

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

| A | For the | 2013 calendar year, or tax year beginning JUL 1, 2013 and e | nding J | <u>UN 30, 2014</u> | |
|----------------------------------|---------------------|--|----------------|-----------------------------------|-------------------------------|
| В | Check if applicable | C Name of organization COUNCIL ON LIBRARY AND INFORMATION | | D Employer identifi | cation number |
| Г | Addres | s pagormong | | | |
| Ē | Name change | David Business As | | 52-1 | 576808 |
| | Initial return | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone numbe | |
| | Termin ated | 1707 L STREET NW 6 | 50 | |)939-4756 |
| | Amend return | City or town, state or province, country, and ZIP or foreign postal code | | G Gross receipts \$ | 10,037,687. |
| | Application | L MASULINGTON, DC 20030 | | H(a) Is this a group r | eturn |
| | pendin | F Name and address of principal officer: CHARLES HENRY | · | for subordinates | o? ☐Yes X No |
| | | 1707 L ST NW STE 650, WASHINGTON, DC 2 | 0036 | H(b) Are all subordinates i | ncluded? Yes No |
| 1 | Tax-exe | empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(1) or | 527 | If "No," attach a | list. (see instructions) |
| J | Websit | e:▶ WWW.CLIR.ORG | | H(c) Group exemption | • |
| K | Form of | organization: X Corporation Trust Association Other ▶ | L Year | | A State of legal domicile: DC |
| | | Summary | | | |
| | 1 1 | Bnefly describe the organization's mission or most significant activities: CLIR | IS AN | INDEPENDEN | Τ, |
| Activities & Governance | | NONPROFIT ORGANIZATION THAT FORGES STRATE | | | |
| rna | 1 | Check this box if the organization discontinued its operations or dispose | | | |
| ye. | | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 23 |
| Ğ | | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 22 |
| တ္ | | Total number of individuals employed in calendar year 2013 (Part V, line 2a) | | 5 | 13 |
| iţie | | Total number of volunteers (estimate if necessary) | | 6 | 0 |
| 햕 | ſ | Total unrelated business revenue from Part VIII, column (C), line 12 | | 7a | 0. |
| ď | 1 | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | 0. |
| | | | | Prior Year | Current Year |
| _ | 8 (| Contributions and grants (Part VIII, line 1h) | | 8,508,578. | 9,592,547. |
| Revenue | 1 | Program service revenue (Part VIII, line 2g) | | 426,260. | 417,660. |
| Š | 1 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | | 38,601. | 27,317. |
| ď | 1 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 0. | 163. |
| | 1 | Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | <u> </u> | 8,973,439. | 10,037,687. |
| | | | | 751,552. | 5,428,110. |
| | 14 6 | Grants and similar amounts palot Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. |
| m | . ـ . ا | Salaries, other compensation, employee penefits (Part IX, column (A), lines 5-10) | | 1,433,324. | 1,659,494. |
| Expenses | 162 6 | Professional furnification of tees (Part IX, Court (A), line 11e) | | 0. | 0. |
| ben | 10a 1 | Fotal fundralsing expenses (Part IX, column (D), line 25) | o. 🗀 | | |
| $\overline{\Sigma}$ | 17 | Other expenses (Part X, column (s), line 23) | " ⊢ | 1,713,964. | 1,638,023. |
| | | otal expenses. Add-lines. 13-17 (must equal Part IX, column (A), line 25) | ├ | 3,898,840. | 8,725,627. |
| | · · | Revenue less expenses. Subtract line 18 from line 12 | <u> </u> | 5,074,599. | 1,312,060. |
| S | 13 1 | revenue less expenses. Subtract line 16 from line 12 | Do. | | |
| Net Assets or Fund Balances | 20 1 | Fotal assets (Part X, line 16) | Бед | inning of Current Year 9,156,189. | End of Year |
| Ass | 21 7 | Total labilities (Part X, line 26) | <u> </u> | 295,997. | 10,745,970. 531,639. |
| E.E. | 22 1 | Net assets or fund balances Subtract line 21 from line 20 | - | 8,860,192. | |
| Ĕ, | art II | Signature Block | I | 0,000,192. | 10,214,331. |
| _ | | ties of perjury_! declare that I have examined this return, including accompanying schedules a | and etatoma | unter and to the best of m | u knowledge and belief it is |
| | | , and complete. Declaration of preparer (other than officer) is based on all information of which | | | y knowledge and belief, it is |
| u uc, | T | A CLOUD COMPLETE CONTROL OF AN INCOMPLETE CONT | ii preparer | 40.40 | W. 11. 701C |
| c: | _ | Signature of officer | _ | Date Date | 000000017 |
| Sign | | CHARLES HENRY, PRESIDENT | | 24.0 | • |
| Her | e | Type or print name and title | | | |
| | | | | ate Check | PTIN |
| Da:- | | Print/Type preparer's name Preparer's grature Preparer's grature | | d | - |
| Paid | | STONE AND SPRING, CPA'S | # 11 | 0 / 3 0 / 1 4 setf-employe | |
| Prep | - | Firm's name STONE AND SPRING, CPA'S | | Firm's EIN | 54-1712517 |
| use | Only | Firm's address 112 ELDEN STREET, SUITE I | | | 2 004 0005 |
| _ | | HERNDON, VA 20170 | | Phone no. 7 0 | 3-904-9027 |
| May | the IR | S discuss this return with the preparer shown above? (see instructions) | | _ | X Yes No |

4e Total program service expenses
332002
10-29-13

Form **990** (2013)

198,335.)

8,205,493.

Other program services (Describe in Schedule O.)

1,010,095. including grants of \$

) (Revenue \$

| Pa | rt IV Checklist of Required Schedules | 1000 |)F | -age • |
|-----|---|-----------|------|------------|
| · | | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | 1.00 | 1 |
| | If "Yes," complete Schedule A | 1 | x | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | T |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | x |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | T |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | | | |
| | Schedule D, Part III | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9_ | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | <u> </u> |
| b | 5 - Section of the total | | ٠, | |
| _ | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | X | ├ |
| C | 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 | 44. | | \ v |
| ď | 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 | 11c | | X |
| • | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | x | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | _21 | х |
| | 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 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | x | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | Х |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | X | ļ |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | İ |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | X | <u> </u> |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | i l | | |
| 47 | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | ,. |
| 10 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 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 | _ | | v |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 18 | | X |
| | complete Schedule G, Part III | 10 | | v |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 19 20a | | X |
| | | | | , 42 |

Form **990** (2013)

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

52-1576808

| Pa | rt IV Checklist of Required Schedules (continued) | 0000 | | age 1 |
|-----|--|------|-----|------------|
| | • | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | Ì |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, | | | |
| | column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | - | | |
| | Schedule J . | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No", go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or | | | |
| | former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, | | | |
| | complete Schedule L, Part II | 26 | | _X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member | | | |
| | of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | _X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | X |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, | | ĺ | |
| | director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | <u> </u> |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? | | | |
| | If "Yes," complete Schedule N, Part I | 31 | | _X_ |
| 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 | | <u> </u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | 77 |
| | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33_ | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | 77 |
| 05- | Part V, line 1 | 34 | | <u>X</u> _ |
| 35a | | 35a | | X |
| D | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| 26 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(a)(3) exemplations. Did the exemplation make any transfer to an exemption of electrical exemplations. | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | v |
| 27 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | <u> </u> |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | v |
| 20 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | <u> </u> |

Form 990 (2013)

Note. All Form 990 filers are required to complete Schedule O

| Form 990 (2 | 013) RESOURCES | 52-1576808 | Page 5 |
|-------------|---|------------|--------|
| Part V | Statements Regarding Other IRS Filings and Tax Compliance | | |
| | | | |

| | Check if Schedule O contains a response or note to any line in this Part V | | | |
|---------|--|------|--------|-------|
| | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | | | |
| b | | ĺ. | | |
| С | | | | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 13 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | X |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| | If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O | 3b | | |
| | 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 | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | ľ | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | ŀ | |
| | to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting | l | | |
| _ | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | _ | | |
| | Did the organization make any taxable distributions under section 4966? | 9a | | |
| ь 10 | Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter | _9b | | |
| | | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | ! | |
| 11 | Section 501(c)(12) organizations. Enter | 1 | | |
| а | Gross income from members or shareholders | - ! | - 1 | |
| | Gross income from other sources (Do not net amounts due or paid to other sources against | | | |
| | amounts due or received from them) | 1 | | |
| I2a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 122 | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note. See the instructions for additional information the organization must report on Schedule O | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | Ì | | |
| С | Enter the amount of reserves on hand | | | |
| 4a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 14b | | |
| | | Form | 990 (2 | 2013) |

