Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Department of the Treasury

Inter	nal Reve	nue Service	► The organization	n may have to us	e a copy of this return to	satisty state repo	rting requi	rements	Open	to Libite suspection
	For th	e 2009 calendar year	r, or tax year begin	nning 7/0	1 , ;	2009, and endi	ng 6	/30		2010
В	Check if	applicable	C					D Employ	er Identific	ation Number
	Add	dress change IRS labe	e ISANFORD LI		SOCIATION, I	NC.		01-	02166	57
	Na	me change or type	I DOZ MAIN O					E Telepho	ne number	
	Hind	See sal return specifie	ISANFORD. M	ME 04073				207	-324-4	4714
	\vdash	mination instruc	·-							
	HAm	ended return						G Gross re	eceipts \$	622,009.
	H-	———	e and address of principa	al officer			H(a) is th	is a group retur		
	<u></u>		AS C ABOVE				1 ''	all affiliates incl		Yes No
ī	Tax	exempt status X 50		(insert no)	4947(a)(1) d	or 527	- If 'No	o,' attach a list	(see instru	ctions)
j		site: ► LBGOODA		(15 17 (4)(1)		H(c) Grou	ip exemption nu	ımher ►	
K		of organization X Corp.		Association	Other►	L Year of Forma				al domicile ME
	irt I	Summary	Gradon Trust	Association	Outer	L Tear of Conna	10011 13	23 111 3	rate or lega	a domicile 1411
[<u>N</u>		Briefly describe the o	organization's miss	uon or most s	ionificant activities:	SANFORD	T.TRRA	RY ASSO	СТАТТ	ON TS A
		PUBLIC_LIBRAR								
Activities & Governance		SANFORD AND S				Mana To T	na imi	5 f D D 17 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	. <u> </u>	TO TOWN OF
E	·	DENTITIES THE T	30.70302115	224121.54				- -		
Ş.	2	Check this box	If the organization	on discontinue	ed its operations or	disposed of m	ore than	25% of its	assets	
G	3	Number of voting me	mbers of the gover	rning body (P	art VI, line 1a)				3	10
80		Number of independe	-	-	rning body (Part VI	, line 1b)			4	10
Ϋ́		Total number of emp			•	•			5	10
Çţ	ı	Total number of volu	•		II. aalumam (C) tura	10			6	5
•	ı	Total gross unrelated Net unrelated busine			. , , ,	12		•	7a 7b	0.
		iver unrelated busine	SS taxable income	HOITH OITH 5	50-1, line 34	-				
		O	amta (Davit VIII), luna	161				Prior Year		Current Year
ne Re		Contributions and gra Program service reve			•	•		633,1		475,877. 21,184.
Revenue	ı	Investment income (l	•	 	24,		8,474.			
Ŗ	ı	Other revenue (Part			•				559.	2,421.
	1	Total revenue – add				A), line 12)		679,1		507,956.
		Grants and similar ai								
	14 Benefits paid to or for members (Part IX, column (A), line 4)									
	1	Salaries, other comp	•		264,0	92.	300,440.			
Ses	ſ	Professional fundrais	· · · · ·							
Expenses	l	Total fundraising exp								
Щ		Other expenses (Par		-	227,9	180,811				
	18	Cuiei experises (i ai Total evoences Add	lines 13.17 (must	egual Part IX	cotumn (Ala linea)	51., (= 5		492,0		481,251.
	19	Total expenses. Add Revenue less expens	ses Subtract line 1	18 from line 1	CONTRACTOR	ピレヒロ	 -	187,1		26,705.
- k S	13_	Novembe 1633 expens	ses. Gubu det inte 1	io ii oiii iiiie ii			Ø Be			_
and a	20	Total assets (Part X,	line 16)		8 NOV 1	7 2010	Ö Be	ginning of \ 1,872,0		End of Year 1,899,210.
Ass		Total liabilities (Part	•	•		- 1010	RS		372.	7,299.
Net Assets or Fund Balances	1	Net assets or fund ba	•	no 21 fram lin	20	<u> </u>	4	1,865,2		
	22 rt	Signature Blo		ile Zi ilom ili	ne 20 OGD	EN, U!		1,000,2	.03.	1,891,911.
		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~							-6	lada a salkalada ka
		true, correct, and comple	ry, I declare that I have ex ete Declaration of prepar	rer (other than offi	cer) is based on all inform	nation of which prepared	parer has a	ny knowledge	и ту кпом	leage and belief, it is
Sig	ın	- La	wrence	k Fu	vilush			I N	ov.	12, 2010
He		Signature of officer						Date		
		► La	wrence	K.F	Funbish					
		Type or print name a								
					······································	Date		Check if	Prep	arer's identifying number instructions)
Pa	id	Preparer's	C_0					self- employed	. (360	manucuons)
Pre		signature •	DA, WIN C	CPA		11-8-1	10		7 /	000184532
	rer's		EL F. PATTER	RSON & AS	SOCIATES					
Us On		yours if self employed). > 81	9 MAIN STREE				_	EIN - C	1-050	3224
OI1	ıy	addrage and	NFORD, ME 04				-	Phone no	(0.0.5)	
Mar	the If	RS discuss this return			e? (see instructions	s)		<u>,</u>	<u> </u>	X Yes No
		Privacy Act and Pap						TEEA0113	12/29/09	

Form 990 (2009) SANFORD LIBRARY ASSOCIATION, INC.

