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#### **Short Form Return of Organization Exempt From Income Tax**

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

2009

OMB No. 1545-1150

Open to Public Inspec<u>tion</u>

Department of the Treasury Internal Revenue Service

► Sponsonng organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

A For the 2009 calendar year, or tax year beginning 2009, and ending 20 June 1 **May 31** Check if applicable: C Name of organization D Employer identification number Please se IRS Address change Friends of the Westwood Public Library 23-7065999 Name change print o Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return type. 781-326-7562 Terminated City or town, state or country, and ZIP + 4 F Group Exemption Amended return Westwood, MA 02090 Application pending Number ▶ Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ▶ H Check ▶ ☑ If the organization is not Website: ▶ www.westwoodlibrary.org required to attach Schedule B (Form 990, 990-EZ, or 990-PF). K Check Life the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return. L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ 30923 Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Contributions, gifts, grants, and similar amounts received . . . . 30228 2 Program service revenue including government fees and contracts 2 598 3 3 4 Investment income . . . . . . . . 97 4 Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c Special events and activities (complete applicable parts of Schedule G). If any amount is from garning, check here ▶ ☐ Gross revenue (not including \$ Less: direct expenses other than fundraising expenses 6b Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . 6c 7a Gross sales of inventory, less returns and allowances . . . . . 7a Less: cost of goods sold C Gross profit or (loss) from sales of inventory (Subtract\_line 7b from line 7a) 7с 8 Other revenue (describe ▶ 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 30923 9 10 Grants and similar amounts paid (attach schedule) 10 10000 11 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent conft 13 240 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping . . . . . . 15 4367 16 Other expenses (describe programs, books, administrative expense 16 11688 Total expenses. Add lines 10 through 16 . . . . . . . . . . . 17 17 26295 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . . . . . . . . . . . . . . . 18 18 4628 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . . . . . 19 34328 20 Other changes in net assets or fund balances (attach explanation) . . . 20 21 38956 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 34328 22 22 Cash, savings, and investments 38956 23 23 24 Other assets (describe ▶ 24 25 Total assets . . . 34328 38956 25 26 Total liabilities (describe ▶ 26 Net assets or fund balances (line 27 of column (B) must agree with line 21) 34328 27 38956

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Par	······································					Expenses
	is the organization's primary exempt purpose?					ired for section
	ribe what was achieved in carrying out the org			)(3) and 501(c)(4) uzations and section		
	ner, describe the services provided, the number of	of persons benefited, and o	other relevant info	rmation for	4947(	a)(1) trusts; optional
	program title.				for ot	hers.)
28	Various programs, speakers, classes and membersh	ip passes purchased for use	and/or attended by	y residents		
	(County &				00-	7900
29	(Grants \$ ) If this amount Books purchased for the Westwood Public Library.	includes foreign grants, che	eck nere	. 🕨 🔟	28a	7900
25	books purchased for the Westwood I done Library.					
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ □	29a	3095
30						
	(Grants \$ ) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	Other program services (attach schedule)					
		includes foreign grants, che			31a	694
	Total program service expenses (add lines 28a t				32	11689
Par	V List of Officers, Directors, Trustees, and Key	(b) Title and average	en if not compensa-	tteo. (See the		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit deferred comper	plans &	account and
	see attached schedule	devoted to position	enter -0)	delerred compa	ISAUOR	other allowances
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Part	Other Information (Note the statement requirements in the instructions for Part V.)	_		<u> </u>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			·
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		<b>√</b>
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	-	1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			,
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			i
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	4		}
b	Gross receipts, included on line 9, for public use of club facilities	-	1	,
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			i
	section 4911 ► ; section 4912 ► ; section 4955 ►	İ		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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			<b>√</b>
_	·	40b	<del> </del>	<u> </u>
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ Massachusetts			
42a		781-32	9-342	2
	Located at ► 12 Cardinal Drive, Westwood, MA ZIP + 4 ►	02	090	
b	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	_	Yes	
	account)?	42b	<u> </u>	✓
	If "Yes," enter the name of the foreign country:			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ا
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country:	42c	<u> </u>	✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued dunng the tax year			
			<u> </u>	
4.4	Did the constitution and the desired find 0 1/10/10 P.F. 1000		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ			- ;-
AE	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	44	├	<b>✓</b>
45	"Yes," Form 990 must be completed instead of Form 990-EZ	AE		1
	100, 10m 000 made 50 completed instead of 10m 050°LE	45	<del></del>	<u>. ▼</u>