332005 10-29-13

COUNCIL ON LIBRARY AND INFORMATION

Form 990 (2013) RESOURCES

<u>52-1576808</u>

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | \mathbf{X} | | | | | | | | |
|--------|--|---------|------------|--------------|--|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | | |
| | | | Yes | No | | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 23 | | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | | | | | | | |
| ь | Enter the number of voting members included in line 1a, above, who are independent 22 | | | | | | | | | | | |
| 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 | | Х | | | | | | | | |
| 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 | | Х | | | | | | | | |
| 4 | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | |
| 6 | Did the organization have members or stockholders? | 6 | <u> </u> | X | | | | | | | | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | | | | | | | | | | | |
| | more members of the governing body? | 7a | | X | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | | | | | | | | | | |
| | persons other than the governing body? | 7b | L | Х | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | |
| а | The governing body? | 8a | X | | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | Х | | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | | |
| | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | X | | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | | |
| | | | Yes | No | | | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | | |
| b | b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | \ . | | | | | | | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X | | | | | | | | | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X_ | | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done | 40- | T. | | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 12c | X | | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 13 | X | | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | 14 | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | х | | | | | | | | | |
| | Other officers or key employees of the organization | 15b | X | | | | | | | | | |
| _ | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | | |
| | taxable entity during the year? | 16a | | х | | | | | | | | |
| ь | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶DC | | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a | vailab | le | | | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply | | | | | | | | | | | |
| | Own website Another's website X Upon request Other (explain in Schedule O) | | | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and | i finan | icial | | | | | | | | | |
| | statements available to the public during the tax year | | | | | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization: | | | | | | | | | | | |
| | THE ORGANIZATION - 202-939-4756 | | | | | | | | | | | |
| | 1707 L STREET NW, STE 650, WASHINGTON, DC 20036 | | | | | | | | | | | |
| 332008 | : 10-29-13 | Form | 990 (| 2013) | | | | | | | | |

RESOURCES

52-1576808

Page 7

Form 990 (2013)

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

Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

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.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

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

| (A) Name and Title | (B) Average hours per week | (do | not c | POSITION t check more than one nless person is both an and a director/trustee) | | | | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|-------------------------------|--|--------------------------------|-----------------------|--|--------------|------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) PAUL COURANT | 2.00 | | | | | | | | | |
| DIRECTOR | 2 00 | X | | Н | | <u> </u> | | 0. | 0. | 0. |
| (2) KURT DE BELDER | 2.00 | ļ., | | | | | | _ | | • |
| DIRECTOR | 2 00 | X | | | <u> </u> | | | 0. | 0. | 0. |
| (3) MARK DIMUNATION | 2.00 | x | | | | | | | • | ^ |
| DIRECTOR | 2.00 | ^ | \vdash | - | | - | | 0. | 0. | <u> </u> |
| (4) DARBY ENGLISH | 2.00 | x | | | | | | 0. | 0. | ^ |
| DIRECTOR | 2.00 | ^ | \vdash | | | | | <u> </u> | U • | 0. |
| (5) KATHLEEN FITZPATRICK | 2.00 | x | | | | | | 0. | 0. | 0. |
| DIRECTOR (6) EMILIE GORDENKER | 2.00 | ^ | | | | | | 0. | <u> </u> | |
| , , , | 2.00 | X | | | | | | 0. | 0. | 0. |
| DIRECTOR (7) JAMES HILTON | 2.00 | | _ | | _ | | | | | <u> </u> |
| DIRECTOR | 2.00 | X | | | | | | 0. | 0. | 0. |
| (8) MICHAEL KELLER | 2.00 | | | | | | | | | |
| DIRECTOR | 2100 | x | | | | | | 0. | 0. | 0. |
| (9) ANNE KENNEY | 2.00 | | | | | | | | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (10) W. JOSEPH KING | 2.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (11) MAX MARMOR | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (12) STEPHEN RHIND-TUTT | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (13) WINSTON TABB | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (14) JOHN C VAUGHN | 2.00 | | | i | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (15) LESLIE WEIR | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (16) DANIEL WEISS | 2.00 | | | | | | | | | |
| DIRECTOR | | X | | | | _ | | 0. | 0. | 0. |
| (17) GENE WIEMERS | 2.00 | | | | | | | _ | _ | _ |
| DIRECTOR | 1 | X | | | | | | 0. | 0. | 0. |
| 332007 10-29-13 | | | | | | | | | | Form 990 (2013) |

| Form 990 (2013) RESOURCE | | AK: | X A | HIVLE | . ر | TN. | FO. | RMATION | 52-15 | 768 | 208 | Р | age 8 |
|--|--|--------------------------------|-----------------------|---------|-----------------------------|------------------------------|--------------|--|---|----------|-------------|---|-------------------|
| Part VII Section A. Officers, Directors, Trus | | nlov | ees | an | d Hi | ighe | st (| Compensated Employe | | 700 | 00 | | age v |
| · (A) Name and title | (B) Average hours per week | (do | not c | | C) ItIOn more rson | i than | one th an | (D) Reportable | (E) Reportable compensation from related | | am | (F) timate nount other | of |
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC | | orga and | oensa om th anizat I relat nizati | ie tion ted |
| (18) CHARLES HENRY | 40.00 | ļ | | | | | | - | | | | | |
| PRESIDENT | | | _ | X | | | | 249,828. | 1 | 0. | 3' | 7,4 | 74. |
| (19) DAN COHEN | 2.00 | | | | | | | | | | | | |
| EXECUTIVE DIRECTOR | ļ <u> </u> | | | X | | <u> </u> | <u> </u> | 0. | 7 | 0. | | | 0. |
| (20) DAVID GIFT | 2.00 | | | | | | Ì | | | | | | |
| TREASURER | | | | Х | | | | 0. | | 0. | | | 0. |
| (21) HERMAN PABBRUWE | 2.00 | | | | | | | | | ļ | | | |
| CHIEF EXECUTIVE OFFICER | | | <u> </u> | X | | ļ | ļ | 0. | | 0. | | | 0. |
| (22) DAVID RUMSEY | 2.00 | | | | | | | | | | | | |
| VICE CHAIR | | | | X | | <u> </u> | | 0. | | 0. | | | 0. |
| (23) KARIN WITTENBORG | 2.00 | | | | | | | | | | | | |
| SECRETARY | | <u> </u> | | Х | | ļ | | 0. | | 0. | | | 0. |
| (24) RACHEL FRICK | 40.00 | | | | | | | | | | | | |
| DIRECTOR-DIGITAL LIBRARY FEDERATION | | | _ | | | Х | | 136,344. | .! | 0. | 20 |),4 | <u>52.</u> |
| (25) SHARON IVY-WEISS | 40.00 | | | | | | | 1 404 4-0 | | _ | | _ | |
| CHIEF OPERATING OFFICER | 1000 | _ | | | | X | | 126,170. | | 0. | 18 | 3,7 | 50. |
| (26) KATHLIN SMITH | 40.00 | | | | | | | 100 015 | | | | | |
| DIRECTOR OF COMMUNICATIONS | | L | l | | | X | <u> </u> | 109,017. | | 0. | | | <u>52.</u> |
| 1b Sub-total | | | | | | | | 621,359. | | 0. | | | <u>28.</u> |
| c Total from continuation sheets to Part V | II, Section A | | | | | • | | 103,154. | | 0. | | | <u>73.</u> |
| d Total (add lines 1b and 1c) | | | | | | | | 724,513. | | 0. | 108 | 5,5 | <u>u.</u> |
| 2 Total number of individuals (including but r | iot ilmitea to th | ose | uste | ed ar | oove | e) wr | no re | eceived more than \$100 | ,000 of reportable | | | | _ |
| compensation from the organization | | | | | | | | <u> </u> | | | т. | Yes | No |
| O Duddha arramatan hat any C afficient | d | | | | • - | | | h .h | • | Г | | res | NO |
| 3 Did the organization list any former officer, | | istee | е, ке | y en | npio | yee, | , or | nignest compensated e | mpioyee on | | | | 17 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | لئم اد | h | uba a | \vdash | 3 | | X |
| 4 For any individual listed on line 1a, is the si and related organizations greater than \$15 | · · | | • | | | | | • | ine organization | | | x | |
| 5 Did any person listed on line 1a receive or a | | | | | | | | | dual for convoce | \vdash | 4 | ^ | |
| rendered to the organization? If "Yes," com | | | | | - | | Cial | ed organization or indivi | dual for services | | 5 | | х |
| Section B. Independent Contractors | piece ochedan | <u> </u> | 0, 30 | 1011 | <i>3</i> 073 | | | | | | <u> </u> | | |
| Complete this table for your five highest co | mpensated inc | dene | nde | nt c | ontr | acto | ors t | hat received more than | \$100,000 of comp | ensat | ion fr | om. | |
| the organization. Report compensation for | | | | | | | | | • | JJu. | | | |
| (A) | | | | | | | | (B) | | | (C) |) | |
| Name and business | address | NC | NE | C | | | | Description of s | ervices | Coi | mpen | | n |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | \perp | | | | | | |
| | | | | | | | | | | | | | |
| | _ | | | | | | _ | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | \dashv | | | | _ | | |
| | | | | | | | | | | | | | |

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2013)

