990

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) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For the 2007 calendar year, or tax year beginning , 2007, and ending 20 D Employer identification number C Name of organization Please B Check if applicable: Friends of the Bernardsville Public Library, Inc. 3307350 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Name change type. 1 Anderson Hill Road (908) 766-0118 Initial return Specific City or town, state or country, and ZIP + 4 Instruc-Termination Bernardsville, NJ 07924 tions. Other (specify) Amended return H and I are not applicable to section 527 organizations. • Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable Application pending H(a) Is this a group return for affiliates? ☐ Yes ✓ No trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(b) If "Yes," enter number of affiliates ▶ G Website: ► www.bernardsvillelibrary.org H(c) Are all affiliates included? ☐ Yes ☐ No J Organization type (check only one) ► ✓ 501(c) (3) ◄ (insert no.) ☐ 4947(a)(1) or ☐ 527 (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an K Check here ▶ ☐ if the organization is not a 509(a)(3) supporting organization and its gross organization covered by a group ruling?

Yes
No receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return. Group Exemption Number ▶ Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ to attach Sch. B (Form 990, 990-EZ, or 990-PF). Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.) Part I Contributions, gifts, grants, and similar amounts received: a Contributions to donor advised funds 1a 37,543.22 1b **b** Direct public support (not included on line 1a) 10 c Indirect public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) e Total (add lines 1a through 1d) (cash \$ 34,456.55 noncash \$ 1e 37,543.22 2 2 Program service revenue including government fees and contracts (from Part VII, line 93) 3 Membership dues and assessments 6,120.34 4 Interest on savings and temporary cash investments 10.830.54 5 Dividends and interest from securities . . 542.00 6a 6b 1.385.17 b Less: rental expenses (843.17)c Net rental income or (loss). Subtract line 6b from line 6a . 6c Other investment income (describe > unrealized appreciation 7 5,565.21 8a Gross amount from sales of assets other 9,434,68 8a 2,671.50 than inventory 9,688.67 8b 1,334.72 b Less: cost or other basis and sales expenses. c Gain or (loss) (attach schedule) d Net gain or (loss). Combine line 8c, columns (A) and (B) 8d 1,082.79 9 Special events and activities (attach schedule). If any amount is from gaming, check here ► □ a Gross revenue (not including \$ b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events. Subtract line 9b from line 9a 10a Gross sales of inventory, less returns and allowances . . . 10c c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a Other revenue (from Part VII, line 103) 11 28.00 11 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 12 60,326.93 66.327.01 13 13 Program services (from line 44, column (B)) 14 1,493.25 Management and general (from line 44, column (C)) 14 2,051.66 15 15 Fundraising (from line 44, column (D)) 16 16 Payments to affiliates (attach schedule) . . . Total expenses. Add lines 16 and 44, column (A) 17 69,871.92 17 18 (9,544.99)Net Assets 18 Excess or (deficit) for the year. Subtract line 17 from line 12 19 367,372.10 19 Net assets or fund balances at beginning of year (from line 73, column (A)). 20 Other changes in net assets or fund balances (attach explanation). . . 20 21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 357,827.11 21

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule)	NO. CO. CO. CO. CO. CO. CO. CO. CO. CO. C		33,11000	La Caraca	
	(cash \$)					医 基层次作者
	If this amount includes foreign grants, check here 🕨 🗀	22a				
22b	Other grants and allocations (attach schedule)					
	(cash \$66,150.78 noncash \$)					問題談響報鑑
	If this amount includes foreign grants, check here	22b	66,150.78	66,150.78		
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24	82.15	82.15		
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a				
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b				
С	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26	Salaries and wages of employees not included on lines 25a, b, and c	26				
27	Pension plan contributions not included on lines 25a, b, and c	27				
28	Employee benefits not included on lines 25a - 27	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33	2,025.58		425.23	1,600.3
34	Telephone	34			420.23	1,000.3
35	Postage and shipping	35	441.69			441.6
36	Occupancy	36				441.0
37	Equipment rental and maintenance	37				
38	Printing and publications	38	9.62			9.62
39	Travel	39				
	Conferences, conventions, and meetings	40				
11	Interest	41				
12	Depreciation, depletion, etc. (attach schedule)	42				
	Other expenses not covered above (itemize):					
a	Directors and officers liability insurance	43a	943.02		943.02	
	Membership in Friends of Libraries USA	43b	65.00		65.00	
C	State charitable registration fee Refreshments for attendees at library programs	43c	60.00		60.00	
	선생님이 아일이 아이가 아니는 아이는 사람이 하면 하면 하고 있는데 하고 있다. 그는 그를 모르고 그로	43d	94.08	94.08		
		43e				
		43f 43g				
	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)		50 074 00			
	13–15)	44	69,871.92	66,327.01	1,493.25	2,051.66

; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

W	hat is the organization's primary exempt purpose? support the public library of Bernardsville, NJ	Program Service
	organizations must describe their exempt purpose achievements in a clear and concise manner. State the number clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for
а	Gave the public library the sum indicated for its newsletter to residents, adult, child and FSI programs, the	others.)
	purcharse of rental and large-print books, the purchase of AV/CD/DVD materials and other programs and resources	
	requested by the library. Benefits the many library users in this municipality of some 7,000 people.	
	(Grants and allocations \$ 65,650.78) If this amount includes foreign grants, check here ▶ □	
b	Awarded two scholarships to local teens nominated by library staff to encourage young people to use library.	65,650.78

	(Grants and allocations \$ 500) If this amount includes facility	
c	Paid for cake for luncheon to recognize people who volunteered services to library.	500.00
_		
	(Grants and allocations \$) If this amount includes facility	
4	Grants and allocations \$) If this amount includes foreign grants, check here ▶ □ Provided refreshments for attendees at library functions.	82.15
u	Trovada for estiments for attenuees at hirary functions.	
	(Grants and allocations \$) If this amount includes forcing	
A	Other program services (attach schedule) ∫ If this amount includes foreign grants, check here □	94.08
	/O	
_	Total of Program Service Expenses (should equal line 44, column (B), Program services)	66,327.01

Form 990 (2007)

	Note:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	230.00	45	100.0
	46	Savings and temporary cash investments	198,168.93	46	167,719.8
	47a	Accounts receivable			
		Less: allowance for doubtful accounts . 47b	1	47c	
	40-	Plul and the second sec		17.32	
		Pledges receivable			
	49	Grants receivable		48c	
	50a	Receivables from current and former officers, directors, trustees, and		49	
		key employees (attach schedule)		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
sts	51a	Other notes and loans receivable (attach schedule)			
Assets	b	Less: allowance for doubtful accounts . 51b		51c	
A	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54a	Investments—publicly-traded securities ▶ ☐ Cost ☑ FMV	153,269.37	54a	172,805.38
		Investments—other securities (attach schedule) ► ☐ Cost ☐ FMV		54b	
		Investments—land, buildings, and equipment: basis			
	b	Less: accumulated depreciation (attach schedule)		55c	
	56	Investments—other (attach schedule)	15,823.80	56	17,323.87
	57a	Land, buildings, and equipment: basis . 57a			
	þ	Less: accumulated depreciation (attach			5
	58	schedule)		57c	
	30	Other assets, including program-related investments (describe ▶		50	
	59	Total assets (must equal line 74). Add lines 45 through 58	367,492.10	58 59	357,949.11
	60	Accounts payable and accrued expenses	122.00	60	122.00
	61	Grants payable		61	722.00
10	62	Deferred revenue		62	
Liabilities	63	Loans from officers, directors, trustees, and key employees (attach			
ipil	640	schedule)		63	
Ľ	h	Tax-exempt bond liabilities (attach schedule)		64a	
	65	Other liabilities (describe ►		65	
-	66	Total liabilities. Add lines 60 through 65	122.00	66	122.00
s	Orga	nizations that follow SFAS 117, check here ▶ ✓ and complete lines 67 through 69 and lines 73 and 74.			
ЭС	67	Unrestricted	96,612.62	67	87,067.53
alaı	68	Temporarily restricted	270,759.58	68	270,759.58
B		Permanently restricted		69	
Net Assets or Fund Balances	Orga	nizations that do not follow SFAS 117, check here ▶ □ and complete lines 70 through 74.			
ō	70	Capital stock, trust principal, or current funds		70	
ets	71	Paid-in or capital surplus, or land, building, and equipment fund .		71	
Ass	72	Retained earnings, endowment, accumulated income, or other funds		72	
Net		Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)			
	74	equal line 21)	367,373.10 367,492.10		357,827.11
	11.00(1).00	and not about initial balances. Aud lines on all [13]	(67 492 10	7.4	357 949 11

