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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form

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

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning Jul 1 , 2010, and ending Jun 30 , 2011

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

C Name of organization
TRI-STATE COLLEGE LIBRARY COOPERATIVE

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
ROSEMONT COLLEGE LIBRARY

City or town, state or country, and ZIP + 4
ROSEMONT PA 19010

D Employer identification number
23-7309267

E Telephone number
(610) 525-0796

F Group Exemption Number ►

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ► _____

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► http://www.tclclibs.org

J Tax-exempt status (ck only one) – ☒ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ► ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 65,203.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I ☒

REVENUE	1	Contributions, gifts, grants, and similar amounts received		1	3,350.
	2	Program service revenue including government fees and contracts		2	11,151.
	3	Membership dues and assessments		3	49,775.
	4	Investment income		4	716.
	5a	Gross amount from sale of assets other than inventory	5a 0.		
	b	Less cost or other basis and sales expenses	5b 0.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a 0.		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b 0.		
	c	Less direct expenses from gaming and fundraising events	6c 0.		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0.
	7a	Gross sales of inventory, less returns and allowances	7a 0.		
	b	Less cost of goods sold	7b 0.		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0.
	8	Other revenue (describe in Schedule O)	See Form 990 EZ, Part I, Line 8 Other Revenue	8	211.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►		9	65,203.
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)		10	2,130.
	11	Benefits paid to or for members		11	0.
	12	Salaries, other compensation, and employee benefits		12	48,675.
	13	Professional fees and other payments to independent contractors		13	1,900.
	14	Occupancy, rent, utilities, and maintenance		14	2,827.
	15	Printing, publications, postage, and shipping		15	598.
	16	Other expenses (describe in Schedule O)	See Form 990-EZ, Part I, Line 16 Other Expenses	16	11,737.
	17	**Total expenses.** Add lines 10 through 16 ►		17	67,867.
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-2,664.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	77,483.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-2.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►		21	74,817.

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BAA **For Paperwork Reduction Act Notice, see the separate instructions.** Form **990-EZ** (2010)

TEEA0812 02/18/11

GP

19

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	82,155.	22	77,901.
23	Land and buildings	0.	23	0.
24	Other assets (describe in Schedule O) A/C Receivables	55.	24	1,049.
25	**Total assets**	82,210.	25	78,950.
26	**Total liabilities** (describe in Schedule O) See L-26 Stmt	4,727.	26	4,133.
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	77,483.	27	74,817.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III [ ]

What is the organization's primary exempt purpose? see footnotes to fin. st. attached

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 Continuing education awards

(Grants $ 0.) If this amount includes foreign grants, check here ► [ ] 28a 2,130.

29 Programs for member libraries - see attached information

(Grants $ 2,000.) If this amount includes foreign grants, check here ► [ ] 29a 11,026.

30

(Grants $) If this amount includes foreign grants, check here ► [ ] 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ► [ ] 31a

32 **Total program service expenses** (add lines 28a through 31a) ► 32 13,156.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
see attached information listing officers and addresses Rosemont PA 19010	see list 5.00	0.	0.	
Ellen Gasiewski TCLC, Rosemont College Library Rosemont PA 19010	Manager 40.00	42,290.	3,285.	

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see inst)	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If 'Yes,' was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter 'None '

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over $100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter 'None '

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
none		

d Total number of other independent contractors each receiving over $100,000 ►

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ► [X] Yes ☐ No

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

Sign Here

► Catherine Fennell — Signature of officer — Date 5/15/2012

► Catherine Fennell VP TCLC — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [X] if self-employed	PTIN
P.S. Hutchinson	P.S. Hutchinson	05/08/12		P01605837

Firm's name ► P S Hutchinson CPA

Firm's address ► 277 COUNTRY GATE ROAD, WAYNE PA 19087

Firm's EIN ► 155-48-6810

Phone no (610) 293-1867

May the IRS discuss this return with the preparer shown above? See instructions ► [X] Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
TRI-STATE COLLEGE LIBRARY COOPERATIVE	23-7309267