332008 10-29-13

52-1576808

| Part VII Section A. Officers, Director | rs. Trustees. Kev E | | ovee | s. a | nd F | | est | Compensated Employ | ees (continued) | 0000 |
|--|---|--------------------------------|-----------------------|---------|--------------|------------------------------|--------|--|--|---|
| ' (A) Name and title | (B) Average hours | | | Pos | C) rtion | 1 | | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| 27) ALICE BISHOP | 40.00 | - | | | | v | | 102 154 | 0 | 15 473 |
| PECIAL PROJECTS ASSOCIATE | | ┢ | - | | | X | | 103,154. | 0. | 15,473 |
| | | 1_ | <u> </u> | | | | | | | |
| | | - | | | | | | | | |
| *** | | - | H | | | ┢ | _ | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | ļ_ | | | | | | | | |
| | | † | | | | | | | | |
| | | İ | | | | | | - | | |
| | | - | | | | | _ | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | - | | | - | - | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| | | - | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | \vdash | | | | | | - | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | - | | |
| | | ļ | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | _ | | | - | | | | |
| | | L | | | | | | | | |
| otal to Part VII, Section A, line 1c | | | | | | | | 103,154. | | 15,47 |
| nai to i art vii, Section A, line 10 | · · · · · · · · · · · · · · · · · · · | | | • | | | | | | <u></u> |

Form 990 (2013) RESOURCES
Part VIII Statement of Revenue

| | ٠ | Check if Schedule O con | tains a respons | e or note to any line | e in this Part VIII | | | |
|--|------------|---|-----------------|-----------------------|----------------------|--|---|--|
| | | | • | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512 - 514 |
| nts Tts | 1 a | Federated campaigns | 1a | | | | | |
| e a | b | Membership dues | 1b | 1,010,840, | | | | |
| S, C | С | Fundraising events | 1c | V | | | | |
| a di | d | Related organizations | . 1d | | | İ | | |
| ă,E | е | Government grants (contribut | tions) 1e | | | | | |
| r Si | f | All other contributions, gifts, gran | nts, and | | | | | |
| 를 | | similar amounts not included abo | ove 1f | 8,581,707, | | | | |
| 퉏읾 | g | Noncash contributions included in lines | s 1a-1f \$ | | | | | |
| Contributions, Giffs, Grants and Other Similar Amounts | _ | Total, Add lines 1a-1f | | | 9 592 547 | | | |
| | | | | Business Code | | | | |
| 8 | 2 a | PUBLICATION SALES | | 900099 | 789. | 789. | | |
| <u>ē</u> <u>₹</u> | b | | | | | | | |
| Program Service Revenue | С | ••• | | | | | | |
| e a | đ | | | | | | | |
| §π | е | | | | | | | |
| <u>-</u> | f | All other program service reve | enue | 900099 | 416 871 | 416 871 | | |
| | <u>_</u> g | Total. Add lines 2a-2f | | | 417,660 | | | |
| | 3 | Investment income (including | dıvıdends, ınte | rest, and | | | | |
| 1 | | other similar amounts) | | > _ | 39,383. | | | 39,383. |
| | 4 | Income from investment of ta | x-exempt bond | proceeds - | | | | |
| i | 5 | Royalties . | | <u>.</u> | 163, | | | 163. |
| | | | (i) Real | (ii) Personal | | | | • |
| | 6 a | Gross rents | | | | | | |
| | b | Less: rental expenses | | | | | | |
| | С | Rental income or (loss) | | | | | | |
| | đ | Net rental income or (loss) | | | | | | |
| | 7 a | Gross amount from sales of | (i) Securities | (ii) Other | | İ | | |
| | | assets other than inventory | <12,390 | 324. | | | | |
| | b | Less: cost or other basis | | | | | | |
| | | and sales expenses | | 0.4 | | · | | |
| | | Gain or (loss) | <12,390 | 324. | | | | |
| | | Net gain or (loss) | | | <12,066. | · | | <12,066. |
| e l | 8 a | Gross income from fundraisin | - | | İ | | | |
| | | including \$ | | | | | | |
| è | | contributions reported on line | 1c) See | | | | | |
| Other Reven | | Part IV, line 18 | | • | | j | | |
| 8 | | Less. direct expenses | | · | | | | |
| | | Net income or (loss) from fund | - | | | | | |
| | 9 a | Gross income from gaming ac | | | İ | ł | | |
| | | Part IV, line 19 | | ³ | | | | |
| | | Less direct expenses | - | · | | | | |
| . ا | | Net income or (loss) from gam | - | P | | | | |
| י ן | o a | Gross sales of inventory, less | | i | | | | |
| | | and allowances | | P | | İ | | |
| | | Less: cost of goods sold | | | İ | | | |
| }- | <u> </u> | Net income or (loss) from sale | | | | | | |
| - | 4 - | Miscellaneous Revenu | | Business Code | | | | |
| 1 | 1 a | | | | | _ | | |
| | b | - | | | | | | |
| | С | All other revenue | | | | | | |
| | | | | | | 1 | | 1 |
| | _ | All other revenue | • • | | | | | |
| | e | Total. Add lines 11a-11d Total revenue See instructions. | • • | | 10,037,687, | 417 660 | 0. | 27 480 |

Form 990 (2013) RESOURCES
Part IX Statement of Functional Expenses

| Do | Check if Schedule O contains a respon not include amounts reported on lines 6b. | (A) T | (B) | (C) | (D) |
|----|--|----------------|------------------------------------|-------------------------------------|-------------------------|
| | 8b, 9b, and 10b of Part VIII. | Total expenses | (B) Program service expenses | (C) Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the United States. See Part IV, line 21 | 3,950,300. | 3,950,300. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States See Part IV, line 22 | 1,477,810. | 1,477,810. | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | <u></u> | | | |
| 5 | Compensation of current officers, directors, | 240 020 | 222 402 | 26 227 | |
| _ | trustees, and key employees | 249,829. | 223,492. | 26,337. | |
| 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 | 1,042,789. | 925,350. | 117,439. | |
| 8 | Pension plan accruals and contributions (include | 1,042,703. | 923,330. | 111,433. | |
| 0 | section 401(k) and 403(b) employer contributions) | 158,441. | 140,597. | 17,844. | |
| 9 | Other employee benefits | 120,635. | 107,049. | 13,586. | |
| 10 | Payroll taxes | 87,800. | 77,912. | 9,888. | |
| 11 | Fees for services (non-employees) | 07,0001 | 7775226 | 3,000. | |
| | Management | | | | |
| b | Legal | 2,321. | | 2,321. | |
| c | Accounting | 37,774. | | 37,774. | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other (If line 11g amount exceeds 10% of line 25, | | | | |
| | column (A) amount, list line 11g expenses on Sch O.) | 202,781. | 202,781. | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | <u> </u> |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | i | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | - | | |
| 20 | Interest | | - | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance Charge expanses not severed | | - | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| а | TRAVEL AND MEETINGS | 932,621. | 868,942. | 63,679. | |
| | OFFICE OPERATIONS | 281,561. | 33,785. | 247,776. | |
| | COMMUNICATIONS | 108,382. | 64,206. | 44,176. | |
| | GRANTS RETURNED | 45,407. | 45,407. | | |
| | All other expenses | 27,176. | 87,862. | <60,686.> | |
| 25 | Total functional expenses Add lines 1 through 24e | 8,725,627. | 8,205,493. | 520,134. | 0 |
| 26 | Joint costs. Complete this line only if the organization | | | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | <u> </u> |

| Form 990 (2013) Part X Balance | RESOURCES | | 52-1576808 Pag | <u>e 11</u> |
|--------------------------------|---|----------|----------------|-------------|
| | hedule O contains a response or note to any line in thi | s Part X | | |
| | | (A) | (D) | |

| Part. | | Check if Schedule O contains a response or note to any line in this Part X | | | |
|--|----|--|-------------------|----------|---------------------|
| | | | (A) | | (B) |
| | | | Beginning of year | <u> </u> | End of year |
| | 1 | Cash · non-interest-bearing | 7,030,039. | 1 | 8,322,215. |
| ľ | 2 | Savings and temporary cash investments | | 2 | |
| | 3 | Pledges and grants receivable, net | | 3 | |
| - ' | 4 | Accounts receivable, net | 47,826. | 4 | 33,111 |
| - 1 - | 5 | Loans and other receivables from current and former officers, directors, | | | |
| | | trustees, key employees, and highest compensated employees Complete | | | |
| | | Part II of Schedule L | | 5 | |
| ' | 6 | Loans and other receivables from other disqualified persons (as defined unc | | | |
| | | section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contribu | rting | | |
| | | employers and sponsoring organizations of section 501(c)(9) voluntary | | | |
| 913 | | employees' beneficiary organizations (see instr) Complete Part II of Sch L | | 6 | |
| Assets | 7 | Notes and loans receivable, net | | 7 | |
| ~ 1 | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 78,129. | 9 | 43,383 |
| 10 | 0a | Land, buildings, and equipment: cost or other | | | |
| | | basis Complete Part VI of Schedule D 10a 95,61 | | | |
| | b | Less: accumulated depreciation 10b 64,73 | <u> 20,503.</u> | 10c | 30,878. |
| 1 | 1 | Investments - publicly traded securities . | | 11 | |
| 12 | 2 | Investments - other securities. See Part IV, line 11 | 1,949,777. | 12 | 2,284,048 |
| 1: | 3 | Investments - program-related See Part IV, line 11 | | 13 | |
| 14 | 4 | Intangible assets | | 14 | |
| 15 | 5 | Other assets. See Part IV, line 11 | 29,915. | 15 | 32,335 |
| 16 | 6 | Total assets. Add lines 1 through 15 (must equal line 34) | 9,156,189. | 16 | 10,745,970 |
| 17 | 7 | Accounts payable and accrued expenses | 295,997. | 17 | 51 4 ,673 |
| 18 | 8 | Grants payable | | 18 | |
| 19 | 9 | Deferred revenue . | | 19 | |
| 20 | 0 | Tax-exempt bond liabilities | | 20 | |
| 2 | 1 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| ဖွ 22 | 2 | Loans and other payables to current and former officers, directors, trustees | , | | |
| | | key employees, highest compensated employees, and disqualified persons. | | | |
| | | Complete Part II of Schedule L | <u> </u> | 22 | |
| 23 | 3 | Secured mortgages and notes payable to unrelated third parties | | 23 | 16,966. |
| 24 | 4 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | 5 | Other liabilities (including federal income tax, payables to related third | į | | |
| i | | parties, and other liabilities not included on lines 17-24) Complete Part X of | | | |
| | | Schedule D | | 25 | |
| 26 | 6 | Total liabilities, Add lines 17 through 25 | 295,997. | 26 | <u>531,639.</u> |
| l | | Organizations that follow SFAS 117 (ASC 958), check here | nd | | |
| 27 28 29 30 31 32 32 33 32 33 32 33 32 33 32 33 32 33 32 33 33 | | complete lines 27 through 29, and lines 33 and 34. | | | |
| j 27 | | Unrestricted net assets . | 208,644. | 27 | 342,543. |
| 5 28 | | Temporanly restricted net assets | 8,651,548. | 28 | 9,871,788. |
| 29 | | Permanently restricted net assets | _ | 29 | |
|]] | | Organizations that do not follow SFAS 117 (ASC 958), check here | - | | |
| 5 | | and complete lines 30 through 34. | | | |
| 30 | | Capital stock or trust principal, or current funds | | 30 | |
| į 31 | | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 32 | | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | | Total net assets or fund balances | 8,860,192. | 33 | 10,214,331. |
| 34 | 4 | Total liabilities and net assets/fund balances | 9,156,189. | 34 | <u> 10,745,970.</u> |

