0
	Ť	Miscellaneous Revenue	Business Code	-,,	-,,		
	11a		511,140	275,700	0	0	275,700
		Mail List Rental	511,110	_, 5,, 50			5,, 50
	b						
	C						
	d	All other revenue		0	0	0	0
	e	Total. Add lines 11a-11d		275,700			
	12	Total revenue. See Instructions	▶	53,676,006	25,967,955	4,465,662	4,370,294

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,		(B)	(D).	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21		скрепосо	general expenses	скрепьез
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,813,968	1,813,968		
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	965,306	403,394	561,912	0
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	15,419,664	11,673,088	3,555,881	190,695
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	933,441	687,989	234,588	10,864
9	Other employee benefits	3,131,370	1,959,580	1,137,923	33,867
10	Payroll taxes	1,241,811	915,272	312,086	14,453
11	Fees for services (non-employees)				
а	Management				
b	Legal	227,459	83,933	143,526	
c	Accounting	91,347		91,347	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	285,658	210,801	74,857	
g	Other	5,893,979	4,686,286	1,102,265	105,428
12	Advertising and promotion	97,035	92,532	4,503	
13	Office expenses	3,892,984	3,418,787	468,397	5,800
14	Information technology	1,446,545	638,907	804,854	2,784
15	Royalties	414,937	414,937		
16	Occupancy	472,571	115,762	356,809	
17	Travel	2,524,574	2,409,945	103,039	11,590
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	5,383,967	5,246,825	135,517	1,625
20	Interest	154,369	47,135	107,234	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,456,800	309,188	1,147,530	82
23	Insurance	162,798	82,199	80,599	
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)				
а	Miscellaneous	-53,172	-204,853	151,063	618
ь	Taxes and Bad Debt	5,497	5,497	0	0
c	Internal O verhead	-63,552	7,219,051	-7,282,603	0
d	Publication/Printing	4,091,581	4,004,951	72,228	14,402
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	49,990,937	46,235,174	3,363,555	392,208
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				·

Pa	rt X	Balance Sheet							
					(A) Beginning of year		(B) End of year		
	1	Cash—non-interest-bearing			2,258,477	1	1,904,851		
	2	Savings and temporary cash investments	•		15,279,452	2	15,661,798		
	3	Pledges and grants receivable, net			3,328,343	3	859,910		
	4	Accounts receivable, net			3,646,787	4	3,460,059		
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of	s, key	employees, and					
		Schedule L				5			
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of		n 4958(f)(1)) and					
		Schedule L				6			
Assets	7	Notes and loans receivable, net			250,000	7	275,000		
Ŝ	8	Inventories for sale or use			1,214,245	8	1,244,303		
⋖	9	Prepaid expenses and deferred charges			749,301	9	849,190		
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	31,849,271					
	ь	Less accumulated depreciation	10b	18,011,725	13,665,266	10c	13,837,546		
	11	Investments—publicly traded securities			26,966,775	11	28,810,543		
	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			15				
	16	Total assets. Add lines 1 through 15 (must equal line 34)							
	17	Accounts payable and accrued expenses .	4,933,882	17	4,753,792				
	18	Grants payable	0	18					
	19	Deferred revenue	14,837,584	19	11,515,325				
	20	Tax-exempt bond liabilities			2,881,042	20	2,875,000		
Sə	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.		0	21			
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ria Lia		persons Complete Part II of Schedule L			О	22			
	23	Secured mortgages and notes payable to unrelated third parties			1,998,027	23	1,851,845		
	24	Unsecured notes and loans payable to unrelated third parties			0	24			
	25	Other liabilities Complete Part X of Schedule D			15,917,490	25	16,029,217		
	26	Total liabilities. Add lines 17 through 25			40,568,025	26	37,025,179		
Fund Balances		Organizations that follow SFAS 117, check here ▶ 🔽 and comp through 29, and lines 33 and 34.	olet e l	ines 27					
anc	27	Unrestricted net assets			21,082,719	27	23,976,768		
Bal	28	Temporarily restricted net assets			5,193,202	28	5,386,553		
и	29	Permanently restricted net assets			514,700	29	514,700		
Fur		Organizations that do not follow SFAS 117, check here ▶ ☐ ar	nd con	ıplet e					
or I		lines 30 through 34.							
	30	Capital stock or trust principal, or current funds				30			
Assets	31	Paid-in or capital surplus, or land, building or equipment fund				31			
	32	Retained earnings, endowment, accumulated income, or other fu	ınds			32			
Net	33	Total net assets or fund balances			26,790,621	33	29,878,021		
	34	Total liabilities and net assets/fund balances			67,358,646	34	66,903,200		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
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	

Form **990** (2009)

OMB No 1545-0047

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.