Pa	Reconciliation of Revenue per A instructions.)	udited Financial State	ments With Re	venue per	r Return	(See the
a b 1	Total revenue, gains, and other support per au Amounts included on line a but not on Part I, I Net unrealized gains on investments	ine 12:	ts		а	
3 4	Donated services and use of facilities Recoveries of prior year grants Other (specify):		b2 b3			
c	Add lines b1 through b4				b c	
1	Investment expenses not included on Part I, lin Other (specify):	e 6b	d2			
e Pa	Add lines d1 and d2 Total revenue (Part I, line 12). Add lines c and rt IV-B Reconciliation of Expenses per A	d		; ; b	d e	
а	Total expenses and losses per audited financia	Latatamanta				m
b	Amounts included on line a but not on Part I, li	ne 17:			а	
1	Donated services and use of facilities		b1			
2	Prior year adjustments reported on Part I, line 2	20	b2			
3	Losses reported on Part I, line 20		b3			
4	Other (specify): Add lines b1 through b4		b4			
С	Subtract line b from line a	· ar ser as as a <mark>r ar</mark> ar as a			b	
d	Amounts included on Part I, line 17, but not on	line as			С	
1 2	Investment expenses not included on Part I, line Other (specify):	e 6b	d1			
е	Add lines dd and do		d2		d	
Par	t V-A Current Officers, Directors, Trustee or key employee at any time during the y	s and Key Employees	(List each perso compensated.) (S	n who was See the instr	ructions.)	
See	(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contribution benefit plans compensati	s to employee & deferred ion plans	(E) Expense account and other allowances
	not attached					
		-				
		-				
		-				
		-				
		-				

Fie	Current Officers, Directors, Trustee	es, and Key Employe	ees (continued)			Yes	No
75	a Enter the total number of officers, directors, and meetings	trustees permitted to v	ote on organization	on business at board			
			· · · · • .				
	Are any officers, directors, trustees, or key employees listed in Schedule A, Part I, or hi contractors listed in Schedule A, Part II-A or relationships 2 ff "Yes" ettach a state of the second and the	ighest compensated	professional and	other independent	983 NEV		
	relationships? If "Yes," attach a statement that ic	dentifies the individuals	and explains the	relationship(s)	75b	CHRIST	/
	II Tes. allacii a statement that includes the int	Part I, or highest of Part II-A or II-B, remains are related to the constraints described in	ompensated proceive compensate organization? See	fessional and other ion from any other the instructions for	75c	OUT THE REAL PROPERTY.	1
Pa	Does the organization have a written conflict of rt V-B Former Officers, Directors, Trustees, and officer director trustee or leave and officers.	Key Employees That	Received Compa	anotion or Other De-	- Pt - III		
	officer, director, trustee, or key employee r person below and enter the amount of com	ecellian companentian a	or athor handita (al	and a william of the other Architecture			orme st tha
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E)	Expendent and lowance	other
Nor	e	-		estriporodion para	di	Owanice	73
		-					
		-					
	t VI Other Information (See the instruction					Yes	No
76	Did the organization make a change in its activiti	es or methods of cond	ducting activities	? If "Yes," attach a	SCIN		
77	detailed statement of each change	erning documents but	not reported to	the IRS?	76 77		1
78a	If "Yes," attach a conformed copy of the changes Did the organization have unrelated business gro this return?	oss income of \$1,000	or more during th	ne year covered by	70-		
b	this return? If "Yes," has it filed a tax return on Form 990-T f	or this year?			78a 78b	-	✓_
79	Was there a liquidation, dissolution, termination, of a statement	or substantial contracti	ion during the ver	ar? If "Yes." attach	79	201	
80a	Is the organization related (other than by associa common membership, governing bodies, truste	tion with a statewide	or nationwide org	ganization) through			
b	If "Yes," enter the name of the organization				80a		√
31a	Enter direct and indirect political expenditures. (S Did the organization file Form 1120-POL for this	and check whether it ee line 81 instructions	is L exempt or	nonexempt 0.00			
1000	The second of th	you!		20 00 00 10 10 00 00	91h		1