Form **990** (2013)

If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

review, or compilation of its financial statements and selection of an independent accountant?

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

| Form | 990 | (201 | 3 |
|------|-----|------|---|
| | | | |

X 2c

34,975.

7,104.

 \mathbf{x}

No

X

Х

Yes

2a

2b X

За

3h

consolidated basis, or both X Separate basis

Act and OMB Circular A-133?

SCHEDULE A (Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

Employer identification number 52-1576808

| | | MESCOK(| -E3 | | | | | | | <u> </u> | <u>, , , , , , , , , , , , , , , , , , , </u> |) |
|------------|---|---------------------------------------|--|---|-------------|--------------|---------------------|---|--------------|----------------------------------|---|-------------|
| Part I | Reason | for Public Cha | rity Status (All organia | zations mu | ist comple | te this par | t.) See ins | tructions | | | | _ |
| The org | anızatıon ıs not | a private foundation | because it is (For lines | 1 through | 11, check | only one I | oox) | | | | | |
| 1 | A church, co | onvention of churche | es, or association of chui | rches desc | nbed in se | ction 170 | Xb)(1)(A)(i | 1). | | | | |
| 2 | 7 | | 70(b)(1)(A)(ii). (Attach Sc | | | | · (~)(·)(· ·)(· | , | | | | |
| 3 | _ | | ortal service organization | | | 170/hV/1 | ζΑViii\ | | | | | |
| 4 | _ | | operated in conjunction | | | | | V6V4VAV | ii\ Entor | the beents | l'e nor | 7 0 |
| - L | city, and sta | | operated in conjunction | WILLIATIOS | spital desc | IIDEU III SE | cuon 170 | אָטאָן ו אָנאאָןוּ | ii). Eritei | the hospita | .i S Hai | HE, |
| | _ ′ | | baseft of a sellens of a | | | | | | A -1 1 | 1 . 1 | | |
| 5 L | | | benefit of a college or u | niversity o | whea or o | perated by | a govern | mentai un | it descri | bea in | | |
| _ | _ |)(b)(1)(A)(iv). (Comp | · · | | | | | | | | | |
| 6 📙 | _ | | nent or governmental uni | | | | | | | | | |
| 7 LX | | tion that normally re- | ceives a substantial part | of its supp | ort from a | governme | ental unit d | or from the | e general | l public desc | cnbed | ın |
| | section 170 | (b)(1)(A)(vi). (Compl | ete Part II.) | | | | | | | | | |
| 8 🖳 | | y 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 | | | | | | | | | | | |
| | | 509(a)(2). (Complet | • | | • | | • | , , | | | ., | - |
| 10 🗀 | - 7 | | perated exclusively to te | st for publ | ıc safetv S | See sectio | n 509(a)(| 4). | | | | |
| 11 🗀 | 7 | | perated exclusively for the | | - | | | - | v out the | e numoses (| of one | Or |
| | | | ations described in secti | | | | | | - | | | 0, |
| | | | organization and compl | | | | -). Occ 3c . | CIIOII 505(| a)(O). O | icck tric box | · tilat | |
| | a Type | · · · · · · · · · · · · · · · · · · · | · • — · | ype III - Fu | • | | 1 2 | а 🗀 Тур | o III. Na | on-functiona | llu into | aratad |
| _ | _ | | • • | | • | • | | | | | • | • |
| e | | | at the organization is not | | | | | | | - | | |
| | | | than one or more publicly | | | | | | 9(a)(1) or | r section 509 | ∃(a)(2). | |
| f | | | tten determination from t | the IRS tha | atitisa ly | pe I, Type | II, or Type | e III | | | | |
| | | rganization, check t | | • | | | | | | | | L |
| g | Since Augus | t 17, 2006, has the | organization accepted ar | ny gift or c | ontribution | from any | of the foll | owing per | sons? | | | |
| | (i) A perso | n who directly or inc | directly controls, either al | lone or tog | ether with | persons o | described | ın (ii) and (| į̃ii) below | /, | Yes | No |
| | the gov | eming body of the s | upported organization? | | | | | | | 11g(i) | <u> </u> | |
| | (ii) A famıly | member of a perso | n described in (i) above? |) | | | | | | 11g(ii) | | |
| | (iii) A 35% | controlled entity of a | a person described in (i) o | or (ii) above | e? | | | | | 11g(iii) | | T |
| h | Provide the f | ollowing information | about the supported or | ganization | (s) | | | | | | | |
| | | • | ,, | | . , | | | | | | | |
| /i\ Man | ne of supported | (ii) EIN | (iii) Tuno of organization | (iv) Is the o | rnanization | (v) Did vo | u notify the | (vi) Is | the | 4 .:: \ | | |
| • • | ganization | (ii) EIN | (iii) Type of organization (described on lines 1-9 | (iv) Is the organization in col. (i) listed in your | | | | (vi) Is the organization in col. (i) organized in the | | (vii) Amount of monetary support | | netary |
| 01 | gamzation | | above or IRC section | | document? | | r support? | U.S | .? | յ Տար | port | |
| | | | (see instructions)) | Yes | No | Yes | No | Yes | No | } | | |
| | | | | 103 | 110 | 103 | 140 | 103 | 140 | | | |
| | | | | | | | | | | | | |
| | | | | <u> </u> | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | ļ | | | | |
| | | | | | | | ļ | | | | | |
| | | | | | | | | ļ | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | <u> </u> | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| - | | | | | | | | | | | | |
| otal | | | | | | | | | | | | |
| | | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

Schedule A (Form 990 or 990-EZ) 2013 RESOURCES

52-1576808 Page 2

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)

| Se | ction A. Public Support | | | <u> </u> | | | |
|-------------|---|-----------------------|----------------------|---------------------------|---------------------|--------------------|-------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| | Gifts, grants, contributions, and | (-/, | (4) | (0) = 0 | (4) | 197-3-3 | 1.7 |
| • | membership fees received (Do not | | | | | | |
| | include any "unusual grants.") | 2784037. | 3074755. | 4042279. | 8508578. | 9592547. | 28002196. |
| 2 | Tax revenues levied for the organ- | | | | · · · · · · | | |
| | ization'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 | | | | 1 | | |
| 4 | Total. Add lines 1 through 3 | 2784037. | 3074755. | 4042279. | 8508578. | 9592547. | 28002196. |
| 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) | į | | | | | 20279211. |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 7722985. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🖊 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 2784037. | 3074755. | 4042279. | <u>8508578.</u> | 9592547. | 28002196. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 47,213. | 17,660. | 24,999. | 38,601. | 26,990. | 155,463. |
| 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.) | 942. | | 366,782. | 426,260. | | 1212131. |
| 11 | Total support. Add lines 7 through 10 | | | | | | <u> 29369790.</u> |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | Į | 12 | |
| 13 | First five years. If the Form 990 is for | the organization's | first, second, third | d, fourth, or fifth ta | x year as a sectioi | n 501(c)(3) | |
| <u> </u> | organization, check this box and stop | | | | | | |
| | ction C. Computation of Publi | | . | | | , | 06.00 |
| | Public support percentage for 2013 (li | | • | olumn (f)) | | 14 | <u>26.30 %</u> |
| | Public support percentage from 2012 | | • | | . [| 15 | <u>27.99 %</u> |
| 16a | 33 1/3% support test - 2013. If the o | - | | line 13, and line 1 | 14 is 33 1/3% or m | ore, check this bo | x and |
| | stop here. The organization qualifies a | | | 10 10 | 1 45 - 00 4 50/ | | |
| D | 33 1/3% support test - 2012. If the o | | | | ine 15 is 33 1/3% | or more, check th | IS DOX |
| 47- | and stop here. The organization quali | • | • • | | 10 10 10h | | ▶∟ |
| 1/ a | 10% -facts-and-circumstances test | | | | | | |
| | and if the organization meets the "fact | | • | | · | τ iv now the organ | |
| | meets the "facts-and-circumstances" | • | | | • | 7 | ▶ X |
| D | 10% -facts-and-circumstances test | | | | | | |
| | more, and if the organization meets the | | | | • | | ▶ ┌── |
| 10 | organization meets the "facts-and-circ | | - | | | | |
| 10 | Private foundation. If the organization | TOTAL HOL CHECK & C | JOA OITHINE TO, TOO | <u>, 100, 178, 01 170</u> | | dule A (Form 990 | |