Page	4

Part VI

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	17(a)(1) nonexempt cha	<b>exempt charit</b> ritable trusts m	able trusts only. A nust answer question	ll sec ins 46	tion 3-491	b
46	Did the organization engage in direct or indirect	political campaign activi				Yes	No
	candidates for public office? If "Yes," complete	<u>-</u>			46	<b></b>	1
	Did the organization engage in lobbying activitie				47 48		1
	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E						1
	Did the organization make any transfers to an ex If "Yes," was the related organization a section 5		•		49a	<b></b>	<b>V</b>
	Complete this table for the organization's five hi				49b	es an	d key
	employees) who each received more than \$100,	000 of compensation from	n the organizatio	n. If there is none, en	ter "N	one."	' noy
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensati		(e)	Expension allows	nse and
	none						
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	· · · · · · · · · · · · · · · · · · ·				<u> </u>		
	Complete this table for the organization's five \$100,000 of compensation from the organizatio	n. If there is none, enter "	None."				
	(a) Name and address of each independent contractor	paid more than \$100,000	(0)	Type of service	(c) Co	mpens	ation
	none						
	<del></del>		<del></del>			<del></del>	
		*					
				· · · · · · · · · · · · · · · · · · ·			
	,						
	Takal musel and alkaria dan andara anakaratan a		000				
d	Total number of other independent contractors of	each receiving over \$100,	·····································	·			
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete. Declaration	ed this return, including accompa of preparer (other than officer) is	anying schedules and based on all informa	d statements, and to the beaton of which preparer has	st of my any kno	/ know owledg	ledge je.
Sign Here	Signature of officer			18 - ( -	-10	2	
	Holly Joe, Treasurer Type or print name and title		<del></del>				
Paid Paid	Preparer's signature	Date	Check if self- employed	Preparer's identifying nu	mber (Se	e instrui	ctions)
Prepare	Filiti Stable (Or	·		EIN >		<del></del> -	
Use On	yours if self-employed), address, and ZIP + 4			Phone no. ▶			
May the	e IRS discuss this return with the preparer show	n above? See instructions			Yes		No
				Fo	rm <b>99</b>	0-EZ	(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.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

**Employer identification number** Name of the organization Friends of the Westwood Public Library 7065999 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii), (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33/4 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a 🗌 Type i **b** ☐ Type II c Type III-Functionally integrated **d** Type III-Other e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? . . . . . . . . 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organization (v) Did you notify (vi) Is the (viii) Amount of (described on lines 1-9 in col (i) listed in your organization the organization in organization in col support governing document? above or IRC section (i) organized in the col (i) of your (see instructions)) US2 support? Yes Yes Yes

Total

	(Complete only if you check	ked the box	on line 5, 7,	or 8 of Part I	.)	and 170(b)(	· \(\_\\_\
	ction A. Public Support						
C	alendar year (or fiscal year beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4.		L	<u> </u>		L	l
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 4	(a) 2000	(b) 2000	(6) 2007	(u) 2000	(e) 200 <del>9</del>	(1) 10tai
7 8	Gross income from interest, dividends, payments received on secunties loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
0	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)					:	
11	Total support. Add lines 7 through 10 .		<u> </u>		<u> </u>	<del> </del>	L
2	Gross receipts from related activities, etc.	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he	re	<u></u>				
<u> ec</u>	tion C. Computation of Public Sup	port Perce	ntage				
4	Public support percentage for 2009 (line 6	. ,,	•	. ,,,,		14	9
5 6a	Public support percentage from 2008 Sch 331/3 % support test—2009. If the organization						ck this box
	and stop here. The organization qualifies	as a publicly	supported orga	nization			▶
b	33% % support test—2008. If the organization qua						
7a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circums organization meets the "facts-and-circums"	ıcts-and-circui	mstances" test,	check this box	and stop here	. Explain in Parl	IV how the
b 18	10%-facts-and-circumstances test—2008. more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizat	acts-and-circun nces" test. The	nstances" test, o organization qui	check this box alifies as a public	and <b>stop here</b> . cly supported o	Explain in Part ganization	IV how the

Schedule A (Form 990 or 990-EZ) 2009

# 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.)

Sec	tion A. Public Support	d the box of		11.9		<del></del>	<del></del>
	alendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	26918	27782	26699	27380	30228	139007
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	605	1329	2626	(654)	598	4504
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	27523	29111	29325	26726	30826	143511
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons :						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						143511
	tion B. Total Support	(-) 000F	4.1.0000	( ) 0007	/ B 0000		
	alendar year (or fiscal year beginning in)	(a) 2005 27523	(b) 2006 <b>29111</b>	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6			29325	26726	30825	143511
	sources	76	270	403	258	97	1104
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				:		
С	Add lines 10a and 10b	76	270	403	258	97	1104
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	27599	29381	29728	26984	30922	144615
14	First five years. If the Form 990 is for to organization, check this box and stop I	here		d, third, fourth			n 501(c)(3) ▶ □
Sec	tion C. Computation of Public Sup	<del></del>					
15 16	Public support percentage for 2009 (line Public support percentage from 2008 S	chedule A, Pa	rt III, line 15	e 13, column (	••	15 16	100 % 100 %
Sec	tion D. Computation of Investmen	t Income Pe	rcentage				
17	Investment income percentage for 2009	(line 10c, col	umn (f) divided	by line 13, co	olumn (f)) .	17	.8 %
18	Investment income percentage from 20					18	.8 %
19a	33% % support tests—2009. If the orgal 17 is not more than 33% %, check this be	ox and <mark>stop he</mark>	re. The organiz	ation qualifies	as a publicly s	supported orga	nization 🕨 🗹
	33½ % support tests—2008. If the organiline 18 is not more than 33½ %, check this	box and stop	<b>here.</b> The orgar	ization qualifies	as a publicly	supported organ	nization 🕨 🔲
20	Private foundation. If the organization of	aid not check :	a pox on line 1	4. 19a. or 19h	check this ho	x and see inst	ructions 🕨 🗀

Schedule A (Fo	chedule A (Form 990 or 990-EZ) 2009						
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10 Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.	); 					
•							
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# FRIENDS OF THE WESTWOOD LIBRARY LISTING OF OFFICERS

# Supplemental schedule to Form 990 EZ – Part IV / MA Form PC #17

### ALL POSITIONS are VOLUNTEER and NOT PAID.

(A) Name and Address	(B) Title	Average # of Hours/Week
Diane Parazin 5 Cardinal Drive Westwood, MA 02090 781-329-7807	President	12 hours per week
Holly Joe 12 Cardinal Drive Westwood, MA 02090 781-329-3422	Treasurer	4 hours per week
Louise Donovan 265 Far Reach Road Westwood, MA 02090 781-461-0896	Vice President	1 hour per week
Deanna Young 238 Far Reach Road Westwood, MA 02090 781-251-0868	Secretary	2 hours per week

#### FRIENDS OF THE WESTWOOD LIBRARY

## Supplemental schedule to Form 990 EZ – Part I, line 10 schedule

Line 10: Grants and similar amounts paid.

Class of activity:

Donation to the new library building.

Grantee:

Westwood Public Library

668 High Street

Westwood, MA 02090

Amount given:

\$10,000

Relationship to Grantee:

Friends of the Westwood Library

# FY ended 5/31/10

# Friends of the Westwood Public Library

# Form 990EZ - Part III - Line 31 details:

1.	Subscriptions	\$	270
2.	Volunteer recognition expense	\$	424
	TOTAL	8	694