Inspection **Employer identification number**

Name of the organization AMERICAN LIBRARY ASSOCIATION 36-2166947

Pai	rt I	Reas	on for Pul	olic Charity Stat	us (All orga	anızatıons r	nust comple		t.) See inst		
The c	rganı			foundation because							
1	Γ	A churc	h, conventio	on of churches, or as:	sociation of d	churches se	ction 170(b)(1)(A)(i).			
2	Γ	A schoo	ol described	ın section 170(b)(1)	(A)(ii). (Atta	ach Schedule	≘ E)				
3	\sqcap	A hospi	tal or a coop	erative hospital serv	vice organiza	ition describe	ed in section	170(b)(1)(A)(iii).		
4	Γ			organization operate y, and state	ed in conjunc	tion with a ho	ospital descr	ıbed ın sectio	on 170(b)(1)	(A)(iii). Ente	r the
5	Γ	_	•	rated for the benefit	_	or university	owned or ope	erated by a g	overnmental	unit describe	_ ed in
6	Γ	A feder	al, state, or l	ocal government or	governmenta	ıl unıt descril	bed in sectio i	n 170(b)(1)(A)(v).		
7	Γ	describ	ed in	t normally receives a		part of its su	upport from a	government	al unit or fror	n the general	public
8	Γ	A comm	nunity trust	described in section	170(b)(1)(A)(vi) (Comp	lete Part II)				
9 10 11 e f g	р	An organization that normally receives (1) more than 331/3% 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 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									
				ectly or indirectly co	•	_	•	ersons descr	ibea in (ii)	110(i)	Yes No
				overning body of the		-	loll?			11g(i)	
		• •	•	r of a person describ	٠,		3			11g(ii)	
h				ed entity of a person g information about t						11g(iii)	<u> </u>
	(i) Name uppo ganız	e of	ted EIN lines 1		(iv) Is the organizati col (i) list your gove docume	on in ed in rning	(v) Did you not organizati col (i) of suppor	on ın your	(vi) Is the organizati col (i) orga	e Ion In anized	(vii) A mount of support?
				(see instructions))	Yes	No	Yes	No	Yes	No	
			<u> </u>								

Total

ınstructions

P	Support Schedule (Complete only if yo					and 170(b)	(1)(A)(vi)
S	ection A. Public Support	a checked tile	DOX OII IIIC 3,	,, or o or rare.	÷·/		
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2006	(6) 2007	(d) 2008	(e) 2009	(I) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual						
_	grants ") Tax revenues levied for the						
2	organization's benefit and either						
	paid to or expended on its						
	behalf						
3	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the						
	amount shown on line 11, column						
_	(f) Dublic Support Subtract line F from						
6	Public Support. Subtract line 5 from line 4						
S	ection B. Total Support	1		-			
	endar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	ın)	(a) 2005	(b) 2000	(6) 2007	(d) 2008	(e) 2009	(1) Total
7	A mounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
9	sources Net income from unrelated						
9	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						
11	Total support (Add lines 7						
4.5	through 10)	/5					
12	Gross receipts from related activities	,	•			12	
13	First Five Years If the Form 990 is f	or the organizati	on's first, second	, third, fourth, or	fifth tax year as a	501(c)(3) orga	inization, ▶□
	check this box and stop here						-1
S	ection C. Computation of Pub	lic Support P	ercentage				
14	Public Support Percentage for 2009			11 column (f))		14	
15	Public Support Percentage for 2008	Schedule A . Pa	rt II. line 14			15	
	33 1/3% support test—2009. If the	•	,	v on line 13 and	line 14 is 33 1/30		k this hox
	and stop here. The organization qua	-		·	IIIIC 14 13 33 1/3/	o or more, ence	▶ □
ь	33 1/3% support test—2008. If the				5a, and line 15 is	33 1/3% or moi	
	box and stop here. The organization				,		▶
17a	10%-facts-and-circumstances test-	-2009. If the org	anızatıon dıd not	check a box on lı	ne 13, 16a, or 16	b and line 14	
	ıs 10% or more, and ıf the organizat						
	in Part IV how the organization mee	ts the "facts and	l cırcumstances"	test The organiz	ration qualifies as	a publicly supp	
L	organization	_2009 Ifthe c==	onization did net	chack a bay as li	no 12 165 164	or 17a and line	▶□
D	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_					
	Explain in Part IV how the organizat						clv
	supported organization						▶ ┌
10	Deiveta Farmdation Ifthe averages	on did not obselv	a hay an line 12	16- 16- 17-	17	hay and cas	•

▶□

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.)