Schedule A (Form 990 or 990 EZ) 2013 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 |
|---|-----------------------|
| gualify under the tests listed below, places complete Dort II.) | |

| Section A. Public Support | low, please con | piete r art ii j | | | | |
|--|---|--|--|----------------------|--|---------------|
| Calendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 Gifts, grants, contributions, and | | | | 1 | | |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the | | İ | | | | |
| organization's tax-exempt purpose | | - | | + | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ızatıon's benefit and either paid to | | | |] | | |
| or expended on its behalf | | | <u></u> | | | |
| 5 The value of services or facilities | | | | | | - |
| furnished by a governmental unit to | | ĺ | | | | |
| the organization without charge | | | | | | |
| 6 Total, Add lines 1 through 5 | | | | | 1 | |
| 7a Amounts included on lines 1, 2, and | | - | | | | |
| 3 received from disqualified persons | | | | ŀ | | |
| 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 | | <u> </u> | | | | |
| c Add lines 7a and 7b | | | | ļ | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |
| Section B. Total Support | | | | ·- | , | |
| Calendar year (or fiscal year beginning in) ► 🔼 | (a) 2009 | _(b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, | | 1 | İ | | | |
| dividends, payments received on securities loans, rents, royalties | | | | | | |
| and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | |
| c Add lines 10a and 10b 11 Net income from unrelated business | | | _ | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital | | | | | | |
| assets (Explain in Part IV) | | | | <u> </u> | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | | | | | | |
| 14 First five years. If the Form 990 is for the | ne organization | s first, second, thir | d, fourth, or fifth t | ax year as a section | on 501(c)(3) organiz | ation, |
| check this box and stop here | | | | - | _ | ▶□ |
| Section C. Computation of Public | Support Pe | ercentage | | | | |
| 15 Public support percentage for 2013 (lin- | e 8, column (f) d | livided by line 13, o | column (f)) | | 15 | 9 |
| 16 Public support percentage from 2012 S | • | | | | 16 | 9 |
| Section D. Computation of Invest | | | | | | |
| 17 Investment income percentage for 2013 | | | ne 13, column (fl) | | 17 | 9 |
| 18 Investment income percentage from 20 | | | · - · - · · - · · · · · · · · · · · · · | | 18 | |
| 19a 33 1/3% support tests - 2013. If the o | | | on line 14, and line | e 15 is more than : | | |
| more than 33 1/3%, check this box and | | | | | | 7 IS 1101. |
| b 33 1/3% support tests - 2012. If the or | | - | • | - · · · - | | |
| | | | | | | u |
| line 18 is not more than 33 1/3%, check | | | | | | |
| 20 Private foundation. If the organization | uid fiot check a | 00x on line 14, 19 | a, OF 190, CRECK th | _ | | P |
| 32023 09-25-13 | | | | Sch | edule A (Form 990 | or 990-EZ) 20 |

COUNCIL ON LIBRARY AND INFORMATION

Schedule A (Form 990 or 990-EZ) 2013 RESOURCES

52-1576808 Page 4

Part IV Supplemental Information. 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)

PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:

EXPLANATION: THE COUNCIL IS ORGANIZED AND OPERATED SO AS TO ATTRACT

ADDITIONAL PUBLIC SUPPORT ON A CONTINUOUS BASIS. THE COUNCIL HAS RECEIVED SUBSTANTIAL ANNUAL FUNDING FROM PUBLIC CHARITIES AND GOVERNMENTAL UNITS

DURING THE MEASUREMENT PERIODS ENDING JUNE 30, 2011-2014. FOR THE LAST FIVE YEARS IT HAS RECEIVED FINANCIAL AND OTHER SUPPORT FROM OVER 270 PUBLIC AND PRIVATE UNIVERSITIES, COLLEGES AND LIBRARIES AS ONGOING

"SPONSOR" INSTITUTIONS TO THE COUNCIL. THE COUNCIL'S DLF PROGRAM HAS MORE THAN 70 MEMBER UNIVERSITIES AND LIBRARIES WHO PAY ANNUAL MEMBERSHIP DUES FOR THIS PROGRAM. THE COUNCIL EXPECTS TO RECEIVE CONTINUING SUPPORT AT HISTORIC LEVELS AS THE COUNCIL ADDS NEW CANADIAN AND EUROPEAN SPONSORS.

ADDITIONALLY, ITS NEW AND EMERGING PROGRAMS, INCLUDING THE DIGITAL LIBRARY FEDERATION, ANVIL PUBLISHING (A DIGITAL PUBLISHING PROJECT), THE COMMITTEE ON COHERENCE ON SCALE (A PROJECT FOR AN INTEGRATED, DIGITAL ENVIRONMENT FOR HIGHER EDUCATION) WILL ATTRACT ADDITIONAL PUBLIC SUPPORT DURING THE

THE COUNCIL IS IN THE NATURE OF A PUBLICLY SUPPORTED ORGANIZATION UNDER
THE FACTORS DESCRIBED IN THE TREASURY REGULATIONS 1.170A-9. THE COUNCIL
RECEIVES SUPPORT FROM A REPRESENTATIVE NUMBER OF PERSONS. THE COUNCIL'S
SUPPORT SOURCES DURING 2006 THROUGH 2013 INCLUDED CONTRIBUTIONS FROM A
RANGE OF PUBLIC CHARITIES. AS NOTED IN THE ABOVE PARAGRAPH, THE COUNCIL
HAS OVER 270 "SPONSORS" CONSISTING OF UNIVERSITIES, COLLEGES AND RELATED
LIBRARIES. IN THE CURRENT YEAR, THE COUNCIL RECEIVED SUPPORT FROM ONLY
TWO NON-PUBLIC CHARITY DONORS THAT EXCEED THE 2% LIMITATION.

THE COUNCIL HAS A REPRESENTATIVE GOVERNING BODY COMPRISED OF PERSONS

HAVING SPECIAL KNOWLEDGE OR EXPERTISE IN ITS PARTICULAR FIELD IN WHICH IT

32024 09-25-13 Schedule A (Form 990 or 990-EZ) 2013

GRANT PERIOD.

Part IV Supplemental Information. 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)

OF LIBRARIANS AT NATIONAL UNIVERSITIES, UNIVERSITY PROFESSORS, AND SENIOR

ADMINISTRATORS WHO HAVE SPECIAL KNOWLEDGE AND EXPERTISE OF LIBRARY

ADMINISTRATION. THE COUNCIL'S BYLAWS PROVIDE THAT THE BOARD SHALL INCLUDE

A REPRESENTATIVE OF THE ASSOCIATION OF AMERICAN UNIVERSITIES AND A

REPRESENTATIVE OF THE LIBRARY OF CONGRESS.

ADDITIONAL EVIDENCE OF THE COUNCIL'S PUBLIC SUPPORT IS THE COUNCIL

REGULARLY PUBLISHES SCHOLARLY STUDIES, E-BULLETINS, REPORTS AND WHITE

PAPERS THAT ARE WIDELY USED BY COLLEGES AND UNIVERSITIES.

ADDITIONALLY, THE COUNCIL MAINTAINS A DEFINITIVE PROGRAM TO ACCOMPLISH ITS

CHARITABLE WORK IN THE COMMUNITY. THE COUNCIL'S PROGRAMS CONSIST OF

NUMEROUS, ONGOING PROGRAMS WHICH ARE DESCRIBED IN THE COUNCIL'S ANNUAL

REPORT INCLUDE THE FOLLOWING:

DIGITAL LIBRARY FEDERATION PROGRAM, STUDY AND WORKSHOP ON LINKED DATA,

ARL/DLF E-SCIENCE INSTITUTE, COUNCIL'S HIDDEN COLLECTIONS PROGRAM,

BUILDING DATA DURATION PROGRAM AND THE NEXT SCHOLAR.

FINALLY, THE SOLICITATION FOR THE DUES-PAYING MEMBERS IS DESIGNED TO

ENROLL A SUBSTANTIAL NUMBER OF PERSONS IN A PARTICULAR PROFESSION OR FIELD

OF SPECIAL INTEREST. ALTHOUGH THE COUNCIL IS NOT A MEMBERSHIP

ORGANIZATION UNDER STATE LAW, IT DOES HAVE A SPONSORSHIP PROGRAM PURSUANT

TO WHICH MORE THAN 270 UNIVERSITY AND LIBRARY SPONSORS MAKE ANNUAL

CONTRIBUTIONS TO SUPPORT THE COUNCIL'S PROGRAMS AND RECEIVE INFORMATION

REPORTS. THE COUNCIL'S DIGITAL LIBRARY FEDERATION PROGRAM (DLF) ALSO HAS

OVER 70 MEMBERS PAYING AN ANNUAL MEMBERSHIP FEE TO PARTICIPATE IN THE

VARIOUS DLF EDUCATIONAL ACTIVITIES.