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	**11g (i)**	
(ii)	A family member of a person described in (i) above?	**11g (ii)**	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	**11g (iii)**	

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 15 %

16a **33-1/3% support test – 2010.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b **33-1/3% support test – 2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

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

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')	75,790.	48,435.	49,723.	123,357.	53,125.	350,430.
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	20,318.	11,020.	13,194.	11,405.	11,150.	67,087.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5	96,108.	59,455.	62,917.	134,762.	64,275.	417,517.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		7,753.				7,753.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b		7,753.				7,753.
8 **Public support** (Subtract line 7c from line 6.)						409,764.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	96,108.	59,455.	62,917.	134,762.	64,275.	417,517.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,833.	2,498.	2,181.	1,646.	716.	8,874.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,833.	2,498.	2,181.	1,646.	716.	8,874.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12.)						426,391.

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	96.10 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	95.86 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	2.08 %
18 Investment income percentage from **2009** Schedule A, Part III, line 17	18	2.29 %

19a **33-1/3% support tests – 2010.** 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 – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
TRI-STATE COLLEGE LIBRARY COOPERATIVE	23-7309267

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 8 Other Revenue

Other revenue (describe in Schedule O)	
Miscellaneous Income	211.
Total	211.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Part I, Line 16 Other Expenses

Other expenses (describe in Schedule O)	
Office supplies	199.
Staff Development & Training	5,740.
Annual Program and Other Program Expenses	5,285.
unemployment insurance	246.
miscellaneous expenses	267.
Total	11,737.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990-EZ, Page 1, Part II, Line 26

Line 26 - Total Liabilities:	**Beginning of Year**	**End of Year**
Deferred Revenue	3,405.	2,200.
Accounts Payable	189.	0.
Taxes Payable	1,133.	1,933.
Total	4,727.	4,133.

Monies Owed to TCLC (A-7)

June 30, 2011

Members
Barnes and Noble through Gwynedd-Mercy College $1049.20
(Refund for unsold books at Spring Program)

Paid in Advance:
Dues 2011/2012
2 institutions $ 2200.00

TCLC received an LSTA grant through PaLA (Pennsylvania Library Association) in the amount of $ 2000.00 for expenses for the spring program.

PROGRAMS 2010/2011

Educational Development Committee

July 13, 20, 27, Aug 11, 2010
Summer Camp
Series of 8 half-day workshops relating to library technology
109 registrations ($25 – 1 workshop; $40 – 2 workshops on same day)
Total: $ 2355.00

October 28, 2010
TCLC Unconference on Collection Development
38 attendees paid $15. each **Total: $ 490.00**

January 6 , 2011
Get It Together: Information Literacy Instruction
Held at Rosemont College
23 attendees paid $75.00 each
15 attendees paid $60.00 each **Total: $2625.00**

February 4, 2011
RDA: More About It (cataloging workshop)
Held at Cabrini College
24 attendees paid $ 25.00 **Total: $ 600.00**

March 1, 2011
Business Resources: Tips from the Pros
Held at Villanova University
21 attendees paid $20. 1 attendee paid $35.
Total: $ 455.00

June 1, 2011
Bus Trip to National Library of Medicine, Bethesda, MD
18 attendees paid $60.00 each (members)
2 attendees paid $75.00 each (non-members) Total: $ 1230.00

Spring Program

April 13, 2011
Authors, Lunch and Books: Does it Get Any Better?
Held at Malvern Retreat House, Family Life Center
19 attendees paid $50.00 each
33 attendees paid $40.00 each
4 attendees paid $65.00 each (nonmembers)
65 attendees **Total: $2530.00**

TCLC received an LSTA grant through PaLA (Pennsylvania Library Association) in the amount of $ 2000.00 for expenses for the spring program.