Pa	ort VI Other Information (continued)			Page
	Did the organization receive donated services or the use of materials, equipment, or facilities at		Yes	No
	, i coo than fall fortal value:	82a		1
,	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II.			
	(See Instructions in Part III.)			
838	Did the organization comply with the public inspection requirements for returns and exemption and its control of the control o	83a	1	
	I bid the organization comply with the disclosure requirements relating to guid are given and the	83b	1	
	. Sid the organization solicit any contributions or diffs that were not tax deductible?	84a		1
	of it "Yes," did the organization include with every solicitation an express statement that such contributions or	1873		
	5 TO THE LAN GOOD CHIEF.	84b		
h	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a		
~	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
C	Dues, assessments, and similar amounts from members			
a	Section 162(e) lobbying and political expenditures			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Tayoble amount of little amount of section 6033(e)(1)(A) dues notices			
,	Taxable amount of lobbying and political expenditures (line 85d less 85e)	155		
9	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
n	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the			
86	501(c)(7) orga Entage - Lattest - 4	85h	Carrierates	(PONETT
b	Gross receipts, included on line 12, for public use of club facilities			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a			
	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
88a	At any time during the year, did the organization own a 50% or greater interest in	数		
	Tes, complete Part IX	88a		1
	Meaning of section 512(b)(13)? If "Yes." complete Part XI	88b		,
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0.00; section 4912 ▶ 0.00; section 4955 ▶ 0.00			V
b	501(C)(3) and 501(C)(4) orgs. Did the organization engage in any postion 4050	160		
	orpianing cach transaction	89b	PROPERTY USE	1
С	and the state of t		13 B	
	persons during the year under sections 4912, 4955, and 4958			
e	Enter: Amount of tax on line 89c, above, reimbursed by the organization .			
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	20-	2	7
f	surface or indirect interest in any applicable insurance contracts.	39e 39f		7
g	For supporting organizations and sponsoring organizations maintaining descriptions			
90a	List the states with which a server fitting the states with the states with which a server fitting the states with the st	39g		
h	at any time during the year? List the states with which a copy of this return is filed New Jersey Number of employees employed in the pass period that the pass period the pass period that the pa			
				12
1a	The books are in care of Tackie Somers			0
	Located at I Anderson this Rd. Bernardsville. NJ. ZIP + 4 D. 07974	1.66.	.D.ll	.8
b	At any time during the calendar year, did the organization have an interest in an a single and the calendar year.	•••••		
-	over a financial account in a foreign country (such as a bank account, securities account, or other financial	V	es N	No
	The state of the s	1b	33 1	/
	1 103, effect the fighte of the foreign country		7	OH.
92	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part	VI Other Information (continued)					- 1	Pag /es
С	At any time during the calendar year, did the or	ganization main	tain an office	outside of the	United States?	91c	es
	ii les, effer the name of the foreign country						
92	Section 4947(a)(1) nonexempt charitable trusts fi and enter the amount of tax-exempt interest rec	iling Form 990 in	lieu of Form	1041—Check	here		>
Part	VII Analysis of Income-Producing Activ	ities (See the	instructions	ax year	▶ 92		
Note:	Enter gross amounts unless otherwise	Unrelated bus			on 512, 513, or 514	1 ,	-
ndica	ted.	(A)	(B)	_ (C)		Rela	E) ted or
93	Program service revenue:	Business code	Amount	Exclusion code	(D) Amount	exempt	funct
а							OITIO
b							
C							
d							
e	Modicers (Madical)						
g	Medicare/Medicaid payments						
94	Fees and contracts from government agencies Membership dues and assessments						
95	Interest on savings and temporary cash investments			14	0.400.04		
96	Dividends and interest from securities			14	6,120.34 10,830.54		-
97	Net rental income or (loss) from real estate:			WHILE SECRET	10,030.54	Harsa Land	SPACE
а	debt-financed property						
b	not debt-financed property						
98	Net rental income or (loss) from personal property			03	(843.17)		
99	Other investment income			147,223	5,565.21		
00	Gain or (loss) from sales of assets other than inventory			18	1,082.79		
01 02	Net income or (loss) from special events .						
03	Gross profit or (loss) from sales of inventory Other revenue: a						
b	share of sales at book-signing event at library						
c							28.
d							
е							-
04	Subtotal (add columns (B), (D), and (E)) .				22,755.71	_	28.
05	Total (add line 104, columns (B), (D), and (F))				>	22	.783.
ote:	ine 105 plus line 1e, Part I, should equal the arr	lount on line 12	Part I	oses (See the		Andr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Part VIII	Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)
Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
103b	Having an author come to the library to meet readers and sign copies of his or her books generates interest in reading and the
	Bernardsville Public Library's offerings

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			400013
	%			
	%			
Part X Information Regarding Transfers	%			

	See the instructions.)	b.	
(10)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	☐ Yes ☐ Yes	☑ No

F	000	-
Form	990	(2007)

age 9

	is a controlling organizati	ion as defined in section 5	112(0)(13).				zatio
106	Did the reporting organization m the Code? If "Yes," complete the	ake any transfers to a control e schedule below for each co	olled entity as	defined in se	ction 512(b)(13) of	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Desc	(C) ription of ansfer	Amount o		fer
а							
b		-					
С							
	Totals						
107	Did the reporting organization rec 512(b)(13) of the Code? If "Yes,"	ceive any transfers from a co	ontrolled entity for each co	y as defined in	section	Yes	No
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	Descr	(C) iption of nsfer	(D Amount of		er
а							
b							
С							
	Totals						
108	Did the organization have a bindir rents, royalties, and annuities des	cribed in question 107 above	?			Yes	No /
Pleas Sign Here	Under penalties of perjury, declare that I and belief, it is true, correctly and complete Signature of officer Type or print name and title	Control that	Tomcery is based	hedules and state on all information Da	6/27/eş	my know	rledge rledge.
Paid Prepare	Preparer's signature	4	Date	Check if self- employed ▶ □	Preparer's SSN or PTIN (S	See Gen.	Inst. X)
Jse Onl	Firm's name for volure			EIN	>		