332024 09-25-13

Schedule A (Form 990 or 990-EZ) 2013

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

Employer identification number 52-1576808

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 3 Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2013

COUNCIL ON LIBRARY AND INFORMATION

| | dule D (Form 990) 2013 RESOURC | | | | | | | | | <u>57680</u> | | |
|--------------|---|-----------------------------------|-------------|----------------------|-----------------------------------|------------|---------|-----------------|-----------|-----------------|--------------|--------------|
| Pa | t III Organizations Maintaining C | ollections of A | rt, His | storical Tr | easures, | or Oth | er S | | | | | |
| 3 | Using the organization's acquisition, accessi | on, and other record | ds, che | ck any of the | following that | at are a | signif | icant (| use of it | s collection | n iten | ns |
| | (check all that apply) | | | | | | | | | | | |
| а | Public exhibition | c | ı 🗆 | Loan or exc | hange progr | ams | | | | | | |
| b | Scholarly research | e | , \square | Other | | | | | | _ | | |
| С | Preservation for future generations | | | | | | | | | | | |
| 4 | Provide a description of the organization's co | ollections and explai | n how t | they further t | he organizat | ion's exe | empt | purpo | se in P | art XIII. | | |
| 5 | During the year, did the organization solicit o | | | | | | | | | | | |
| | to be sold to raise funds rather than to be ma | aintained as part of | the org | anization's co | ollection? | | | | | Yes | | No |
| Pai | t IV Escrow and Custodial Arran | gements. Comple | ete if th | e organizatio | n answered | "Yes" to | For | n 990 | , Part IV | /, line 9, or | | |
| | reported an amount on Form 990, Par | rt X, line 21 | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodi | an or other intermed | diary fo | r contribution | ns or other as | ssets no | t incli | uded | _ | | | _ |
| | on Form 990, Part X? | | | | | | | | | Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII | and complete the fo | llowing | table | | | _ | | | | | |
| | | | | | | | L | | | Amoun | t | |
| С | Beginning balance | | | | | | L | 1c | | | | |
| d | Additions during the year | | | | | | L | 1d | | | | |
| е | Distributions during the year . | | | | | | L | 1e | | | | |
| f | Ending balance | | | | | | | | | | | |
| | a Did the organization include an amount on Form 990, Part X, line 21? | | | | | | | | | | | |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | | | |
| Par | t V Endowment Funds. Complete r | f the organization ar | swered | d "Yes" to Fo | 1 | | | | | | | |
| | (a) Current year (b) Prior year (c) Two years back (d) Thr | | | | | | | hree y | ears bac | k (e) Fou | r years | back |
| 1a | a Beginning of year balance | | | | | | | | | | | |
| Ь | Contributions Contributions | | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | _ | | |
| ď | Grants or scholarships | | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | | |
| | and programs | | | | | | | | | <u> </u> | | |
| f | Administrative expenses . | | | | | | ļ | | | _ | | |
| g | End of year balance | | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | rent year end baland | e (line ' | 1g, column (a | a)) held as [.] | | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | | |
| b | Permanent endowment > | % | | | | | | | | | | |
| С | Temporarily restricted endowment ▶ | % | | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c should | | | | | | | | | | | |
| За | Are there endowment funds not in the posse | ssion of the organization | ation th | at are held a | nd administe | ered for t | the or | ganız | ation | 1 | | _ |
| | by. | | | | | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | | | | 3a(i) | | - |
| | (ii) related organizations | | ٠. | | | - | | | | 3a(ii) | | |
| | If "Yes" to 3a(ii), are the related organizations | • | | | | | | | | 3b_ | | <u> </u> |
| 4 Par | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | wment | tunas | | | | | | | | |
| rai | | | Dort I | / line 11e C | aa Farm 000 | Dod V | lina 1 | 10 | | | | |
| | Complete if the organization answered | i i | | <u> </u> | | | | | | 4 N D | | |
| | Description of property | (a) Cost or o basis (investing | | 1 | or other (other) | | preci | nulate ation | a | (d) Boo | k valu | ie |
| | Land | Dadio (investi | | Ja313 | (001101) | ue- | P1001 | 40011 | | | | |
| | | | | - | | | | | - | | | |
| | Buildings | | | | | | | <u> </u> | | | | |
| | Leasehold improvements Equipment | 95 | 615. | | | | 6.4 | .,73 | 7 | | n 0 | 78. |
| | Other . | 95, | <u> </u> | † | | | 04 | , / 3 | ′′+ | 3 | υ <u>,</u> ο | 10. |
| | . Add lines 1a through 1e. (Column (d) must ed | nual Form 990 Port | X colu | mn (R) line 1 | | | | | | 3 | n p | 78. |
| <u>10(a)</u> | The most a through to toolann to must en | quair oini 330, r ait | ri, coidi | <u>(D), III (C 1</u> | <u>υ₁υ<i>).</i>/</u> , | | | | Chadu | le D (Forn | | |
| | | | | | | | | | uu | (i Ut li | . JJU | , 10 |

332052

| Part VIII Investments - Other Securities. | | | | |
|--|----------------------------|------------------------|-----------------------|----------------------|
| ' Complete if the organization answered "Yes" | | | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of va | luation Cost or end | of-year market value |
| (1) Financial derivatives | | | | |
| (2) Closely-held equity interests | | | | |
| (3) Other | | | | |
| (A) INVESTMENTS-MUTUAL FUNDS | | | | |
| (B) AND CD'S | 2,284,048 | . END-OF-Y | EAR MARKET | VALUE |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| | | | | |
| (G) | | | · - | |
| (H) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | 2,284,048 | • | | |
| Part VIII Investments - Program Related. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, lin | e 11c. See Form 990, P | art X, line 13. | |
| (a) Description of investment | (b) Book value | (c) Method of va | luation: Cost or end | of-year market value |
| | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | | | |
| Part IX Other Assets. | | | | |
| Complete if the organization answered "Yes" | | e 11d See Form 990, P | art X, line 15 | |
| (a) | Description | | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | <u></u> | | |
| <u>(6)</u> | | | | |
| | | | | |
| (8) | | | | |
| (9) | | | | |
| Total. (Column (b) must equal Form 990, Part X, col (B) line | e 15) | | | |
| Part X Other Liabilities. | | | | |
| Complete if the organization answered "Yes" | to Form 990, Part IV, line | | 990, Part X, line 25. | |
| 1. (a) Description of liability | | (b) Book value | | |
| (1) Federal income taxes | | | | |
| (2) | · | | | |
| (3) | | | | |

(4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2013

COUNCIL ON LIBRARY AND INFORMATION

Schedule D (Form 990) 2013 RESOURCES 52-1576808 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 10,072,659. 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 34,975 Net unrealized gains on investments 2a Donated services and use of facilities 2b Recoveries of prior year grants **2**c <3. Other (Describe in Part XIII.) 2d Add lines 2a through 2d 34.972. Subtract line 2e from line 1 10.037.687. 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 10.037 687. 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a 8,725,627. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990. Part IX, line 25: Donated services and use of facilities 2a **b** Prior year adjustments 2b c Other losses 2c d Other (Describe in Part XIII.) 24 e Add lines 2a through 2d 2e Subtract line 2e from line 1 8,725,627. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information. 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, line 2, Part XI. lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART X, LINE 2: EXPLANATION: IN ACCORDANCE WITH AUTHORITATIVE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ISSUED BY THE FASB, THE ORGANIZATION RECOGNIZES TAX LIABILITIES FOR UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT A TAX POSITION WILL NOT BE SUSTAINED UPON EXAMINATION AND SETTLEMENT WITH VARIOUS TAXING AUTHORITIES. LIABILITIES FOR UNCERTAIN TAX POSITIONS ARE MEASURED BASED UPON THE LARGEST AMOUNT OF BENEFIT THAT IS GREATER THAN 50% LIKELY OF BEING REALIZED UPON SETTLEMENT. THE GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ALSO ADDRESSES DE-RECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES ON INCOME TAXES, AND ACCOUNTING IN INTERIM PERIODS. MANAGEMENT HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLUDED THAT THE ORGANIZATION HAS 332054 09-25-13 Schedule D (Form 990) 2013 30

| Part XIII Supplemental Information (continued) |
|---|
| NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL |
| STATEMENTS TO COMPLY WITH THE PROVISIONS OF THIS GUIDANCE. INCOME TAXES |
| ARE ACCOUNTED FOR UNDER THE ASSET AND LIABILITY METHOD. MANAGEMENT |
| BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS |
| PRIOR TO JUNE 30, 2011. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: |
| MISCELLANEOUS -3 |
| |
| |
| , |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| |
| Schedule D (Form 990) 20 |

(Form 990) ·

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

OMB No 1545-0047

Open to Public

Department of the Treasury

► Attach to Form 990. ► See separate instructions.