Continuing Education Council Awards 2010/2011

FALL 2010

Sara Drew	Cabrini	LOEX	$ 315.
Larissa Gordon	Arcadia	LOEX	$ 315
Andrea Reed	Eastern	ACRL Annual Conf	$ 210
Paula Smith	Penn State Abington	ACRL Annual Conf	$ 210
		Total awarded Fall 2010:	$ 1050.

Spring 2011 Awards

Kate Pourshariati, MCCC	$ 375 to attend the Association of Moving Image Archivists Annual Conference, Austin, Texas, November, 2011
Michelle Reyes, Wilmington University	$ 375 to attend ACRL Annual Conference, Philadelphia, PA April 30-May 2, 2011
Andrea Reed, Eastern University	$ 165 to attend ACRL Annual Conference, Philadelphia, PA April 30-May 2, 2011 (additional award - $210 awarded in Fall)
Paula Smith, Penn State Abington	$ 165 to attend ACRL Annual Conference, Philadelphia, PA April 30-May 2, 2011 (additional award - $210 awarded in Fall)
	Total awarded Spring 2011 $ 1080.

Total Awarded 2010/2011: $ 2130.00

TCLC OFFICERS

2010/2012

President	James McCloskey Wilmington University Peoples Library 320 DuPont Highway New Castle, DE 19720
VP/President-Elect	Catherine Fennell Rosemont College Gertrude Kistler Memorial Library 1400 Montgomery Avenue Rosemont, PA 19010
Secretary:	Lianne Hartman Montgomery County Comm College The Brendlinger Library Box 400 3340 DeKalb Pike Blue Bell, PA 19422-0758
Treasurer:	Michael LaMagna Delaware County Community College Library 901 S. Media Line Road Media, PA 19063-1094

TCLC Officers 2008/2010

President	Jeffrey Rollison Immaculata University Gabriel Library 1145 King Road Immaculata, PA 19345
VP/President-Elect	James McCloskey (2009-10) Wilmington University Peoples Library 320 DuPont Highway New Castle, DE 19720
	Kathy Mulroy (2008) Philadelphia University Gutman Library School House Lane & Henry Avenue Philadelphia, PA 19144
Secretary:	Mary Anne Adler The American College Vane B. Lucas Memorial Library 270 S. Bryn Mawr Avenue Bryn Mawr, PA 19010
Treasurer:	Diane Arnold Chestnut Hill College Logue Library 9601 Germantown Avenue Philadelphia, PA 19118

TRI-STATE COLLEGE LIBRARY COOPERATIVE
NOTES TO THE FINANCIAL STATEMENTS
June 30, 2010 and 2009

NOTE #1- Nature of Organization and Summary of Significant Accounting Policies

Basis of Presentation

The financial statements of Tri-State College Library Cooperative have been prepared on the accrual basis. The significant accounting policies followed by the organization are described below to enhance the usefulness of the financial statements. Depreciation is provided on assets as described in Note#2. The Tri-State College Library Cooperative occupies space in the Rosemont College Library. Rosemont College is a member of the Tri-State College Library Cooperative. The rent paid for the use of the office space is recorded as rent expense.

Nature of the Organization

Tri-State College Library Cooperative is a non-profit organization exempt from federal income taxes under section 501(c)(3) of the Internal Revenue Code. Accordingly, TCLC is exempt from federal and state income taxes. TCLC did not have any unrelated business income for the years ended June 30, 2010 and 2009 that would be subject to federal or state income taxes. TCLC's Forms 990-EZ – Federal Return of Organization Exempt from Income Tax remains subject to examination by the Internal Revenue Service for the years ended June 30, 2007 through June 30, 2010.

The purpose of this organization is to exchange information and share existing resources to a greater advantage and to strengthen resource and library services through joint application for private and government funds. There is an increased research potential through a mutually supporting acquisition program.

One of the goals of the Tri-State College Library Cooperative (herein called TCLC) is to continue to develop an online, union list of periodicals of all of all of its members' holdings, in order to make it possible for all libraries to engage in resource sharing.