Part IV | Checklist of Required Schedules

	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V			Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, of X as applicable	11	Х	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			
	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			
	 Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII 	: :		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
	 Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 			ļ
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12	A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12 A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	10		
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	19 20		X X

Part IV Checklist of Required Schedules (continued)

 21 Did the organization report more than \$5,000 of grants and other assistance to gover United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I at Did the organization report more than \$5,000 of grants and other assistance to indivisit, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III 23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about comper and former officers, directors, trustees, key employees, and highest compensated en Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal and 	duals in the United States on Part duals in the United States on Part assation of the organization's current inployees? If 'Yes,' complete ount of more than \$100,000 ' answer lines 24b through 24d and eriod exception? by time during the year to defease	21 22 23 24a 24b		х х х
 IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about comper and former officers, directors, trustees, key employees, and highest compensated en Schedule J 	nsation of the organization's current inployees? If 'Yes,' complete ount of more than \$100,000 'answer lines 24b through 24d and eriod exception?	23 24a		Х
and former officers, directors, trustees, key employees, and highest compensated en Schedule J	punt of more than \$100,000 answer lines 24b through 24d and eriod exception?	24a		
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount	'answer lines 24b through 24d and eriod exception? y time during the year to defease			y
as of the last day of the year, and that was issued after December 31, 2002? If 'Yes, complete Schedule K If 'No, 'go to line 25	ny time during the year to defease	24b		- 47
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary p				
c Did the organization maintain an escrow account other than a refunding escrow at ar 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 exclusion disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		25a		Х
b Is the organization aware that it engaged in an excess benefit transaction with a disc that the transaction has not been reported on any of the organization's prior Forms 9 Schedule L, Part I	90 or 990 EZ? If 'Yes,' complete	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highlighted disqualified person outstanding as of the end of the organization's tax year? If 'Yes,'	y compensated employee, or complete Schedule L, Part II	26		Х
27 Did the organization provide a grant or other assistance to an officer, director, truste contributor, or a grant selection comittee member, or to a person related to such an Schedule L, Part III	Individual? If 'Yes,' complete	27		X
Was the organization a party to a business transation with one of the following partie instructions for applicable filing thresholds, conditions, and exceptions):		20-		v
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Sch	· · · · · · · · · · · · · · · · · · ·	28a		<u>X</u>
b A family member of a current or former officer, director, trustee, or key employee? In Schedule L, Part IV		28b		Х
 c An entity of which a current or former officer, director, trustee, or key employee of the was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete School 29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete School 25 	lule L, Part IV	28c 29		X
	· · · · · · · · · · · · · · · · · · ·	29		
30 Did the organization receive contributions of art, historical treasures, or other similar 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 Schedule N, Part II		32		Х
33 Did the organization own 100% of an entity disregarded as separate from the organization 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		33		Х
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete line 1		34		Х
35 Is any related organization a controlled entity within the meaning of section 512(b)(1 Part V, line 2		35		х_
Section 501(c)(3) organizations. Did the organization make any transfers to an exert organization? <i>If 'Yes,' complete Schedule R, Part V, line 2</i>		36		X
37 Did the organization conduct more than 5% of its activities through an entity that is r treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedul	not a related organization and that is le R, Part VI	37		Х
Did the organization complete Schedule O and provide explanations in Schedule O f Note. All Form 990 filers are required to complete Schedule O		38	Х	

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Form 990 (2009)

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	Ī		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 10			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	X
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		Ī	v
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3a 3b		<u>X</u>
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	35		
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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Χ
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			-
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year . 7d			
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business beddings at any transit to the supporting organization.			
9 Sponsoring organizations maintaining donor advised funds.	8		
a Did the organization make any taxable distributions under section 4966? .	9a	1	
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12 . 10a			
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1	
11 Section 501(c)(12) organizations. Enter:			
a Gross income from other members or shareholders 11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
2a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		_
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			

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Form 990 (2009)