| interna | al Revenue Service | miorination ab | out schedule r | (Form 990) and its instructions is at | www.iis.gov/i | OIIII330. | inspection |
|---------|-----------------------------|-----------------------|---------------------------|--|---------------------------------------|----------------------------------|------------------------|
| | e of the organization | | | | | Employer ide | ntification number |
| | UNCIL ON LIBE | RARY AND | INFORMAT | ION | | | |
| | SOURCES | | | | | <u>52-1576</u> | 808 |
| Pa | | | Activities Ou | tside the United States. Comple | ete if the organ | iization answere | d "Yes" on |
| | Form 990, Part I | | | | | <u>.</u> | _ |
| 1 | | | | ds to substantiate the amount of its gra | | | |
| | the grantees' eligibility f | for the grants or | assistance, and | the selection criteria used to award the | grants or ass | ıstance? | Yes X No |
| _ | | | | | | | |
| 2 | | cribe in Part V the | e organization's | procedures for monitoring the use of its | s grants and o | ther assistance | outside the |
| _ | United States | | | | | | |
| _3_ | | 1 | | an be duplicated if additional space is r | | | |
| | (a) Region | (b) Number of offices | (c) Number of employees, | (d) Activities conducted in region | | vity listed in (d) | (f) Total expenditures |
| | | in the region | employees, agents, and | (by type) (e g , fundraising, program services, investments, grants to | | gram service, e specific type | for and |
| | | u.e , eg.e | independent contractors | recipients located in the region) | | ce(s) in region | investments |
| | | | in region | | | | in region |
| | | | | | | | |
| | | | | | | | |
| MODE | NI AVERTA | | | SUPPORT OF POST DOCTORAL | | | |
| NORT | TH AMERICA | 0 | 0 | FELLOWSHIP | | | 137,904. |
| | | | | | | | |
| | | | l | | | | |
| | | | | | | | |
| | | | | | | | - |
| | | | | | | | |
| | | | ĺ | | | | |
| | | | | | | | |
| | | | , | | | <u> </u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | ., | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | _ | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | : | | | | | |
| | | | | | | | |
| 3 a | Sub-total | 0 | 00_ | | | | 137,904. |
| b | Total from continuation | | | | | | |
| | sheets to Part I | 0 | 0 | | | | 0. |
| С | Totals (add lines 3a | | | | | | |
| | and 3b) | l o | 0 | | · · · · · · · · · · · · · · · · · · · | | 137,904. |
| LHA | For Paperwork Reduct | ion Act Notice, | see the Instruct | tions for Form 990. | | Schedule | F (Form 990) 2013 |

332071 10-03-13

52-1576808

RESOURCES

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed Part II

| 1 (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|---|--------------------------|---|-----------------------------|---------------------------------|-----------------------------------|--|---|
| | | NORTH AMERICA | POST DOCTORAL | 38 700 CHECK | CHECK | C | | |
| | | NORTH AMERICA | POST DOCTORAL FELLOWSHIP | 60 504.CHECK | XX OO HU | o | | |
| | | NORTH AMERICA | POST DOCTORAL RELLOWSHIP | 38,700. | СНЕСК | o | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of | recipient organization | is listed above that are | Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by | foreign country | recognized as tax-ex | emot by | | |

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

Enter total number of other organizations or entities က

Schedule F (Form 990) 2013

33

COUNCIL ON LIBRARY AND INFORMATION

RESOURCES

Schedule F (Form 990) 2013

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

Page 3.

52-1576808

| . • | | 1 | | | | |
|---|-----------------|---|--|--|--|--|
| (h) Method of valuation (book, FMV, appraisal, other) | (Salah imanada) | | | | | |
| (g) Description of non-cash assistance | | | | | | |
| (f) Amount of non-cash assistance | | | | | | |
| (e) Manner of cash disbursement | | | | | | |
| (d) Amount of cash grant | | | | | | |
| (c) Number of cash grant cecipients | | | | | | |
| (b) Region | | | | | | |
| (a) Type of grant or assistance (b) Region | | | | | | |

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

| Part | | 72 1370000 Tage | - 4 |
|------|--|----------------------|----------------|
| | ı Torongu Toruno | | |
| 1 | Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) | Yes X No |) |
| 2 | Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A) | Yes X No |) |
| 3 | Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471) | Yes X No |) |
| 4 | Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) | Yes X No |) |
| 5 | Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) | ☐ Yes 【 X 】No |) |
| 6 | Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) | Yes X No |) |

332074 10-03-13

COUNCIL ON LIBRARY AND INFORMATION

Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method, amounts of investments vs expenditures per region); Part II, line 1 (accounting method), Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information PART I, LINE 2: EXPLANATION: THE COUNCIL HAS A CONTRACT WITH EACH UNIVERSITY THAT APPLIES TO PARTICIPATE IN THE PROGRAM. IT STATES THAT THEY WILL RECEIVE FUNDING FOR SALARIES AND BENEFITS TO HIRE A PERSON IN THIS POSITION. THE CONTRACT STIPULATES A PAYMENT TIMELINE THAT IS DEPENDENT UPON OUR RECEIPT OF FINANCIAL REPORTS AND NARRATIVES REGARDING THIS PERSON ALONG WITH CONTINUED EMPLOYMENT. ANY UNSPENT FUNDS ARE REQUIRED TO BE RETURNED TO CLIR.

52-1576808

Page 5

Schedule F (Form 990) 2013

RESOURCES

SCHEDULE (Form 990)

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

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

▶ Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

COUNCIL ON LIBRARY AND INFORMATION

Name of the organization

Department of the Treasury

Internal Revenue Service

| OMB No 1545-0047 | 2013 | Open to Public |
|------------------|------|----------------|
| | | |

Employer identification number

Inspection

23. **2** Schedule I (Form 990) (2013) HIDDEN COLLECTION GRANTS 52-1576808 HIDDEN COLLECTION GRANTS HIDDEN COLLECTION GRANTS HIDDEN COLLECTION GRANTS HIDDEN COLLECTION GRANTS HIDDEN COLLECTION GRANTS (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 o (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of cash grant 135,100, 101,000, 216,100 495,900 50,600 91,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization DAYTON SOCIETY OF NATURAL HISTORY CALIFORNIA ACADEMY OF SCIENCES GEORGE WASHINGTON UNIVERSITY DISTRICT - 14 WEST 10TH ST KANSAS CITY PUBLIC LIBRARY or government SAN FRANCISCO, CA 94118 KANSAS CITY, MO 64105 55 MUSIC CONCOURSE DR THE NEWBERRY LIBRARY WASHINGTON, DC 20052 NY 10003 CHICAGO IL 60610 60 W WALTON ST 74A E. 4TH ST 2130 H ST NW LA MAMA ETC NEW YORK Partl Part II N

| (| 1 |
|---|---|
| (| |
| (| |
| ί | 1 |
| C | |
| i | |
| , | |
| • | 1 |
| , | |
| (| |
| L | 1 |
| | |
| | |
| | |

Page 1.

Schedule I (Form 990) RESOURCES Part II Continuation of Grants and Other Assistance to Governments and Organizations in

| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | Assistance to Go | vernments and Orgar | izations in the Ur | ited States (Sche | dule I (Form 990), Par | † II.) | 1 |
|---|------------------|----------------------------------|--------------------------|-----------------------------------|--|--|------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| MAINE STATE MUSEUM 83 STATE HOUSE STATION AUGUSTA, ME 04333 | | | 145,600, | 0 | | | HIDDEN COLLECTION GRANTS |
| GEORGE EASTWAN 900 EAST AVE ROCHESTER, NY 14607 | | | 155,900 | 0 | | | HIDDEN COLLECTION GRANTS |
| HAGLEY MUSEUM AND LIBRARY PO BOX 3630 WILMINGTON, DE 19807 | | | 291,500. | 0 | | | HIDDEN COLLECTION GRANTS |
| ERIE CANAL MUSEUM 318 ERIE BOULEVARD SYRACUSE, NY 13202 | | | 71,100, | 0 | | | HIDDEN COLLECTION GRANTS |
| BOK TOWER GARDENS 1151 TOWER BLVD LAKE WALES . FL 33853 | | | 219,700, | 0 | | | HIDDEN COLLECTION GRANTS |
| UNIVERSITY OF BUFFALO 420 CAPEN HALL BUFFALO, NY 14260 | | | 150,600, | 0 | | | HIDDEN COLLECTION GRANTS |
| UNIV OF ALBANY, SUNY 1400 WASHINGTON AVE ALBANY, NY 1,2222 | | | 119,900 | 0 | | | HIDDEN COLLECTION GRANTS |
| PRINCETON UNIVERSITY PO BOX 36 PRINCETON, NJ 08544 | | | 199,800, | 0 | | | HIDDEN COLLECTION GRANTS |
| SAN DIEGO MUSEUM OF MAN 1350 EL PRADO SAN DIEGO, CA 92101 | | | 240,500 | 0 | | | HIDDEN COLLECTION GRANTS |
| | | | | | | | Schedule I (Form 990) |

| INFORMATION | |
|-------------|----------|
| AND | |
| LIBRARY | |
| NO | 33 |
| COUNCIL | RESOURCE |

Page 1.