The financial statements have been prepared in accordance with Statement of Financial Accounting Standards(SFAS) No.116, *Accounting for Contributions Received and Contributions Made,* and SFAS No. 117, *Financial Statements of Not-for-Profit Organizations.* SFAS No. 116 establishes accounting standards for contributions received. Generally, the Statement prescribes that all contributions received, including unconditional promises to give, are recognized as revenue in the period received at their fair values. The Statement also requires that contributions received be distinguished between those that increase permanently restricted, temporarily restricted and unrestricted net assets.

SFAS No. 117 prescribes standards for general-purpose financial statements for all not-for-profit organizations. The Statement requires the classification of an organization's net assets, its revenue and expenses based on the existence or absence of donor-imposed

restrictions. It requires that amounts for each of three classes of net assets(permanently restricted, temporarily restricted and unrestricted) be displayed in a statement of financial position and that the amounts of the change in each of the three classes of net assets be displayed in a statement of activities. In accordance with this requirement, the net assets of TCLC and changes therein are reported as follows:

Unrestricted net assets – Net assets that are not subject to donor-imposed stipulations. These assets may be designated for specific purposes by TCLC.

Temporarily restricted net assets – Net assets subject to donor-imposed stipulations that will be met by TCLC and/or the passage of time. They include gifts restricted by donors for specific programs and other operating purposes.

Permanently restricted net assets – Net assets subject to donor-imposed stipulations that they be permanently maintained by TCLC.

Contributions received have been recorded as increases in temporarily restricted net assets. When the restriction expires(that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

NOTE#2 – FURNITURE AND FIXTURES

Furniture, fixtures and office equipment have been recorded at the acquisition cost. Depreciation was provided over a 10 year life on the straight line basis for furniture and fixtures and over a 5 year life for office equipment.

Cost:	**6/30/10**	**6/30/09**
Furniture & fixtures	10,931.	10,931.
Office equipment	11,772.	11,772.
	22,703.	22,703.
Accumulated deprec.	(22,703.)	(22,703.)
	0.	0.

All assets are fully depreciated and no depreciation expense was recorded for the year ended 6/30/10 and 6/30/2009. Repairs are expensed as incurred. TCLC capitalizes all expenditures for furniture, fixtures and office equipment in excess of $200.

NOTE#3 – INVESTMENTS

TCLC had a certificate of deposit in the face amount of $ 26,843 which matured on May 21, 2010, with an interest rate of 3.45%. Accrued interest income of $898 was recorded. A 13 month certificate in the face amount of $29,761, which matures on June 21, 2011 was acquired. There is accrued interest income for the year of $20. The value at 6/30/10

Form **8868**
(Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization	Employer identification number
	TRI-STATE COLLEGE LIBRARY COOPERATIVE	23-7309267
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions ROSEMONT COLLEGE LIBRARY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ROSEMONT PA 19010	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Ellen Gasiewski

  Telephone No. ► (610) 525-0796 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until _____, 20 ___, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [ ] calendar year 20 ____ or
► [X] tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print	Name of exempt organization	Employer identification number
	TRI-STATE COLLEGE LIBRARY COOPERATIVE	23-7309267
File by the extended due date for filing the return See instructions	Number, street, and room or suite number If a P O box, see instructions ROSEMONT COLLEGE LIBRARY	
	City, town or post office, state, and ZIP code For a foreign address, see instructions ROSEMONT PA 19010	

Enter the Return code for the return that this application is for (file a separate application for each return) 03

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► Ellen Gasiewski
  Telephone No ► (610) 525-0796 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until May 15, 20 12

5 For calendar year ____, or other tax year beginning Jul 1, 20 10, and ending Jun 30, 20 11

6 If the tax year entered in line 5 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension Additional time is needed to prepare the audited financial statements which are needed to properly prepare the Form 990-EZ

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**8a**	$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$	0.
c Balance due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**8c**	$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► Title ► Date ►