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

Sec	tion A.	Governing Body and Management								
					Yes	No				
1 a	Enter the	number of voting members of the governing body .	1a 10							
		number of voting members that are independent.	1b 10		- 1					
		fficer, director, trustee, or key employee have a family relationship or a business re								
2	officer, di	rector, trustee or key employee?	,	2		<u>X</u> _				
3	Did the or of officers	ganization delegate control over management duties customarily performed by or useful directors or trustees, or key employees to a management company or other person	under the direct supervision on?	3		Х				
4	Did the or	ganization make any significant changes to its organizational documents		4		X				
	since the	prior Form 990 was filed?		_						
5	Did the or	ganization become aware during the year of a material diversion of the organizatio	n's assets?	5	- 1	X				
6	Does the	organization have members or stockholders?		6		X				
7 a	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?									
ŀ	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?									
8	Did the or	rganization contemporaneously document the meetings held or written actions under	ertaken during the year by							
_		•			v					
	•	rning body?		8 a	X					
		mittee with authority to act on behalf of the governing body?		8b	X					
	organizat	ny officer, director or trustee, or key employee listed in Part VII, Section A, who ca on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>		9		<u>X</u>				
Sec	tion B.	Policies (This Section B requests information about policies not in	required by the Internal							
Reve	enue Code)								
					Yes	No				
10 <i>a</i>	Does the	organization have local chapters, branches, or affiliates? .		10 a		X				
ŀ	If 'Yes,' d	oes the organization have written policies and procedures governing the activities of the organization?	of such chapters, affiliates,	10b						
11		rganization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11		X				
		in Schedule O the process, if any, used by the organization to review this Form 990		····						
		organization have a written conflict of interest policy? If 'No,' go to line 13 .		12a		X				
		rs, directors or trustees, and key employees required to disclose annually interests	that could give rise							
	to conflic	s?	•	12b						
C	Does the Schedule	organization regularly and consistently monitor and enforce compliance with the po O how this is done	olicy? If 'Yes,' describe in	12c						
13	Does the	organization have a written whistleblower policy?	1	13		X				
14	Does the	organization have a written document retention and destruction policy?		14		X				
15	Did the pr	rocess for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de	approval by independent							
		nization's CEO, Executive Director, or top management official SEE SCHEDULE		15a	х					
		cers of key employees of the organization SEE SCHEDULE O		15b	X					
•		line 15a or 15b, describe the process in Schedule O. (See instructions.)	•	135						
		•								
162		ganization invest in, contribute assets to, or participate in a joint venture or similar ing the year?	arrangement with a taxable	16a		X				
ł	in joint ve	as the organization adopted a written policy or procedure requiring the organization inture arrangements under applicable federal tax law, and taken steps to safeguarc h respect to such arrangements?	n to evaluate its participation if the organization's exempt	16b						
Sec	tion C.	Disclosures								
17	List the s	tates with which a copy of this Form 990 is required to be filed NONE								
	Section 6	104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, a Indicate how you make these available. Check all that apply.	and 990-T (501(c)(3)s only) av	vaılabl	e for p	oublic				
		website Another's website X Upon request								
19	Describe statemen	in Schedule O whether (and if so, how) the organization makes its governing docur its available to the public. SEE $SCHEDULE\ O$	ments, conflict of interest pol	ıcy, ar	nd fina	ncial				
20	State the	name, physical address, and telephone number of the person who possesses the t	books and records of the orga							
1	- NWCONF	LINE MCDOUGAL 952 MAIN STREET SANFORD ME 04073 (20)	1) 324-4/14							

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of 'key employees.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if the organization did not compensate any current officer, director, or trustee.												
(A)	(B)				c)		·	(D)	(E)	(F)		
Name and Title	Average hours		1			hat appl		Reportable compensation from	Reportable compensation from	Estimated amount of other		
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization		
		ial tru	onat		ptoye	ee ee				and related organizations		
		stee	ruste		i ii	pensa						
MELICCA DODEDEC			L			ted						
MELISSA ROBERTS TREASURER	0	Х		Х				0.	0.	0.		
LAWRENCE FURBISH				**				· · · · · · · · · · · · · · · · · · ·		<u>0.</u>		
PRESIDENT	0	Х		X				0.	0.	0.		
KELSEY DANIELS												
ARLENE JACKSON	0	Х			 -			0.	0.	0.		
SECRETARY	0	Х		Х				0.	0.	0.		
LINDA LECK					-			•				
	0	Х			<u> </u>			0.	0.	0.		
RACHEL_SHERMAN		,,								•		
LYNN LINCOURT	0	Х						0.	0.	0.		
VICE PRESIDENT	0	Х		Х				0.	0.	0.		
SHAWN SULLIVAN												
	0	Х			_		<u> </u>	0.	0.	0.		
LINDA GULNAC	0	Х						0.	0.	0		
HELEN LANDRY	<u> </u>	Δ						0.	· · · · · · · · · · · · · · · · · · ·	0.		
	0	X						0.	0.	0.		
JACKIE MCDOUGAL												
LIBRARY MANAGER	40			X	-		<u> </u>	43,455.	0.	0.		
					-							
	1											
					 							