| 52-1576808 Page 1- | | f (g) Description of non-cash assistance or | | | ALDDEN COLLECATONS GRANT | HIDDEN COLLECTIONS GRANT | HIDDEN COLLECTIONS GRANT | | HIDDEN COLLECTIONS GRANT | HIDDEN COLLECTIONS GRANT | | HIDDEN COLLECTIONS GRANT | | | HIDDEN COLLECTIONS GRANT | | HIDDEN COLLECTIONS GRANT | | |
|---|---|---|-------------------|---------------|--|--------------------------|---|---|--------------------------|--|-----------------|--------------------------------------|---------------|--------------|--------------------------|---|--------------------------|---|---|
| | Schedule I (Form 990) | (f) Method of valuation (book, FMV, appraisal, other) | | | | 0 | 0 | | 0. | | | c | | | 0 | | 0. | | - |
| | Inited States (S | (e) Amount of non-cash assistance | | _ | | | | | | | | | | | | | | | |
| TATTON | anizations in the U | (d) Amount of cash grant | | | 500. 100. 100. 100. 100. 100. 100. 100. | 30,000. | 380 | | 163,400 | 144 300 | | 106 000 | | | 164,600 | | 183,500. | | |
| COUNCIL ON LIBRARY AND INFORMATION RESOURCES | vernments and Orga | (c) IRC section if applicable | | | | | | | | | | | | | | | | | |
| N LIBKAKY | Assistance to Go | (b) EIN | | | : | | | | | | | | | | | | | : | |
| Schedule I (Form 990) RESOURCES | Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) | (a) Name and address of organization or government | LEHIGH UNIVERSITY | 30 LIBRARY DR | CENTER FOR JEWISH HISTORY 15 WEST 16TH ST | NEW YORK, NY 10011 | COLUMBIA UNIVERSITY 1140 AMSTERDAM AVE NEW YORK, NY 10027 | UNIVERSITY OF NORTH TEXAS 1155 UNION CIRCLE | DENTON TX 76203 | AMHERST COLLEGE PO BOX 5000 AMHERST MA 01002 | VET 7 DISCHANTE | 222 EAST MAIN ST BOZEMAN WT 59715 | INTON COLLECT | 807 UNION ST | SCHENECTADY NY 12309 | UNIVERSITY OF WASHINGTON LIBRARIES PO BOX 352900 | SEATTLE, WA 98195 | | |

COUNCIL ON LIBRARY AND INFORMATION

Schedule I (Form 990) (2013) RESOURCES

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed.

Page 2.

52-1576808

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) THE PRESIDENT ALONG WITH THE PROGRAM DIRECTOR REVIEW ALL GRANT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. THE ORGANIZATION HAS SET UP A FORMAT IN WHICH APPLICANTS CAN (d) Amount of non-cash assistance o Ö 0 335,345, (c) Amount of cash grant (b) Number of recipients PELLOWSHIPS OVER \$5,000 PER INDIVIDUAL (a) Type of grant or assistance HONORARIA OVER \$5,000 PER INDIVIDUAL APPLY FOR GRANTS 7 LINE EXPLANATION: REQUESTS. PART I,

Schedule I (Form 990) (2013)

SCHEDULE J (Form 990)

Compensation Information

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

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

► Attach to Form 990. ► See separate instructions. ▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

COUNCIL ON LIBRARY AND INFORMATION

Employer identification number

52-1576808 RESOURCES **Questions Regarding Compensation**

| | | | Yes | No |
|---------------|---|---------|--------|-----------|
| 1a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, | | 1 | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | i | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (e.g., maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | l î | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? | 2 | | |
| 2 | Indicate which if any, of the following the films arganization would be establish the companyation of the arganization's | | | |
| 3 | Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to | 1 | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| 4 | During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing | | Ì | |
| | organization or a related organization | | | |
| а | Decrees a support of the state | 4a | İ | Х |
| | Participate in, or receive payment from, a supplemental nonqualified retirement plan? | 4b | | X |
| | Participate in, or receive payment from, an equity-based compensation arrangement? | 4c | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | i | |
| | Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. | | | |
| 5 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of. | | | |
| а | The organization? | 5a | | <u>X</u> |
| b | Any related organization? | 5b | | <u> </u> |
| | If "Yes" to line 5a or 5b, describe in Part III | | | |
| 6 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of | | ļ | |
| а | The organization? | 6a | | <u> X</u> |
| b | Any related organization? | 6b | | <u> </u> |
| | If "Yes" to line 6a or 6b, describe in Part III | | | |
| 7 | For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments | | l | |
| | not described in lines 5 and 6? If "Yes," describe in Part III | 7 | | <u>X</u> |
| 8 | Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | ınıtial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | <u> </u> |
| 9 | If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53 4958-6(c)? | 9 | i | |
| -10° | For Pananwork Peduction Act Notice, see the Instructions for Form 900 | I (Earn | ' DOVI | 2012 |

52-1576808

Schedule J (Form 990) 2013 RESOURCES

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | ! | | | | | | |
|--|-------|--------------------------|-------------------------------------|---|--------------------|----------------|------------|---|
| | | (B) Breakdown of W-2 | | and/or 1099-MISC compensation | (C) Retirement and | (D) Nontaxable | suun | (F) Compensation |
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | Denents | (a)-(i)(a) | reported as deferred in prior Form 990 |
| (1) CHARLES HENRY | ε | 249,828. | 0 | 0. | 37,474. | 0 | 287,302. | 0. |
| PRESIDENT | (ii) | | 0 | 0. | • 0 | 0 | | 0 |
| (2) RACHEL FRICK | ε | 136,34 | 0 | 0 | 20,452. | 0 | 156,79 | 0 |
| DIRECTOR-DIGITAL LIBRARY FEDERATION (ii) | (1) | 0 | 0 | 0. | 0 | 0. | | 0 |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | Ξ | | | | | | | |
| | (11) | | | | | | | |
| | ε | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (0) | | | | | | | |
| | (iii) | | | | | | | |
| | Θ | | | | | | | |
| | Œ | | | | | | | |
| | Θ | | | | | | | |
| | (iii) | | | | | | | |
| | Ξ | | | | | | | |
| | (ii) | | | | | | | |
| | ε | | | | | | | |
| | ⊞ | | | | | | | |
| | Ξ | | | | | | | |
| | 13 | | - | | | | | |
| | Ξ | | | | | | | |
| | ⊞ | | | | | | | |
| | Ξ | | | | | | i | |
| | Ξ | | | | | | | |
| | Ξ | | | | | | | |
| | ⊞ | | | | | | | |
| | Ξ | | | | | | | |
| | ▤ | | | | | | | |
| | | | | | | | | |

332112 09-13-13

Schedule J (Form 990) 2013

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

52-1576808

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information. Schedule J (Form 990) 2013

Part III | Supplemental Information

Schedule J (Form 990) 2013

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 Open to Public

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection

Name of the organization

COUNCIL ON LIBRARY AND INFORMATION RESOURCES

Employer identification number 52-1576808

| FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: |
|---|
| TEACHING, AND LEARNING ENVIRONMENTS IN COLLABORATION WITH LIBRARIES, |
| CULTURAL INSTITUTIONS, AND COMMUNITIES OF HIGHER LEARNING. |
| FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: OTHER |
| EXPENSES \$ 1,010,095. INCLUDING GRANTS OF \$ 0. REVENUE \$ 198,335. |
| FORM 990, PART VI, SECTION B, LINE 11: |
| EXPLANATION: THE ORGANIZATION'S GOVERNING BODY REVIEWS THE FINAL TAX RETURN |
| BEFORE MAILING. THE TREASURER REVIEWS THE AMOUNTS SHOWN ON THE TAX RETURN |
| WITH THE PRESIDENT. ANY QUESTIONS ARE RESOLVED BY THE PRESIDENT PRIOR TO |
| MAILING. |
| FORM 990, PART VI, SECTION B, LINE 12C: |
| EXPLANATION: THE CONFLICT OF INTEREST POLICY IS REVIEWED ON AN ANNUAL BASIS |
| BY THE BOARD OF DIRECTORS AT THEIR FALL MEETING. |
| FORM 990, PART VI, SECTION B, LINE 15: |
| EXPLANATION: BOARD OF DIRECTORS APPROVE PRESIDENT'S COMPENSATION. |
| PRESIDENT DETERMINES ALL OTHER EMPLOYEE COMPENSATION. THERE IS A WRITTEN |
| EMPLOYMENT CONTRACT FOR EACH EMPLOYEE AND INDEPENDANT CONTRACTOR. |
| COMPENSATION IS DETERMINED BY COMPARIBILITY DATA WITH SIMILIAR |
| ORGANIZATIONS. |

FORM 990, PART_VI, SECTION C, LINE 19:

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

| Schedule O (Form 990 or 990-EZ) (2013) | Page 2 |
|---|--------------------------------|
| Name of the organization COUNCIL ON LIBRARY AND INFORMATION | Employer identification number |
| RESOURCES | 52-1576808 |
| | |
| EXPLANATION: CLIR PROVIDES TO THE PUBLIC ITS GOVERNING DO | CUMENTS, CONFLICT |
| | |
| OF INTEREST POLICY, AND FINANCIAL STATEMENTS UPON REQUEST | . ALL REQUESTS GO |
| | |
| THROUGH THE PRESIDENT. | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | - |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |