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Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 10-01-2010, and ending 09-30-2011

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

C Name of organization: HALE COUNTY LIBRARY INC. Number and street (or P O box, if mail is not delivered to street address) Room/suite: P O Box 399 1103 Main Street. City or town, state or country, and ZIP + 4: Greensboro, AL 36744

D Employer identification number: 63-0914616. E Telephone number: (334) 624-3409. F Group Exemption Number

G Accounting method: [X] Cash [ ] Accrual [ ] Other (specify). I Website: www.hcplgreensboro.org. J Tax-Exempt status: [X] 501(c)(3) [ ] 501(c)( ) (insert no) [ ] 4947(a)(1) or [ ] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

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. Total: \$ 50,965

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 [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 50,965 and total expenses is 47,475, resulting in a net asset of 3,490.

**Part II Balance Sheets**

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

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	381,290	<b>22</b>	407,734
<b>23</b> Land and buildings . . . . .	0	<b>23</b>	0
<b>24</b> Other assets (describe in Schedule O) . . . . .	0	<b>24</b>	0
<b>25 Total assets</b> . . . . .	381,290	<b>25</b>	407,734
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	519	<b>26</b>	438
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	380,771	<b>27</b>	407,296

**Part III Statement of Program Service Accomplishments**

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

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

What is the organization's primary exempt purpose?

The library serves all general library purposes for its patrons checks out books and other materials (6236 items), offers reference services (3999 inquiries), promotes adults' (12 programs) and children's programming (7 programs), and provides access to on-line resources (4598 users) The library also works with other individuals, agencies, and organizations in the community to promote literacy, entertainment, and enlightenment to the community

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

<b>28</b> Basic library services, including but not limited to materials check out (6236 item/yr ), interlibrary loan (15-20 items/yr ), internet access for patrons (4598 patrons/yr ), and tours, storytelling, and activities for children visiting the library (4-7 visits/yr ), and reading stories at daycare and Headstart centers (2-4/year) Most of the library's budget goes to these services (Grants \$ 3,000) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	43,725
<b>29</b> Summer reading programs for children - 6 programs reaching approximately 70 children with stories, snacks, crafts, activities, and presentations on music, art, photography, water safety, and other topics (Grants \$ 150) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	150
<b>30</b> The library replaced a computer at the circulation desk, made the older computer available as an on-line access to the card catalog for patrons Some additional money was also spent on a piece of educational equipment to entertain children whose parents were doing research in the library (Grants \$ 3,600) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	3,600
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) <input checked="" type="checkbox"/>	<b>32</b>	47,475

**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 & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes input fields for amounts and dates, and Yes/No columns.

	Yes	No
<b>45</b>		No
<b>45a</b>		No
<b>46</b>		No

- 45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? *If 'Yes,' Form 990 and Schedule R must be completed instead of Form 990-EZ*
- 45a** 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 must be completed instead of Form 990-EZ*
- 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*

**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.

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

	Yes	No
<b>47</b>		No
<b>48</b>		No
<b>49a</b>		No
<b>49b</b>		

- 47** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*
- 48** Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*
- 49a** Did the organization make any transfers to an exempt non-charitable related organization?
- 49b** If "Yes," was the related organization a section 527 organization?

**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 & deferred compensation	(e) Expense account and other allowances
NONE				

**50(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		

**51(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  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**  Signature of officer  2012-05-14 Date  
 Carolyn Hemstreet Library Director  
 Type or print name and title

**Paid Preparer's Use Only** Preparer's signature  Date  Check if self-employed  Preparer's taxpayer identification number (See instructions)   
 Firm's name (or yours if self-employed), address, and ZIP + 4  EIN   
 Phone no

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2010**

**Open to Public Inspection**

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.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
HALE COUNTY LIBRARY INC

Employer identification number

63-0914616

**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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

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

**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
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	18,077	24,468	25,689	41,919	32,602	142,755
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3	18,077	24,468	25,689	41,919	32,602	142,755
<b>5</b> 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)						
<b>6 Public Support.</b> Subtract line 5 from line 4						142,755

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	18,077	24,468	25,689	41,919	32,602	142,755
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,066	10,700	10,575	10,345	10,654	53,340
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	9,993	10,608	8,635	7,661	7,709	44,606
<b>11 Total support</b> (Add lines 7 through 10)						240,701
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	0

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


<b>14</b> Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	59.308 %
<b>15</b> Public Support Percentage for 2009 Schedule A, Part II, line 14	<b>15</b>	57.566 %

**16a 33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **b 33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization **17a 10%-facts-and-circumstances test—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 year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						




**Section B. Total Support**

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> 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 <b>stop here</b> 						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a 33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>b 33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization 		
<b>20 Private Foundation</b> 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 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).

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**Explanation**

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State aid provided to libraries by Alabama Public Library Service

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**Additional Data**

**Software ID:** 10000077  
**Software Version:** v1.00  
**EIN:** 63-0914616  
**Name:** HALE COUNTY LIBRARY INC

**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Margaret Hopkins 208 College Street Greensboro, AL 36744	Board of Trustees, Chairperson 1	0	0	0
Eleanor Cunningham 1415 Erwin Street Greensboro, AL 36744	Board of Trustees, 1st Vice Chair 1	0	0	0
Betsy Ward 1260 County Road 21 Greensboro, AL 36744	Board of Trustees, 2nd Vice Chair 1	0	0	0
Mary Hodge P O Box 161 Greensboro, AL 36744	Board of Trustees, Secretary 1	0	0	0
Stephen Barnette P O Box 331 Greensboro, AL 36744	Board of Trustees, Treasurer 1	0	0	0
Carolyn Hemstreet P O Box 155 Greensboro, AL 36744	Library Director 29	13,728	0	0
Robin Cooper 407 County Road 30 Sawyer ville, AL 36776	Assistant Librarian 25	8,626	0	0
Jennifer Allison 112 Live Oak Lane Newbern, AL 36765	Assistant Librarian 18	4,955	0	0
Crystal Cooper 407 County Road 30 Sawyer ville, AL 36776	Library Assistant 16	1,905	0	0

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

**2010**

**Open to Public Inspection**

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

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
HALE COUNTY LIBRARY INC

**Employer identification number**

63-0914616

Identifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	State Aid from the Alabama Public Library Service

Identifier	Return Reference	Explanation
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Other expenses include cost of insurance (\$1089), post office box (110), safe deposit box (15), security (252), software for patron and staff use (1232), videos (15), and equipment and supplies (2059), rebuilding historic doors (2268), and miscellaneous (150)

Identifier	Return Reference	Explanation
F99Z_P01_S00_L20	Form 990-EZ, Part I, Line 20	The changes are due to an increase in the value of the stocks that the library holds to provide additional funds through interest on the account

Identifier	Return Reference	Explanation
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	941 taxes due to IRS in October for September payroll