			_		<u> </u>							
	<u> </u>	L	ليبا	L	L	L	L	<u> </u>				

Part VII Section A. Officers, Directors, Trus		Key	Er			ees	, ar		mpensated Em	ployee	S (C	ont.)
(A)	(B) Average	Post	tion (c)	that a	nnlı A	(D)	(E)		(F)	
Name and Title	hours per week			Officer	_	Highest compensated employee	_	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amou com fr org an	itmated int of oth pensation om the anization d related anization	her on n d
												_
												_
1 b Total							>	43,455.	0.			0.
2 Total number of individuals (including but not limited from the organization ► 0	d to tho	se li	stec	l abo	ove)	wh	o re	ceived more than	\$100,000 in report	able cor		
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trust	ee, I	key	emp	oloy	ee,	or h	ighest compensat	ed employee	3	Yes	No X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater the individual	portable	cor	npe 10?	nsat If 'Y	tion <i>'es'</i>	and com	l oth	er compensation e Schedule J for	from such	4		Х
5 Did any person listed on line 1a receive or accrue c rendered to the organization? If 'Yes,' complete Sch	ompens nedule J	atioi <i>I for</i>	n fro	om a	any erso	unre n	elate	ed organization fo	r services	5		Х
Section B. Independent Contractors 1 Complete this table for your five highest compensation from the organization.							tha	at received more t	han \$100,000 of	- -		
(A) Name and business addres	s							(B Description) of Services	(Compe	C) ensatio	 on
												_
												
2 Total number of independent contractors (including	but not	lımıt	ted t	to th	ose	list	ed a	above) who receiv	ed more than			

\$100,000 in compensation from the organization ► 0

11.2	ta visia Statement of Neverlue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
			revenue	revenue	512, 513, or 514
SS	1a Federated campaigns 1a			•••••••••••••••••	
NA N	b Membership dues 1b				
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS	c Fundraising events 1c 620.				
	d Related organizations 1 d				
	e Government grants (contributions) 1 e · 398,007.				
SIS					
쯢	f All other contributions, gifts, grants, and similar amounts not included above 1 f 77, 250.				
TRII	g Noncash contributs included in lns 1a-1f'. \$				
NO.	h Total. Add lines 1a-1f	475,877.			
<u> </u>	Business Code	473,017.		·····	
ENC	2a FINES/DAMAGED BOOKS	8,243.	0 242		
Ĕ			8,243.	·	
GE	b COPIES/READER/COMPUTER	5,282.	5,282.		
Š	c NONRESIDENT DUES/FEES	4,152.	4,152.	 ·	
4 SE	d BOOK SALES/CHILDRENS ROOM	3,507.	3,507.		
RA	e				-
တ္တ	f All other program service revenue	01 104		····	
	g Total. Add lines 2a-2f . ▶	21,184.			<u> </u>
	3 Investment income (including dividends, interest and	18,933.	10 022		
	other similar amounts)	10,933.	18,933.		
	Income from investment of tax-exempt bond proceeds				
	5 Royalties (i) Real (ii) Personal				
	(i) Real (ii) Personal 6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss).				
	d Net rental income or (loss)				<u></u>
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 102, 352.				
	b Less, cost or other basis		-		
	and sales expenses 112,811.				
	c Gain or (loss)	40.450	40.450		
	d Net gain or (loss)	-10,459.	-10,459.		
¥	8a Gross income from fundraising events				
<u> </u>	(not including \$ 620.				
OTHER REVEN	of contributions reported on line 1c).				
笳	See Part IV, line 18 a 3, 663.				
6	b Less: direct expenses b 1,242.	2 421	2 421		
	c Net income or (loss) from fundraising events	2,421.	2,421.		
	9a Gross income from gaming activities. See Part IV, line 19				
İ	b Less: direct expenses b				
	c Net income or (loss) from gaming activities				
i				······································	
l	10a Gross sales of inventory, less returns and allowances				
ŀ	b Less cost of goods sold b				
}	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code		······································		<u></u>
}	11-		İ		
l	11a				
ľ	b				
	c				
	d All other revenue			·	
	e Total. Add lines 11a-11d	- FAR 222		·····	<u> </u>
	12 Total revenue. See instructions	507,956.	32,079.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				······
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22			······································	·····
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				!!!!!:!!!!!!!!!!!
5 Compensation of current officers, directors, trustees, and key employees	43,455.	0.	43,455.	C
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7 Other salaries and wages	194,604.	194,604.		
Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,282.	5,447.	835.	
9 Other employee benefits	37,555.	30,613.	6,942.	· · ·
10 Payroll taxes	18,544.	15,119.	3,425.	· · · · · · · · · · · · · · · · · · ·
11 Fees for services (non-employees)	10,011.	10,110.	3, 423.	
a Management				
b Legal				 ·
c Accounting	4,190.	2,440.	1,750.	
d Lobbying	1/250.	2,410.	1,750.	
e Prof fundraising svcs. See Part IV, In 17				 ·
f Investment management fees				
g Other .				
12 Advertising and promotion	620.	620.		
13 Office expenses	11,078.	10,524.	554.	
14 Information technology	11/0/01	10/321.	334.	
15 Royalties				
16 Occupancy .	26,458.	25,135.	1,323.	
17 Travel	20/1001		2,020.	
Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,666.	27,233.	1,433.	
23 Insurance	2,830.	2,689.	141.	,
a BOOKS	60,969.	60,969.		•••••••••••••••••••••••••••••••••••••••
b BLDG & GROUNDS MAINTENANCE	20,189.	19,180.	1,009.	
c EQUIPMENT RENTAL & MAINTENANCE	13,511.	12,835.	676.	
d MISCELLANEOUS	4,960.	4,712.	248.	
e POSTAGE AND SHIPPING	2,559.	2,431.	128.	-
f All other expenses	4,781.	1,976.	2,805.	
25 Total functional expenses Add lines 1 through 24f	481,251.	416,527.	64,724.	
26 Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational	,	123,027.	0.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
campaign and fundraising solicitation				Form 990 (20

Balance Sheet

Part X

BAA

Form 990 (2009)

(B) End of year (A) Beginning of year Cash - non-interest-bearing 21,697 58,270. 1 2 Savings and temporary cash investments 121,068. 2 117,818. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. 10 a 1,355,711 Complete Part VI of Schedule D **b** Less' accumulated depreciation. 10b 316,414 1,053,937. 10 c 1,039,297. 11 Investments - publicly-traded securities 675,375. 11 683,825. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related, See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 1,872,077. Total assets. Add lines 1 through 15 (must equal line 34) 1,899,210. 16 6,872. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities . . 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 6,872. 26 7,299. Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29 and lines 33 and 34. Unrestricted net assets 1,865,205. 27 27 1,891,911. 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds . 30 31 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 Total net assets or fund balances. 1,865,205. 33 1,891,911. 34 1,872,077. Total liabilities and net assets/fund balances. 34 1,899,210.

TEEA0111L 01/30/10

Form 990 (2009) SANFORD LIBRARY ASSOCIATION, INC. 01-0216657		Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: \square Cash \square Accrual \square Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Х
b Were the organization's financial statements audited by an independent accountant?	2b		X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:			
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A 133?	3a		Х
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

BAA

Form 990 (2009)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of	Name of the organization Employer Identification number												
		D LIBRARY AS								21665			
Part		Reason for Pu	blic Charity Statu	ıs (All organizations	must o	comple	te this	part.)	See i	nstruct	ions		
The or	ganı	ization is not a pri	vate foundation becau	use it is: (For lines 1 thro	ugh 11,	check c	nly one	box.)					
1 [A church, conventi	on of churches or ass	ociation of churches des	cribed ir	section	n 170(b)	(1)(A)(i)	١.				
2	P	school described	in section 170(b)(1)(AXii). (Attach Schedule I	E.)								
3	P	hospital or coope	erative hospital servic	e organization described	ın secti	on 170(b)(1)(A)(iii).					
4	7	Medical research	n organization operate	d in conjunction with a h	ospital e	describe	d in sec	tion 17	0(b)(1)(A	AXiii). Er	nter the hospital's		
	n	name, city, and sta	ate:								·		
5 [二 1	70(b)(1)(A)(iv). (0	Complete Part II.)	of a college or university					nmenta	l unit de	scribed in section		
6 7	X A	In organization the	local government or at normally receives a (Complete P	governmental unit descri substantial part of its su art II.)	bed in s apport fr	ection 1 om a go	1 70(b)(1) overnmei	(A)(v). ntal uni	t or from	n the ger	neral public described		
8				170(b)(1)(A)(vi). (Comple	te Part I	I.)							
9 [A fi	An organization the rom activities relatives relatives the roughly activities and activities the company of t	at normally receives: (ted to its exempt func	(1) more than 33-1/3 % of tions — subject to certain ess taxable income (less	of its sup	port fro	id (2) no	more t	han 33-	1/3 % of	its support from gross		
10	₽	n organization or	ganized and operated	exclusively to test for pu	ublic safe	ety. See	section	509(a)	(4).				
11 [— n	nore publicly supp	orted organizations o	exclusively for the bene described in section 509(station and complete lines	a)(1) or	section	509(a)(2	ctions o 2). See	of, or ca section	rry out ti 509(a) (3	he purposes of one or check the box that		
	a		b Type II	_		•	 ıntegrat	ed		d \square	Type III- Other		
e [T!	By checking this be	ox. I certify that the or	rganization is not controll n one or more publicly si	led dired	tly or in	directly	by one	or more ed in se	disqual ction 509	ified nersons other		
f	lí c	the organization heck this box	received a written det	ermination from the IRS	that is a	а Туре І	, Type II	or Typ	e III sup	porting	organization,		
g	S	ince August 17, 2	2006, has the organiza	tion accepted any gift o	r contrib	oution fr	om any	of the f	ollowing	persons			
	(i) a person who	directly or indirectly	controls, either alone or	together	with pe	rsons de	escribe	d in (ii) a	and (III)	Yes No		
	,	below, the go	overning body of the s	upported organization?	J	•			. ()		11g (i)		
	•	•	nber of a person desc	**							11g (ii)		
			* *	described in (i) or (ii) al						•	11g (iii)		
<u> </u>	<u> </u>	Provide the following	ng information about t	he supported organization	ons.		, -		γ				
	(i) N	lame of Supported Organization	(ii) EiN	(iii) Type of organization (described on lines 1 -9 above or IRC section (see instructions))	organizat (I) Irsted	Is the tion in col d in your erning ment?	(v) Did ye the organ col (your su	ization in (i) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of Support		
					Yes	No	Yes	No	Yes	No			
						 			-				
				· · · · · · · · · · · · · · · · · · ·	ļ						<u> </u>		
				:		ļ							
Total			1		3 .	F	Į į	I	ł	1 1			

Page 2

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part I)			
Sec	tion A. Public Support	·					
begıı	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.)	424,069.	451,295.	465,023.	451,817.	475,877	2,268,081.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-through 3	424,069.	451,295.	465,023.	451,817.	475,877	7. 2,268,081.
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)						99,897.
	Public support. Subtract line 5 from line 4						2,168,184.
Sec	tion B. Total Support						
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	424,069.	451,295.	465,023.	451,817.	475,87	7. 2,268,081.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	10,459.	18,238.	45,748.	24,725.	18,93	3. 118,103.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10					γ	2,386,184.
12	Gross receipts from related activ	rities, etc. (see ins	tructions) .			. 1	95,176.
	First five years. If the Form 990 organization, check this box and	l stop here		d, third, fourth, o	or fifth tax year as	s a section 501	1(c)(3) ►
	tion C. Computation of Pu			- 11			90.9%
	Public support percentage for 20			e 11, column (f)			14 90.9 % 15 92.4 %
15	Public support percentage from	ZUUS SCHEGUIE A,	raitii, iiile 14				
	a 33-1/3 support test — 2009. If the and stop here. The organization						
	33-1/3 support test — 2008. If th and stop here. The organization	qualifies as a pub	olicly supported or	ganization.		• •	
17 a	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts-a	ind-circumstances	test, check this	box and stop nei	re. Explain in i	Part IV now
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-ar	meets the 'facts-a id-circumstances'	and-circumstances test. The organiz	i' test, check this ation qualifies as	box and stop nei s a publicly suppo	r e. Explain in i orted organizat	tion
18	Private foundation. If the organ	ization did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA	L				S	cnedule A (Foi	rm 990 or 990-EZ) 200

Page 3 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.) Section A. Public Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in á activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form 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 inline 10b. whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions 20

Schedule	A (Form 990	or 990-E	Z) 2009	SANFOR	D LIB	RARY	ASSO	CIATI	ON,	INC.		01-0	216657		Page 4
Part IV	Supplen	nental li	nformat	t ion. Comp and Part	olete ti	hış pa	rt to pr	ovide	the	explanat	ions re	quired b	y Part II	, line 10	D;
	Part II, II	ine 1/a	or 1/b;	and Part	III, IIne	e 12.	Provide	e any o	otne	r additio	nai into	ormation	. See ins	struction	<u>15.</u>
- <i></i>															
															
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Open to Public Inspection Employer Identification number

SAI	NFORD LIBRARY ASSOCIATION, INC	•••		01.0016657
—				01-0216657
Pai	Tt I Organizations Maintaining Dono the organization answered 'Yes' t	r Advised Funds or Othe o Form 990, Part IV, line	r Similar Funds or Acc	counts Complete If
		(a) Donor advised f	unds (b)	Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
	Did the executation informs all desires and de-			
5	Did the organization inform all donors and dor funds are the organization's property, subject	to the organization's exclusive	legal control?	Yes No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits.	the benefit of the donor or don	ig that grant funds may be or advisor or for any other	. Yes No
Dat	t II Conservation Easements Compl		swared 'Ves' to Form	
	Purpose(s) of conservation easements held by			990, Fait IV, line 7.
'	Preservation of land for public use (e.g., r	` <u> </u>		adlicement and analysis
		ecreation or pleasure)	Preservation of an historic	•
	Protection of natural habitat	L	Preservation of certified h	istoric structure
•	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year.	on neid a qualified conservation	n contribution in the form of	
_	Total avada av of assessment as a second		 	Held at the End of the Year
	Total number of conservation easements		2a	
	Total acreage restricted by conservation ease		2b	
	Number of conservation easements on a certi		`'	
	Number of conservation easements included i	, , ,	2d	
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated by the o	rganization during the tax
	year •			
4	Number of states where property subject to co	onservation easement is located	d ▶	
5	Does the organization have a written policy re and enforcement of the conservation easemer	nt it holds?		olations, Yes No
	Staff and volunteer hours devoted to monitoring the year ▶		_	
7	Amount of expenses incurred in monitoring, in during the year ▶	nspecting, and enforcing conse	rvation easements \$ _	
8	Does each conservation easement reported of $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)^{2}$.	n line 2(d) above satisfy the rec	quirements of section	Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote conservation easements	ports conservation easements in the organization's financial s	n its revenue and expense statements that describes the	statement, and balance sheet, and e organization's accounting for
Pai	t III Organizations Maintaining Colle	ctions of Art. Historical	Treasures, or Other Sin	milar Assets
	Complete if the organization ans	wered 'Yes' to Form 990,	Part IV, line 8.	· · · · · · · · · · · · · · · · · · ·
1 <i>a</i>	 If the organization elected, as permitted unde treasures, or other similar assets held for pub the text of the footnote to its financial statement 	lic exhibition, education, or res	search in furtherance of publ	
k	of the organization elected, as permitted unde treasures, or other similar assets held for pub amounts relating to these items:	r SFAS 116, to report in its rev lic exhibition, education, or res	enue statement and balance earch in furtherance of publ	e sheet works of art, historical ic service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1		> \$
	(ii) Assets included in Form 990, Part X			► \$
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items:	r sımılar assets for fınancıal	gain, provide the following
а	Revenues included in Form 990, Part VIII, line	e 1		► \$
Ŀ	Assets included in Form 990, Part X	•	• •	≯ \$