Se	ection A. Public Support			•			
Cale	ndar 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")	13,522,324	18,400,695	22,378,337	22,063,317	18,872,095	95,236,76
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	25,602,392	25,452,576	27,179,261	24,815,778	26,536,200	129,586,20
3	Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	
6	Total. Add lines 1 through 5	39,124,716	43,853,271	49,557,598	46,879,095	45,408,295	224,822,97
7a	A mounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	0	0	0	0	0	
С	Add lines 7a and 7b	0	0	0	0	0	
8	Public Support (Subtract line 7c from line 6)						224,822,97
Se	ection B. Total Support						
	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	beginning in) A mounts from line 6	39,124,716	43,853,271	49,557,598	46,879,095	45,408,295	224,822,97
9 10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,564,993	1,895,359	1,938,694	2,333,210	2,049,079	9,781,33
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,564,993	1,895,359	1,938,694	2,333,210	2,049,079	9,781,33
11	Net income from unrelated business activities not included in line 10b, whether or not the	41,288	102,573	73,406	-89,354	-25,935	101,97
12	business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	
13	Total support (Add lines 9, 10c, 11 and 12)	40,730,997	45,851,203	51,569,698	49,122,951	47,431,439	234,706,28
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organ	ızatıon, ▶┌
Se	ection C. Computation of Pub	lic Support Pe	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	95 789 %

16 Public support percentage from 2008 Schedule A, Part III, line 15

15	95 789	%
16	85 960	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))

18 Investment income percentage from 2008 Schedule A, Part III, line 17

17	4 167	%
18	13 951	%

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

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 A (Form 990 or 990-EZ) 2009

Additional Data

Software ID: Software Version:

EIN: 36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$	23,677,033	including grants of \$	0)(Revenue \$	138,349)						
•	ip Benefit Programs, General, ion (18 Office/departments)		l activities such as diversit	y, international relations, accred	itation and						
(Code) (Expenses \$	225,133	ıncludıng grants of\$	0)(Revenue\$	405,180)						
Mutual, Membership Benefit Programs, General/Other Round table discussions and activities (15 Round Tables)											
Mutual, Membersh	ip Benefit Programs, General,	other Round t	able discussions and activ	(==							

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

Compensated Employees, and	Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		(C tion (hat a	che)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation			
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations			
Camıla Alıre President	5	×		x				0	0	0			
James Rettig Past President	5	х		x				0	0	0			
Roberta Stevens President Elect	5	Х		х				0	0	0			
Rod Hershberger Treasurer	5	х		х				0	0	0			
Diane Chen Board Member	5	х						0	0	0			
Charles Kratz Board Member	5	Х						0	0	0			
Patricia Hogan Board Member	5	×						0	0	0			
Larry Romans Board Member	5	Х						0	0	0			
Stephen Matthews Board Member	5	Х						0	0	0			
Joseph Eagan Board Member	5	х						0	0	0			
Claire Knowles Board Member	5	х						0	0	0			
Courtney Young Board Member	5	х						0	0	0			
Terri Kirk Board Member	5	Х						0	0	0			
Marıo Gonzalez Board Member	5	Х						0	0	0			
Keith Fiels Executive Director	35			x				221,140	0	25,231			
Gregory Calloway Associate Executive Director-Finance	35			х				153,791	0	24,794			
Mary Ghikas Senior Executive Director	35				х			186,981	0	26,665			
Emily Sheketoff Associate Executive Director	35					х		141,686	0	21,178			
Don Chatham Associate Executive Director	35					х		135,571	0	28,157			
Cathleen Bourdon Associate Executive Director	35					х		126,137	0	16,132			
Brian Searles Manager Advertising Sales	35					Х		134,874	0	29,859			
A lan Inouye Director OITP	35					×		124,842	0	12,279			

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DLN: 93493187003261

OMB No 1545-0047

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

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

Open to Public Inspection

If the or	ganization answer	ed "Yes," to	Form 990, Part I	IV, Line 3, or For	m 990-EZ, Part VI, line	e 46 (Political Campaign /	Activities),
then							
_							

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

◆ Se If th	ction 501(c)(3) organizations that	t have filed Form 5768 (election under thave NOT filed Form 5768 (election us," to Form 990, Part IV, Line 5 (Pozations Complete Part III	ınder section 501	(h)) Complete Part II-B Do no	ot complete Part II-A
	me of the organization ERICAN LIBRARY ASSOCIATION			Employer ident	tification number
Airii	EKICAN EDIKAKI ASSOCIATION			36-2166947	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c) or is a section 527	organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect politi	cal campaign act	tivities in Part IV	
2	Political expenditures			▶	\$
3	Volunteer hours				
Do.	AT D. Complete if the ov		section FO1/	-1/21	
		ganization is exempt under			
1	·	e tax incurred by the organization un			\$
2		e tax incurred by organization manag		n 4955 📴	\$
3	-	ection 4955 tax, did it file Form 472	20 for this year?		「Yes 「No
4a	Was a correction made?				☐ Yes ☐ No
b Dar	If "Yes," describe in Part IV	ganization is exempt under	section 501/	c) except section E01	(c)(3)
1	-	ended by the filing organization for se			<u>.(c)(3).</u>
2		rganization's funds contributed to of			>
2	exempt funtion activities	rganization's lunus contributed to of	.ner organizations	F	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	.0-POL, line 17b ►	\$
4	Did the filing organization file F	form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organizat contributions received that we	nd employer identification number (E ion listed, enter the amount paid from re promptly and directly delivered to ittee (PAC) If additional space is n	n the filing organi a separate politi	ızatıon's funds Also enter th ıcal organızatıon, such as a	ne amount of political
	(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

section 4911 tax for this year?