Part I, line 8c, schedule of gain or loss

A)	Securities
Losses on sale of donated common shares:	
16 Factset Research Systems Inc 100 Johnson & Johnson 39 SVB Financial Group	(14.17) (122.95) (116.87) (253.99)
B) Other	
Profit on sales of library notecards Profit on sales of "ghosting bags"	178.00 1,158.78 1,336.78
Part II, line 22b, other grants and allocations	
Donated to Bernardsville Public Library Two scholarships for teens	65,650.78 <u>500.00</u> 66,150.78
Part II, line 24, benefits paid to or for member	S
Cake for luncheon recognizing volunteers (Rest of food was donated; everyone doing volunteer work for library is a member of the organization under its by-laws)	82.15
Part IV, line 56, investments, other	
Insurance policy on life of Ethel G. Schacht	17,323.87

SCHEDULE A

(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

s.) <u>Z</u>UU

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

2007

OMB No. 1545-0047

Friends of the Bernardsville Public Library, Inc.			22	3307350
Compensation of the Five High (See page 1 of the instructions.	nest Paid Employees On List each one. If there ar	ther Than Office re none, enter "I	ers, Directo None.")	ors, and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contribution employee benefit p deferred compens	lans & account and other
None			deletted compens	sation allowances
Total number of other employees paid over \$50,000 .		· · · · · · · · · · · · · · · · · · ·		Sales And Designation of the Control
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent C	Contractors for	Professional	Il Services
(a) Name and address of each independent contractor	r paid more than \$50,000		of service	(c) Compensation
None		(0) 1) po	01 301 1105	(c) compensation
				_
Total number of others receiving over \$50,000 for professional services				
	and David Land		1000年度	SALIDE TABLES
Part II-B Compensation of the Five Higher (List each contractor who perform	est Paid independent Co	ontractors for (Other Servic	es
firms. If there are none, enter "No	ne." See page 2 of the in	structions \	ices, whethe	r individuals or
(a) Name and address of each independent contractor		(b) Type (of convice	(4) 0
None	paid more than \$60,000	(b) Type (oi service	(c) Compensation

otal number of other contractors receiving over 50,000 for other services				

Pa	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1		1
	Organizations that made an election under section 501(h) by filling Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		1
b	Lending of money or other extension of credit?	2b		1
С	Furnishing of goods, services, or facilities?	2c		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
е	Transfer of any part of its income or assets?	2e		1
За	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		1
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		1
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		1
b	Did the organization make any taxable distributions under section 4966?	4b		1
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		1
d	Enter the total number of donor advised funds owned at the end of the tax year	-		0
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.00
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			0.00

cert 5	ite.		e Foundation							
5	шу	that the organization is not a priva	ate foundation be	cause it is: (Please ched	ck only ONE ap	plicable box.)				
		A church, convention of churche	s, or association	of churches, Section 17	'0(b)(1)(A)(i).					
6		A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)								
7		A hospital or a cooperative hosp	ital service organi	zation. Section 170(b)(1)(A)(iii).					
3		A federal, state, or local government	A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).							
9		A medical research organization operated in conjunction with a hospital. 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. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)								
a	V	An organization that normally rece 170(b)(1)(A)(vi). (Also complete the	eives a substantial e Support Sched	part of its support from ule in Part IV-A.)	a governmenta	I unit or from the	general public. Se			
1b		A community trust. Section 170(b	o)(1)(A)(vi). (Also co	omplete the Support So	chedule in Part	IV-A.)				
2		An organization that normally rece from activities related to its charit from gross investment income ar organization after June 30, 1975.	able, etc., function able, etc., function	ns—subject to certain e ness taxable income (le	xceptions, and ess section 511	(2) no more that tax) from busing	in 33%% of its sup			
1		An organization that is not contrrequirements of section 509(a)(3). Type I Type II	Check the box ti	ualified persons (other nat describes the type of II-Functionally Integrat	of supporting o	n managers) an rganization:]Type III-Other	d otherwise meet			
		Provide the following info	rmation about th	e supported organizat	tions. (See pag	e 8 of the instru	ctions \			
Nan	ne(s	(a) s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	Is the su organization the sup organiz	d) upported on listed in upporting	(e) Amount of support			
					Yes	No				

Cale	e: You may use the worksheet in the instructions endar year (or fiscal year beginning in)	(a) 2006	(b) 2005			
15	Gifts, grants, and contributions received. (Do	(a) 2006	(D) 2005	(c) 2004	(d) 2003	(e) Total
	not include unusual grants. See line 28.).	52,726.43	40,552.15	41,314.57	21 540 07	100 142 00
16	Membership fees received ,	04/140110	10,002.10	41,314.37	31,549.87	166,143.02
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	510.00	1,085.50	3,359.82	1,107.00	3,756.40
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	10,659.12	15,082.84	3,359.82	3,091.76	32,193.54
19	Net income from unrelated business activities not included in line 18		70,700	5/000.02	3,031.70	32,133.34
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.					
21	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.	150.00	0.00			
22	Other income. Attach a schedule. Do not	150.00	0.00	0.00	0.00	150.00
-	include gain or (loss) from sale of capital assets					
23	Total of lines 15 through 22	64,045.55	56,720.79	45,727.99	35,748.63	202,242.96
24	Line 23 minus line 17	63,535.55	55,634.99	44,674.39	34,641.63	198,486.56
25	Enter 1% of line 23					
26	Organizations described on lines 10 or 11:	a Enter 2% of ar	mount in column	(e), line 24	▶ 26a	3,969.73
b	Prepare a list for your records to show the nam governmental unit or publicly supported organiz	e of and amount of ation) whose total	contributed by ea	ch person (other	than a	
	amount shown in line 26a. Do not file this list wit	th your return. Ente	er the total of all th	nese excess amo	unts ▶ 26b	3,752.15
C	Total support for section 509(a)(1) test: Enter lin	e 24, column (e)			▶ 26c	198,486.56
d	Add: Amounts from column (e) for lines: 18 22	2	6b 3,752.1	5	▶ 26d	35,945.69
е	Public support (line 26c minus line 26d total)	or (ras) un un un un un			▶ 26e	162,540.87
1	Public support percentage (line 26e (numera	tor) divided by line	e 26c (denomina	ator))	> 26f	81.89 %
27	Organizations described on line 12: a For person," prepare a list for your records to show to not file this list with your return. Enter the (2006)	sum of such amo	unts for each yea	ved in each year ar:	from, each "disqu	ualified person."
b	For any amount included in line 17 that was received show the name of, and amount received for each y (Include in the list organizations described in lines 5 the difference between the amount received and to amounts) for each year: (2006) (2005)	ed from each perso ear, that was more through 11b, as we he larger amount d	n (other than "disc than the larger of Il as individuals.) D escribed in (1) or	qualified persons" (1) the amount on o not file this list (2), enter the sun), prepare a list for line 25 for the ye with your return. n of these differen	r your records to ar or (2) \$5,000. After computing aces (the excess
					(2003)	***************************************
С	Add: Amounts from column (e) for lines: 15 _ 17 20 _	1	6		▶ 27c	
d	Add: Line 27a total a	nd line 27b total			▶ 27d	
е	Public support (line 27c total minus line 27d total	al)	10 10 10 10 10		▶ 27e	
f	Total support for section 509(a)(2) test: Enter an	nount from line 23,	column (e) !	▶ 27f	THE RESERVE	
g	Public support percentage (line 27e (numerat	or) divided by line	27f (denominat	tor))	Þ 27g	%
h	Investment income percentage (line 18, colur	nn (e) (numerator	divided by line	27f (denominat	or)). ► 27h	%
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fill	n vear, the name of	of the contributor	the date and a	mount of the are	through 2006, ant, and a brief

Part V	Private School Questionnaire (See page 9 of the instructions.)
	(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 a	Does the organization maintain the following: Records indicating the racial composition of the student body, faculty, and administrative staff?	20-		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32a 32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
d	with student admissions, programs, and scholarships? Copies of all material used by the organization or on its behalf to solicit contributions?	32c 32d	SACTION 1	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a		History
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		_
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.	340		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		
	the state of the s	00		

Schedule	Δ	(Form	oon	or	ggn.	E71	2007	
ochedule	α	(FOITH	990	OF	990-	EZ)	2007	

Page 6

P	To be completed ONLY by a	lecting Public	Charities (Se	e page 11 of	the instructions	Page 6
Ch	eck ▶ a ☐ if the organization belongs to an affili	iated group. Che	eck ▶ b ☐ if	you checked "a"	and "limited control"	provisions apply
	Limits on Lobbyi (The term "expenditures" mea	ing Expenditur	es		(a) Affiliated group totals	(b) To be completed for all electing organizations
36	Total lobbying expenditures to influence public	c opinion (grassro	ots lobbying) .		3	
37	Total lobbying expenditures to influence a legi	slative body (direct	ct lobbyina).	37	7	
38	Total lobbying expenditures (add lines 36 and	37)		38	3	
39	Other exempt purpose expenditures			39		
40	Total exempt purpose expenditures (add lines	38 and 39)		40		
41	Lobbying nontaxable amount. Enter the amount If the amount on line 40 is—					
	Not over \$500,000 20%	obbying nontaxa	ble amount is-			
	Over \$500,000 but not over \$1,000,000 . \$100,	On the amount on	line 40			
	Over \$1,000,000 but not over \$1,500,000 . \$175,	000 plus 10% of the	excess over \$1	000,000 41		antonina antonina al
	Over \$1,500,000 but not over \$17,000,000. \$225,	000 plus 5% of the	excess over \$1.	500,000	A MANAGEMENT	
	Over \$17,000,000 \$1,000	0,000				
42	Grassroots nontaxable amount (enter 25% of I	ine 41)		42		71
43	Subtract line 42 from line 36. Enter -0- if line 4	2 is more than lin	e 36	43		
44	Subtract line 41 from line 38. Enter -0- if line 4	11 is more than lin	e 38	44		
	Caution: If there is an amount on either line 43	3 or line 44, you n	nust file Form 47	20.		
		eraging Period		42000		
-	(Some organizations that made a section See the instructions for	on 501(h) election for lines 45 throug	do not have to o h 50 on page 13	complete all of the of the instruction	ons.)	
		Lobi	oying Expenditu	res During 4-Y	ear Averaging Pe	riod
	Calendar year (or	(a)	(b)	(c)	(d)	(e)
_	fiscal year beginning in) ▶	2007	2006	2005	2004	Total
45	Lobbying nontaxable amount					
46	Lobbying ceiling amount (150% of line 45(e))					
47	Total lobbying expenditures					
48	Grassroots nontaxable amount	States Shires Control	The second second second	Contract And the latest the lates		
49	Grassroots ceiling amount (150% of line 48(e))					
50	Grassroots lobbying expenditures					
Pa	rt VI-B Lobbying Activity by Nonelec (For reporting only by organization)	ting Public Ch	arities ot complete F	art VI-A) (See	page 14 of the	instructions)
Duri atte	ng the year, did the organization attempt to influence public opinion on a legislative m	ence national, sta	te or local legisla	ation including	any Yes No	Amount
	Volunteers			attar tra		
b	Paid staff or management (Include compensation	on in expenses rep	ported on lines of	through h.).		
С	Media advertisements					
d	Mailings to members, legislators, or the public .					
е	Publications, or published or broadcast stateme	ents				
f	Grants to other organizations for lobbying purpo	oses				
g	Direct contact with legislators, their staffs, gove	rnment officials, c	or a legislative be	ody		
n i	Rallies, demonstrations, seminars, conventions, Total lobbying expenditures (Add lines c through					
	If "Yes" to any of the above, also attach a state	ement giving a det	ailed description	of the lobbying	activities.	

Pa	rt V	I Informatio	n Regarding	Transfers To and Trans	actions and Relationships V	Vith None	chari	eage table
51	Did	Exempt O	gariizations (5	ee page 14 of the instruction	ons.)			
	301	(c) of the code (of	mer than section 5	01(c)(3) organizations) or in sec	e following with any other organization 527, relating to political organiza	on describe tions?	d in s	ectio
а				n to a noncharitable exempt org	anization of:		Yes	No
						51a(i)		1
1		Other assets .				a(ii)		1
b		er transactions:						
	(1)	Sales or exchang	jes of assets with	a noncharitable exempt organiza	ation	b(i)		1
	(11)	Purchases of ass	ets from a noncha	ritable exempt organization .		b(ii)		1
	(iii)	Rental of facilities	s, equipment, or of	ther assets	and there can't was warn your your over the tree than the	b(iii)		1
	(IV)	Reimbursement a	arrangements .			b(iv)		1
	(V)	Loans or loan gu	arantees			b(v)		
	(VI)	Performance of s	ervices or member	rship or fundraising solicitations		b(vi)		-
C	OI Id	uring of facilities, ed	quipment, mailing i	lists, other assets, or paid emple	oyees	С		✓
	900	us, utilei assets, u	n services diveri li	v the reporting organization it	e. Column (b) should always show the the organization received less than fi ds, other assets, or services received:	fair market air market v	value value i	of the
100000000000000000000000000000000000000	a)	(b)		(c)	(d)		_	
Line	no.	Amount involved	Name of non	charitable exempt organization	Description of transfers, transactions, ar	nd sharing arra	angeme	ents
							-	-
							-	_
								-
_	_							
_								
_								
	7							
			-					
52a	Is the	ne organization dire	ectly or indirectly	affiliated with, or related to, or	ne or more tax-exempt organizations n section 527?	s \square v		
b	If "Y	es," complete the	following schedule): 	11 Section 5277	- ∐ Yes	V	No
		(a) Name of organiza	ation	(b)	(c)			
	_	realite of organiza	ation	Type of organization	Description of relation	ship		
_								
								_
								_
								_
								_
								_
							Yes No a(i) ii) iii) viii) viii) viii) viii) ket value of the et value in any arrangements	
	-							
					P.1			
							_	_