Schedule D (Form 990) 2009 SANF	ORD LIBR	ARY A	SSOCIATION	, IN		01-021	6657	Page 2
Part III Organizations Mainta	ining Col	lection	s of Art, His	toric	al Treasures, o	or Other Similar As	sets (cont	ınued)
3 Using the organization's acquisit items (check all that apply).	ion accession	n and ot	her records, che	eck an	y of the following	that are a significant us	se of its collec	ction
a Public exhibition			d Loan	or exc	change programs			
b Scholarly research			e 🗌 Othei					
c Preservation for future gener								
4 Provide a description of the orgal Part XIV							se in	
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit o ather than to	r receive o be mai	e donations of a intained as part	rt, hist of the	orical treasures, organization's co	or other similar illection?	Yes	□No
Part IV Escrow and Custodia 9, or reported an amo	l Arranger unt on For	nents m 990	Complete if (, Part X, line	organ 21.	ızatıon answe	red 'Yes' to Form 9	90, Part IV	, line
1a Is the organization an agent, trus included on Form 990, Part X?						ner assets not	Yes	No
b If 'Yes,' explain the arrangement	ın Part XIV	and com	plete the follow	ıng tal	ole:			
							Amount	
c Beginning balance						1c	<u>-</u>	
d Additions during the year					•	1d		
e Distributions during the year	•					. <u>1e</u>		
f Ending balance	mount on Ea	000	Dark V. Ivan 01:	•		11	<u> </u>	Г-1
2a Did the organization include an a b if 'Yes,' explain the arrangement			Part X, line 21	•			Yes	∐No
Part V Endowment Funds Co			zation answo	rod "	Vos' to Form (200 Part IV June 10		
Tale V Endownone Lands Co	(a) Curren		(b) Prior yea		(c) Two years bac		T	
1 a Beginning of year balance	(a) ourion	it your	(6) 11101 yea	At	(c) Two years bac	k (u) Tillee years back	(e) Four ye	ars back
b Contributions		-			******			······
c Net Investment earnings, gains, and losses				-	***************************************			***************************************
d Grants or scholarships			 		······		-	
Other expenditures for facilities and programs							1	
f Administrative expenses					······································		1	······
g End of year balance							<u> </u>	***************************************
2 Provide the estimated percentage	of the year	end bal	ance held as:			4.		
a Board designated or quasi-endov			8					
b Permanent endowment ▶		i						
c Term endowment ►	%							
3a Are there endowment funds not a organization by:	n the posses	ssion of	the organization	that a	re held and adm	nistered for the	Yes	No
(i) unrelated organizations .							3a(i)	
(ii) related organizations							3a(ii)	
b If 'Yes' to 3a(II), are the related of	rganızatıons	listed a	s required on S	chedul	e R?		3b	
4 Describe in Part XIV the intended								
Part VI Investments-Land, B	uildings, :	and Ec	uipment. Se	e Fo	rm 990, Part)	K, line 10.		
Description of investment			t or other basis ivestment)		Cost or other pasis (other)	(c) Accumulated Depreciation	(d) Book	Value
1a Land				ļ	593,561.		593	3,561.
b Buildings .								
c Leasehold improvements	•	ļ			622,218.	187,694.	43	4,524.
d Equipment		ļ						
e Other		<u> </u>			139,932.	128,720.		1,212.
Total. Add lines 1a through 1e (Columi	n (d) must ed	qual Fori	m 990, Part X, c	column	(B), line 10(c))	•	1,03	9,297.

BAA

Schedule **D** (Form 990) 2009

Part VII	Investments—Other Securities Sec	e Form 990, Part X, line 1	12. N/A	
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
Financial d				
Closely-he	eld equity interests			· · · · · · · · · · · · · · · · · · ·
Other				
				
				
. – – – –				
				· · · · ·
	mn (b) must equal Form 990 Part X, col (B) line 12.)		100	
Part VIII	Investments-Program Related (Se			
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
			Cost or end-of-year market v	value
				
	· · · · · · · · · · · · · · · · · · ·			
otal. (Colum	nn (b) must equal Form 990, Part X, Col (B) line 13)	•		***************************************
	Other Assets (See Form 990, Part	X, line 15) N/A		
	(a	Description		(b) Book value
				
	lumn (b) must equal Form 990, Part X, col (E		<u> </u>	<u> </u>
Part X	Other Liabilities (See Form 990, P			
	(a) Description of Liability	(b) Amount		
ederal Inc	come Taxes			
			I	
			į	
			i	
				
			İ	
otal. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 25)		1	
2 FIN 48 F	Footnote, In Part XIV, provide the text of the	footpote to the organization's fu	nancial statements that reports the ord	ranization's liabi

Schedule D (Form 990) 2009 SANFORD LIBRARY ASSOCIATION, INC.

01-0216657

Page 3

Sch		01 - 021		Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year. Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities		_	
6	Investment expenses.			
7	Prior period adjustments			
8	Other (Describe in Part XIV)			
9	Total adjustments (net). Add lines 4 through 8			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	TXII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
	Total revenue, gains, and other support per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments.			
	Donated services and use of facilities 2b	7		
	Recoveries of prior year grants . 2c			
	Other (Describe in Part XIV)	_		
	Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-		
•				
	Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)		1	
	: Add lines 4a and 4b	4c		
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	NI / 3	
	** XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturn	N/A	
_	Total expenses and losses per audited financial statements	 		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ŀ		
	Donated services and use of facilities 2a			
ŀ	Prior year adjustments 2b			
(Other losses	[
	Other (Describe in Part XIV)		}	
•	Add lines 2a through 2d .	2 e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
á	Investments expenses not included on Form 990, Part VIII, line 7b			
ŀ	Other (Describe in Part XIV) . 4b		•	
(: Add lines 4a and 4b	4c		
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
	t XIV Supplemental Information			
line	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this mation.	IV, lines part to	s 1b and 2b; provide any	Part V, additional
		· 		
				
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				-
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Schedule D	(Form 990) 2009	SANFORD LIBRARY ASSOCIATION, Information (continued)	INC.	01-0216657	Page 5
Part XIV	Supplemental	Information (continued)		_ 	
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SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

SANFORD LIBRARY ASSOCIATION, INC.	01-0216657
FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS	
FORM 990 IS REVIEWED BY THE LIBRARY MANAGER AND AN OF	FICER OF THE BOARD PRIOR TO
BEING SIGNED AND SUBMITTED.	
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVA	AL PROCESS FOR CEO, EXEC. DIR., OR TOP MG
COMPENSATION OF TOP MANAGEMENT IS APPROVED BY THE BOA	RD THROUGH ITS BUDGET PROCESS.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVA	AL PROCESS FOR OFFICERS & KEY EMPLOYEE:
COMPENSATION OF KEY EMPLOYEES IS APPROVED BY THE BOAR	D THROUGH ITS BUDGET PROCESS.
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS F	PUBLICLY AVAILABLE
THE GOVERNING DOCUMENTS, POLICIES AND FINANCIAL STATE	MENTS ARE MADE AVAILABLE UPON
REQUEST.	

Schedule O (Form 990) 2009 Name of the organization	Page 2
	Employer identification number
SANFORD LIBRARY ASSOCIATION, INC.	01-0216657
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### Form 4562

**Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions.

OMB No 1545-0172

2009

Attachment Sequence No 67

Department of the Treasury Internal Revenue Service
Name (a) about an ashing

SANFORD LIBRARY ASSOCIATION, INC.

► Attach to your tax return.

identifying number

01-0216657 Business or activity to which this form relates FORM 990/990-PF Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I \$250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 3 \$800,000. Threshold cost of section 179 property before reduction in limitation (see instructions). 4 4 Reduction in limitation. Subtract line 3 from line 2, If zero or less, enter -0-Dollar limitation for tax year, Subtract line 4 from line 1, If zero or less, enter -0-, If married filing 5 separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property 7 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the smaller of line 5 or line & 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property ) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 Property subject to section 168(f)(1) election 15 16 13.836 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions) Section A 17 14.082 17 MACRS deductions for assets placed in service in tax years beginning before 2009 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here _____. Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Section B -(C) Basis for depreciation (a) Classification of property (b) Month and (g) Depreciation deduction (business/investment use Recovery period year placed in service only - see instructions) 19a 3-year property **b** 5-year property 500 HY 200DB 71 c 7-year property d 10-year property 13,526. HY 677 e 15-year property 15 150DB f 20-year property 25 yrs S/L g 25-year property 27.5 yrs MM S/L h Residential rental 27.5 yrs S/L property MM i Nonresidential real 39 yrs MM S/L property MM S/L Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System S/L 20a Class life 12 yrs S/L **b** 12-year. 40 yrs MM S/L c 40-year Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 Total, Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on

the appropriate lines of your return Partnerships and S corporations — see instructions

For assets shown above and placed in service during the current year, enter

22

28,666.