┌ Yes ┌ No

P	art II-A Complete if the organization under section 501(h)).	n is exempt under section 501(c)(3)	and filed Form 5768	(election
4	Check If the filing organization belongs to	5 ,		
<u>B</u>	Check if the filing organization checked bo	ox A and "limited control" provisions apply		•
	Limits on Lobbying I (The term "expenditures" means a		(a) Filing Organization's Totals	(b) Affiliated Group Totals
1 a	Total lobbying expenditures to influence public	opinion (grass roots lobbying)	C	
b	Total lobbying expenditures to influence a legisl	latıve body (dırect lobbyıng)	403,921	
c	Total lobbying expenditures (add lines 1a and 1	b)	403,921	
d	Other exempt purpose expenditures		45,663,147	
е	Total exempt purpose expenditures (add lines 1	46,067,068	,	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
g	Grassroots nontaxable amount (enter 25% of li	ne 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, ent	ter -0-	C	
i	Subtract line 1f from line 1c If zero or less, ento	er - 0 -	C	

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total				
2a	Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000				
b	Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000				
_c	Total lobbying expenditures	250,233	439,511	503,747	403,921	1,597,412				
_d	Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000				
f	Grassroots lobbying expenditures	0	0	0	0	0				

che	dule C (Form 990 or 990-EZ) 200						Page 3
Pa	rt II-B Complete if the or (election under se	rganization is exempt under ection 501(h)).	section 501(c)(3) and has I				
			-	(a) ((b)
				Yes	No	A mo	unt
1		anization attempt to influence foreign t to influence public opinion on a legis					
а	Volunteers?						
b	Paid staff or management (includ	e compensation in expenses reported	l on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	, or the public?					
е	Publications, or published or broa	adcast statements?					
f	Grants to other organizations for	lobbying purposes?					
g	Direct contact with legislators, th	neır staffs, government officials, or a l	egislative body?				
h	Rallies, demonstrations, seminar	s, conventions, speeches, lectures, c	rany sımılar means?				
i	Other activities? If "Yes," descri	ibe in Part IV					
j	Total lines 1c through 1i						
2a	Did the activities in line 1 cause	the organization to be not described	n section 501(c)(3)?				
Ь	If "Yes," enter the amount of any	tax incurred under section 4912					
c	If "Yes," enter the amount of any	tax incurred by organization manage	rs under section 4912				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4	720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under	section 501(c)(4), section !	501(c)(5), o		
	W					Yes	s No
1		nore) dues received nondeductible by			-	2	
2	=	n-house lobbying expenditures of \$2,0			-	3	
3		ryover lobbying and political expendit		-01/-	\ <u>\</u>		
26H	501(c)(6) if BOTH	rganization is exempt under Part III-A, lines 1 and 2 are					ion
	answered "Yes".						
1	Dues, assessments and similar a			1			
2	expenses for which the section 5	bbbying and political expenditures (do 27(f) tax was paid).	o not include amounts of political				
a	Current year	(. , para).		2a			
ь	Carryover from last year			2b			
c	Total			2c			
3	Aggregate amount reported in se	ction 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3			
4	If notices were sent and the amo	unt on line 2c exceeds the amount or	line 3, what portion of the excess				
	does the organization agree to ca political expenditure next year?	arryover to the reasonable estimate o	f nondeductible lobbying and	4			
5	Taxable amount of lobbying and p	political expenditures (see instruction	ıs)	5			
Pä	rt IV Supplemental Info	ormation					
	mplete this part to provide the des o, complete this part for any addit	criptions required for Part I-A, line 1, ional information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	t ion			

DLN: 93493187003261

OMB No 1545-0047

Open to Public Inspection

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.

Name of the organization **Employer identification number** AMERICAN LIBRARY ASSOCIATION 36-2166947 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

90, Part IV, line 6.		
(a) Donor advised funds	(1	b) Funds and other accounts
	or advis	red Yes No
5 5	•	
ıf the organization answered "Yes" to	o Form	990, Part IV, line 7.
ion or pleasure)		cally importantly land area
Fleseivation of a c	. er tille u	mstoric structure
ified conservation contribution in the form	of a co	nservation
I		Held at the End of the Year
	2a	neid at the End of the Teal
•		
` '		
erred, released, extinguished, or terminate	d by the	e organization during
ation easement is located ►		
	dling of	violations, and Yes No
pecting and enforcing conservation easem	nents du	ring the year ►
ng, and enforcing conservation easements	s during	the year 🕨 \$
2(d) above satisfy the requirements of sec	tion	┌ Yes
the footnote to the organization's financial		
	or Oth	er Similar Assets
	01 011	ici Sililiai Assets.
116, not to report in its revenue stateme for public exhibition, education or researc	ch in fur	
public exhibition, education, or research ii		· · · · · · · · · · · · · · · · · · ·
		▶ \$
		► \$
	or financ	ial gain, provide the
		► \$
		▶ - \$
	(a) Donor advised funds Isors in writing that the assets held in don organization's exclusive legal control? donor advisors in writing that grant funds nefit of the donor or donor advisor, or for an if the organization answered "Yes" to reservation of an Preservation in the form preservation easement is located preservation easement is located preservation easements at one as an	(a) Donor advised funds (a) Donor advised funds (b) Isors in writing that the assets held in donor advisor organization's exclusive legal control? donor advisors in writing that grant funds may be nefit of the donor or donor advisor, or for any other If the organization answered "Yes" to Form reganization (check all that apply) ion or pleasure) Preservation of an historic Preservation of an historic Preservation of a certified of the donor or donor in the form of a confidence of the donor or donor in the form of a confidence of the donor or pleasure) If the organization answered "Yes" to Form of a confidence of the donor of an historic Preservation of a certified of the donor of the donor of a certified of the don

Cat No 52283D

Schedule D (Form 990) 2009

ar	TITLE Organizations Maintaining Co	diections of Art	, HISTOI	ricai ire	easu	res, or c	tne	r Similai	ASSE	ets (co	ntinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of the fo	ollowing th	at are	a signific	ant u	ise of its co	llectio	n	
а	Public exhibition		d 「	Loan or	rexch	nange prog	rams	:			
b	Scholarly research		е Г	Other							
c	Preservation for future generations										
1	Provide a description of the organization's content XIV	ollections and expla	ın how th	ey further	the o	rganızatıoı	n's ex	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than		,					nılar	Г	Yes	┌ No
Pai	rt IV Escrow and Custodial Arrang					answere	d "Y	'es" to Foi	m 990),	
	Part IV, line 9, or reported an ar		•								
.a	Is the organization an agent, trustee, custoo included on Form 990, Part X?				ons o	r other as:	sets	not	Γ	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	following	table		г		1			
						-			A mo	unt	
с	Beginning balance					-	1c				
d	Additions during the year					-	1d				
е	Distributions during the year					-	1e				
f	Ending balance						1f				
a	Did the organization include an amount on F	orm 990, Part X, line	21?						Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI\										
Рa	rt V Endowment Funds. Complete	If the organizatior (a)Current Year		red "Yes' or Year				rt IV, line I)Three Years		NEQUE V	aare Back
a	Beginning of year balance	13,544,838	(6)	14,924,681	(6)	WO TEATS DAG	. (((Timee rears	Dack (2) 1 Out 10	cars back
- b	Contributions	2,921		2,089							
c	Investment earnings or losses	669,778		-1,274,828							
d	Grants or scholarships	0		0							
e	Other expenditures for facilities	196,462		107,104							
	and programs						_				
f	Administrative expenses	0		0							
g	End of year balance	14,021,075		13,544,838							
	Provide the estimated percentage of the year		is								
а	Board designated or quasi-endowment 🕨	86.74 %									
b	Permanent endowment F 3.67 %										
c	Term endowment ► 9.59 %										
a	Are there endowment funds not in the posse organization by	ssion of the organiza	ation that	t are held a	and a	dmınıstere	d for	the		Yes	No
	(i) unrelated organizations								3a(i)	163	No
	(ii) related organizations								3a(ii)		Νο
b	If "Yes" to 3a(II), are the related organization	ns listed as required	d on Sche	edule R?					3b		
	Describe in Part XIV the intended uses of th	ne organization's end	lowment	funds							
a I	t VI Investments—Land, Building	s, and Equipme	nt. See	Form 99	0, Pa	irt X, line	10.	I			
	Description of investment			a) Cost or ot sis (investme		(b)Cost or o basis (othe		(c) Accumu depreciat		(d) Boo	ok value
a	Land				0	2,44	3,394				2,443,394
b	Buildings				0	13,600),219	7,2	73,567		5,326,652
c	Leasehold improvements		. [0		0		0		C
d	Equipment				0	12,97	1,867	10,1	27,218		2,847,649
е	Other		.		0	2,830	0,791	6:	10,940		2,219,851

13,837,546

Part VII Investments—Other Securities. See (a) Description of security or category	Form 990, Part X, line 12	(c) Method of valuation
(including name of security)	(b)Book value	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. Se	e Form 990, Part X, line :	
(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, III	ne 15.	
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15. Otion	
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	ne 15. ption	(b) Book value
Part IX Other Assets. See Form 990, Part X, III (a) Description Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	ne 15. otion 5.) C, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	25.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line: Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	25.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	.5.)	

Schedule D (Form 990) 2009

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	53,676,006
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	49,990,937
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,685,069
4	Net unrealized gains (losses) on investments	4	-419,035
5	Donated services and use of facilities	5	0
6	Investment expenses	6	0
7	Prior period adjustments	7	0
8	Other (Describe in Part XIV)	8	-129,520
9	Total adjustments (net) Add lines 4 - 8	9	-548,555
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,136,514
Par	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er R	
1	Total revenue, gains, and other support per audited financial statements	1	54,399,422
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	723,416
3	Subtract line 2e from line 1	3	53,676,006
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 0		
b	Other (Describe in Part XIV) 4b 0		
c	Add lines 4a and 4b	4c	0
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	53,676,006
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	51,262,908
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d 674,302		
e	Add lines 2a through 2d	2e	1,271,971
3	Subtract line 2e from line 1	3	49,990,937
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 0		
b	Other (Describe in Part XIV) 4b 0		
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	49,990,937
Par	t XIV Supplemental Information		

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

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

Ident if ier	Return Reference	Explanation
SchD_P05_S00_L04	Schedule D, Part V, Line 4	To hold, invest, reinvest and disburse funds to further the mission of the Association
SchD_P10_S00_L00	Schedule D, Part X	FIN 48 not footnoted in the audit report as there were no issues
SchD_P11_S00_L08	Schedule D, Part XI, Line 8	Loss on interest rate swap agreement, \$91,967, loss on investment in related party, \$86,667 less Allied Professional Association net revenues, \$49,114
SchD_P12_S00_L02d	Schedule D, Part XII, Line 2d	Allied Professional Association revenues, \$155,171 and Cost of Goods Sold, \$568,245
SchD_P13_S00_L02d	Schedule D, Part XIII, Line 2d	Allied Professional Association expenses, \$106,057, Cost of Goods Sold, \$568,245 Line 2c-Unrealized investment losses, \$419,035, unrealized loss on swap agreement, \$91,967 and unrealized loss on related party investment, \$86,667

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I

(Form 990)

DLN: 93493187003261

OMB No 1545-0047

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.

Open to Public **Inspection**

Department of the Treasury ► Attach to Form 990 Internal Revenue Service Name of the organization AMERICAN LIBRARY ASSOCIATION Part I General Information on Grants and Assistance

Employer identification number 36-2166947

Form 990, Part 1	IV, line 21 for an	to Governments and ly recipient that receive 990) if additional space	d more than \$5,000	. Check this box if n	o one recipient receiv	ed more than \$5,00	0. Use
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of gran or assistance
	. , , ,	government organizations				.	

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

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
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.

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Recipients of disbursements from the American Library Association are those individuals and units engaged in the furtherance of the dissemination of information of value to the profession. The disbursements are authorized by officers, division heads and unit heads and are in compliance with the rules laid down by the Execctive Board, Council and rules and bylaws of the Association. Recipients, where appropriate, report to the Association on the progress of their studies and completion of projects.

Software ID: 09000073 **Software Version:** v1.00

EIN: 36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

Form 990, Schedule I, Part III, Grant	ts and Other As	ssistance to Individ	uals in the United	States	
(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
PLA Emerging Leaders	8	38,700			
A CRL RMBS Immersion Scholars	23	41,815			
A LCTS A wards	13	24,168			
RUSA Awards	15	34,691			
ALSC Awards	5	11,245			
YALSA Teen Read Week	27	50,500			
YALSA Advocacy Day	13	8,500			
Coretta Scott King Award	3	3,500			
Stonewall Book Award	3	3,000			
Spectrum Diversity Scholars	96	326,069			
Boyd Military Award	1	5,000			
Schneider Family Book Award	3	15,000			
Carnegie Whitney Award	21	35,731			
Melcher Scholarship	6	17,000			
Gaver Scholarship	5	7,500			
WNET Picturing America Stipend	70	35,000			
LSSC Scholarship	5	12,500			
The American Dream	75	375,000			
Libraries Literacy, Gaming	10	50,000			
Beyond Words	13	127,100			
I Love My Librarian	20	56,339			
Greenwood A ward	3	5,000			
HW Wilson Award	1	3,500			
EBSCO Scholarship	12	13,900			
NSLMPY Award	2	20,000			
Guadalaraja Book Fair	114	11,400			
Picturing America Grant	30	60,000			
Vision of the Universe	15	7,500			

DLN: 93493187003261

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Compensation Information

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

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

AMI	RICAN LIBRARY ASSOCIATION			,,			
,	CONTRACTOR ASSOCIATION			36-2166947			
Pa	t I Questions Regarding Compensation	1					
	,					Yes	Νο
1a	Check the appropriate box(es) if the organization prov 990, Part VII, Section A, line 1a Complete Part III to						
	First-class or charter travel	Ē	Housing allowance or residence for				
	Travel for companions	Ė	Payments for business use of perso				
	Tax idemnification and gross-up payments	Ē					
	Discretionary spending account		Personal services (e g , maid, chauf	feur, chef)			
b	If any of the boxes in line 1a are checked, did the org reimbursement orprovision of all the expenses descri	-	, , ,	•	1b		
2	Did the organization require substantiation prior to re officers, directors, trustees, and the CEO/Executive l				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all tha						
	Compensation committee		Written employment contract				
	Independent compensation consultant	<u> </u>	'				
	Form 990 of other organizations	~	Approval by the board or compensa	tion committee			
4	During the year, did any person listed in Form 990, P or a related organization	Part V I	I, Section A, line 1a with respect to t	ne filing organization			
а	Receive a severance payment or change-of-control p	payme	nt?		4a		Νο
Ь	Participate in, or receive payment from, a supplement	ntal no	nqualified retirement plan?		4b		Νo
c	Participate in, or receive payment from, an equity-bas	ased co	ompensation arrangement?		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and pro	ovide t	he applicable amounts for each item i	n Part III			
	Only 501(c)(3) and 501(c)(4) organizations only mus	st com	plete lines 5-9.				
5	For persons listed in form 990, Part VII, Section A, licompensation contingent on the revenues of \ensuremath{I}	lıne 1a	, did the organization pay or accrue a	ıy			
а	The organization?				5a		Νο
b	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, li compensation contingent on the net earnings of	lıne 1 a	ı, dıd the organızatıon pay or accrue a	ıy			
а	The organization?				6a		Νo
Ь	Any related organization?				6b		Νo
	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						No
8	Were any amounts reported in Form 990, Part VII, pasubject to the initial contract exception described in in Part III		•		8		No
0	If "Vac" to line 8, did the organization also follow the	rabut	table presumption presedure describe	d in Poquiations			

section 53 4958-6(c)?

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	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & (iii) Other reportable compensation compensation		other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Keith Fiels	(I) (II)	221,140 0	0 0	رر	0 15,740 0 0	9,491	246,371	
Mary Ghikas	(ı) (ıı)	186,981 0	. 0	~	0 13,282 0 0	13,383	213,646 0 0)
Gregory Calloway	(ı) (ıı)	153,791 0	. 0		0 10,995 0 0	I .	9 178,585 0 0)
Emily Sheketoff	(ı) (ıı)	141,686 0	0 0	ر ر	0 10,193 0 0	10,985	162,864	
Don Chatham	(ı) (ıı)	135,571 0	0 0)(0 9,623 0 0	18,534	163,728	
Brian Searles	(ı) (ıı)	134,873 0	0 0	۲	0 9,729 0 0	20,140	164,742	
		'						
			<u>'</u>					
			<u> </u>					
		-	<u> </u>		+			
	'	 '	 '	1				
		 	-					
			<u> </u>			<u> </u>		1

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

]	Ident if ier	Ret urn Ref erence	Explanation
]	Ident if ier	Reference	Explanation

Schedule J (Form 990) 2009

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DLN: 93493187003261

OMB No 1545-0047

Schedule K (Form 990)

Department of the Treasury

Supplemental Information on Tax Exempt Bonds

2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
► Attach to Form 990.
► See separate instructions.

Open to Public Inspection

Internal Revenue Service

Name of the organization

AMERICAN LIBRARY ASSOCIATION

Employer identification number

36-2166947

Pā	art I Bond Issues			•									•	
	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date	: Issued	(e) Issue	e Price	(f) Des	cription of	Purpose	(g) De	feased	Beh	On alf of uer
											Yes	No	Yes	No
A	District of Columbia	53-6001131	254839H63	02-01-	2005	3,:	175,000	Purchase of	f Office Cor	ndo		х		х
Pa	rt III Proceeds				•						•			
					A	E	В		С	D)		E	
1	Total proceeds of issue				3,175,000									
2	Gross proceeds in reserve fund	s			C									
3	Proceeds in refunding or defeas	ance escrows			(
4	Other unspent proceeds				(
5	Issuance costs from proceeds				C									
6	Working capital expenditures from proceeds				C									
7	Capital expenditures from proceeds				3,175,000									
8	Year of substantial completion			20	05			'		•		•		
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
9	Were the bonds issued as part o	of a current refunding is	sue?		Х									
10	Were the bonds issued as part o	of an advance refunding	ıssue?		Х									
11	Has the final allocation of proce	eds been made?		Х										
12	Does the organization maintain the final allocation of proceeds?		cords to support	Х										
Pai	rt IIII Private Business Us	e			•	•	•		•				•	
					A	E	В		c	D)		E	
				Yes	No	Yes	No	Yes	No	Yes	No	Ye	s	No
1	Was the organization a partner i which owned property financed b		ember of an LLC,		х									
2	Are there any lease arrangemer which may result in private busi		inanced property		х									
For I	Privacy Act and Paperwork Reduction	Act Notice, see the Insti	uctions for Form 990).		Cat No 5	0193E				Schedule	K (Form	990) 20	09

Part IIII Private Business Use (Continued)

161	Private Business Use (Continued)										
			A	ı	В		С	D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		Х								
3b	Are there any research agreements with respect to the financed property which may result in private business use?		Х								
3с	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		x								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		0 %								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		0 %								
6	Total of lines 4 and 5		0 %								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	х									
Pa	rt IV Arbitrage		•	•		•	•	•	•		

			A		В		С	D			E
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		x								
2	Is the bond issue a variable rate issue?	Х									
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	х									
ь	Name of provider	Bank of Am	erica				•				
С	Term of hedge		15								
4a	Were gross proceeds invested in a GIC?		Х								
ь	Name of provider										
С	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		х								
6	Did the bond issue qualify for an exception to rebate?		х								
											-

Software ID: **Software Version:**

EIN: 36-2166947

Name: AMERICAN LIBRARY ASSOCIATION

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DLN: 93493187003261

OMB No 1545-0047

SCHEDULE 0

(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.