Schedule to Part IV, List of Officers, etc.

(A) Name and address	(B) Title and average hours	(C)	(D) Contributions to	(E) Expense	
	per week devoted to position	Compensation	employee benefit plans & deferred	account and other	
Elizabeth Faulkner	Vice President and trustee; 4	0.00	0.00	0.00	
5 Old Fort Road		0.44.000.001		No. Company	
Bernardsville, NJ, 07924					
Maud Thiebaud	trustee; 1	0.00	0.00	0.00	
76 Somerset Avenue		- Streether		Course of the Co	
Bernardsville, NJ 07924					
Nancy Pierson	trustee; 1	0.00	0.00	0.00	
10 Mendham Road					
Bernardsville, NJ 07924					
Jay Parsons	Treasurer and trustee; 2	0.00	0.00	0.00	
52 Chapin Road					
Bernardsville, NJ 07924-1102					
John Deibert	trustee; 1	0.00	0.00	0.00	
195 Jockey Hollow Road				10.00	
Bernardsville, NJ 07924					
Fran Fischer	Corresponding Secretary and	0.00	0.00	0.00	
50 Childsworth Avenue	trustee; 1				
Bernardsville, NJ 07924					
Barbara Hyzar	Recording Secretary and	0.00	0.00	0.00	
12 Sycamore Hill Road	trustee; 1	0.00	0.00	0.00	
Bernardsville, NJ 07924	dustee, 1				
Michelle Iossa	trustee; 1	0.00	0.00	0.00	
108 Crest Drive	trustee, 1	0.00	0.00	0.00	
Bernardsville NJ 07924					
Estrid Jones	trustee; 1	0.00	0.00	0.00	
81 Countryside Drive	dustee, 1	0.00	0.00	0.00	
Basking Ridge, NJ 07920					
Jos Kadam	trustee; 1	0.00	0.00	0.00	
4 Sunset Drive	uustee, 1	0.00	0.00	0.00	
Bernardsville, NJ 07924					
Jeff Kinkley	trustee; 1	0.00	0.00	0.00	
8 Laurel Lane	trustee, 1	0.00	0.00	0.00	
Bernardsville, NJ 07924 Roni Larini	trustee; 2	0.00	0.00	0.00	
61 Boulderwood Drive	uustee, 2	0.00	0.00	0.00	
Bernardsville, NJ 07924 Loretta Mascaro	tourstant 1	0.00	0.00	0.00	
	trustee; 1	0.00	0.00	0.00	
15 Brookside Ave					
Basking Ridge, NJ 07920	tt 3	0.00	0.00	0.00	
Fran Matson	trustee, 2	0.00	0.00	0.00	
36 Old Colony Road					
Bernardsville, NJ 07924	tenatas: 1	0.00	0.00	0.00	
Theo Mulgrum	trustee; 1	0.00	0.00	0.00	
88 Tower Mountain Road					
Bernardsville, NJ 07924	1 1 2	0.00	10.00	0.00	
Janet George Murnick	trustee; 2	0.00	0.00	0.00	
201 Jockey Hollow Road					
Bernardsville, NJ 07924		0.00	0.00	0.00	
Maureen Robinson	trustee; 2	0.00	0.00	0.00	
160-3 Jockey Hollow Road					
Bernardsville, NJ 07924		0.00			
Tom Shea	President and trustee; 7	0.00	0.00	0.00	
60 Crest Drive					
Bernardsville, NJ 07924					
Rita Stein	trustee; 1	0.00	0.00	0.00	
106 Jockey Hollow Road					
Bernardsville NJ 07924					
William Wilkie	trustee; 1	0.00	0.00	0.00	
1 Olde Town Court					
Bernardsville, NJ 07924					