Name of the organization AMERICAN LIBRARY ASSOCIATION

Employer identification number

36-2166947

ldentifier	Return Reference	Explanation
F990_P03_S00_L04d	Form 990, Part III, Line 4d	Other program service accomplishment details are on the attached schedule for Part III

ldentifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	The organization is a stockless corporation governed by its membership

ldentifier	Return Reference	Explanation
F990_P06_S0A_L07a	Form 990, Part VI, Section A, Line 7a	The organization's members elect the governing body, the Executive Board

ldentifier	Return Reference	Explanation
F990_P06_S0B_L11		Form 990 is provided electronically in PDF format to the executive committee of the Executive Board for review prior to filing

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Section B, Line 12c	Executive Board members are required annually to sign and submit a conflict of interest policy. All Association employees including key employees are required to sign a conflict of interest statement upon employment. An annual affirmation of the policy is planned.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	The compensation levels for the executive director, key employees and all other staff are approved by the Executive Board in the annual budget. The executive director has a written employment contract Compensation levels are determined with reference to other compatable organizations through a review of Form 990 and existing compensation surveys/studies. The compensation level is approved by the Executive Board.

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization makes it's governing documents available on-line and conflict of interest policy, Form 990 and 990T and financial statements are available to the public upon receipt of written request

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01b	Form 990, Part VII, Section A, Line 1b	There was no reportable compensation from a related organization to any individual listed in Part VII

ldentifier	Return Reference	Explanation
SchR_P05_S00_L02		Item 1n-sharing of paid employess includes the salary for the director of the related organization as reflected on Form W-2, box 1

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

DLN: 93493187003261

2009

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2009

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

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. ► See separate instructions.

Department of the Treasury Internal Revenue Service

AMERICAN LIBRARY ASSOCIATION				36-2166947	
Part I Identification of Disregarded Entities (Complete	ıf the organization a	answered "Yes" on	Form 990, Part I	V, line 33.)	
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income Er	(e) nd-of-year assets	(f) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat or more related tax-exempt organizations during the t	elated Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one exempt organizations during the tax year.)				
(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state	(d) Exempt Code section	(e) Public chanty stat (if section 501(c)(tus Direct controlling entity
ALA Allied Professional Association					
50 East Huron St Chicago, IL 606112795 32-0077152	Promotion of Librarians	IL.	501 (C) (6)		N/A

Cat No 50135Y

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset		Disproprtionate allocations?		osproprtionate Code value allocations? amount in Schedu		e Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(j Gener mana partr	al or Iging
								Yes	No			Yes	No		
				s a Corporation of treated as a corpo				nswer	ed "Y	es" on F	orm 990, P	art IV,			
	cause it had one t		ciacca organización.				(f))	Ī	(a)	(h)				
(a) Name, address, and EIN o	f related organization	(b) Primary ad	ctivity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	Share of incor	f total	Sh end-	(g) nare of -of-year issets	(h) Percentag ownership				
									1						
									1						

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Yes	No					
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-	IV?								
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a	Yes						
b	Gift, grant, or capital contribution to other organization(s)		1b		No					
c	c Gift, grant, or capital contribution from other organization(s)									
d	Loans or loan guarantees to or for other organization(s)		1d		No					
e	Loans or loan guarantees by other organization(s)		1e		No					
f	Sale of assets to other organization(s)		1f		No					
g	Purchase of assets from other organization(s)		1 g		No					
h	h Exchange of assets									
i	i Lease of facilities, equipment, or other assets to other organization(s)									
j	Lease of facilities, equipment, or other assets from other organization(s)		1j		No					
	k Performance of services or membership or fundraising solicitations for other organization(s)									
	Performance of services or membership or fundraising solicitations by other organization(s)									
m Sharing of facilities, equipment, mailing lists, or other assets										
n Sharing of paid employees										
o	• Reimbursement paid to other organization for expenses									
	Reimbursement paid by other organization for expenses		10 1p		No No					
•	Rembulsement paid by other organization for expenses		-							
_	O ther transfer of cash or property to other organization(s)		1q		No					
	O ther transfer of cash or property from other organization(s)		1r		No					
•	other transfer of cash of property from other organization(s)		[
_										
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationsh		holds							
	(a) Name of other organization	(b) Transaction	(Amount	c)	2d					
1 \ \	A Allied Professional Association	type(a-r)	Amount	11110111						
1) A	A Mileu Floressional Association	a-ı		1	1,875					
2) Al	A Allied Professional Association	n		7	9,376					
3)										
4)										
5)										

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

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

(a) Name, address, and EIN of entity	(b) Primary activity Legal domicile (state or foreigr country)		501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtiona allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		(h) eral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
										+	
										t	
										L	
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