

Short Form Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

A For the 2008 calendar year, or tax year beginning		, and ending	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	
		PHOENIX PUBLIC LIBRARY FOUNDATION	
		Number and street (or P.O. box, if mail is not delivered to street address)	Room/suite
		1221 N CENTRAL AVE	
City, town, or country		State	ZIP + 4
PHOENIX		AZ	85004
		D Employer identification number	86-0835463
		E Telephone number	(602) 534-3818
		F Group Exemption Number	. . . ▶

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: Cash Accrual
Other (specify) ▶

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

I Website: ▶ www.phxlib.org

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross 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.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **528,208**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	324,573
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	2,202
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
	a Gross revenue (not including \$ <u>152,180</u> of contributions reported on line 1)	6a	201,433
b Less: direct expenses other than fundraising expenses	6b	107,971	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	93,462	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶ _____)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	420,237	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	0
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	36,964
	13 Professional fees and other payments to independent contractors	13	7,277
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	6,116
	16 Other expenses (describe ▶ See attached statement)	16	188,305
17 Total expenses. Add lines 10 through 16 ▶	17	238,662	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	181,575
	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	460,897
	20 Other changes in net assets or fund balances (attach explanation)	20	1,562
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	644,034

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.)

	(A) Beginning of year		(B) End of year	
22 Cash, savings, and investments	166,138	22	395,559	
23 Land and buildings		23		
24 Other assets (describe ▶ See attached statement)	309,759	24	248,475	
25 Total assets	475,897	25	644,034	
26 Total liabilities (describe ▶ ACCOUNTS PAYABLE)	15,000	26	0	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	460,897	27	644,034	

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)		Expenses	
What is the organization's primary exempt purpose? <u>SUPPORT THE PHOENIX PUBLIC LIBRARY PROGRAM</u>		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.			
28	EXHIBITS ON TOUR AND PROGRAMS FOR CHILDRENS AND TEENS INCLUDING STORY TIMES, "CATCH BOOK BREATH", GOAL LIBRARY CARD PROGRAM, AND PRIZES FOR READING PROGRAM (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	173,577
29	 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30	 (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule) (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a) <input type="checkbox"/>	32	173,577

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name KAREN ABRAHAM Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title SEC/TREAS Hr/WK 2.00	0	0	0
Name JOSHUA P AYLESW Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name SUSAN DORIA Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name SHAWN DRALLE Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name TONI GARVEY Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name DAVID HOWELL Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name YVONNE HUNTER Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name CHECK KELLY Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name LEEZIE KIM Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name HEIDI KIMBALL Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title VP Hr/WK 2.00	0	0	0
Name LAURA LO BIANCO Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title PRES Hr/WK 2.00	0	0	0
Name KATHY MARK Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name SALLIE BROPHY NA Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name JASON PETERSON Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name SUZANNE PFISTER Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name KENNETH W REEVE Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name DANIELLE VIOLA Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title DIRECTOR Hr/WK 1.00	0	0	0
Name GERALDINE HILLS Str PO BOX 3735 City PHOENIX ST AZ ZIP 85030	Title EXEC DIR Hr/WK 40.00	0	0	0

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

			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		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | _____ 0			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b | _____ 0		
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	39a		
b	Gross receipts, included on line 9, for public use of club facilities	39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ 0 ; section 4912 ▶ _____ 0 ; section 4955 ▶ _____ 0			
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.	40b		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0			
e	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		X
41	List the states with which a copy of this return is filed. ▶ AZ			
42 a	The books are in care of ▶ Name THE FOUNDATION Telephone no. ▶ (602) 534-6618 Located at ▶ 1221 N. CENTRAL AVE. City PHOENIX ST AZ ZIP + 4 ▶ 85004			
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 account)?	42b		X
	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.			
c	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		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | N/A			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

	Yes	No
46 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.	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Name _____ Str _____ City _____ ST _____ ZIP _____		0
Total number of other independent contractors each receiving over \$100,000 ▶	0	0

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: KAREN ABRAHAM Date: SECY/TREAS
Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: 5/10/2009 Check if self-employed:
Firm's name (or yours if self-employed), address, and ZIP +4: SECHLER CPA PC Preparer's Identifying Number (See instructions): P00008030
921 E ORANGE DRIVE, PHOENIX, AZ 85014 EIN: 86-0859647
Phone no.: (602) 230-2700

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008

Open to Public Inspection

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **PHOENIX PUBLIC LIBRARY FOUNDATION**
Employer identification number: **86-0835463**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III—Functionally integrated d Type III—Other

- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
PHOENIX PUBLIC LIB	86-6000256	8	X		X		X		173,577
									0
									0
									0
									0
Total									173,577

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0	0	0	0
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
4 Total Add lines 1-3	0	0	0	0	0	0
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)						
6 Public support. Subtract line 5 from line 4.						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	0	0	0	0	0	0
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0	0	0	0
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	0	0	0	0	0
11 Total support. Add lines 7 through 10						0

12 Gross receipts from related activities, etc. (see instructions.) **12**

13 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	0.00%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test–2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33 1/3% support test–2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances-test–2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test–2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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 year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0

14 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 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

19a 33 1/3% support tests—2008. 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—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

2008

Name of the organization

Employer identification number

PHOENIX PUBLIC LIBRARY FOUNDATION

86-0835463

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

General Rule

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	JUDY & PETER AMBELANG 412 E MCLELLAN BLVD PHOENIX AZ 85012 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	APS MS 8010, PO BOX 5399 PHOENIX AZ 85072 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	BLUE CROSS/BLUE SHIELD AZ PO BOX 13466 PHOENIX AZ 85002 Foreign State or Province: Foreign Country:	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	DAPHNE CADWELL 6021 N 44TH ST PARADISE VALLEY AZ 85253 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	DAVISON BENEFITS GROUP 6900 E INDIAN SCHOOL RD SCOTTSDALE AZ 85251 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	JACQUIE & BENNETT DORRANCE 5750 N CAMELDALE WAY PARADISE VALLEY AZ 85253 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	FENNEMORE & CRAIG 3003 N CENTRAL AVE., SUITE 2600 PHOENIX AZ 85012 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	GALLAGHER & KENNEDY 2575 E CAMELBACK RD PHOENIX AZ 85016 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	HARDISON DOWNEY 6150 N 16TH ST., STE A PHOENIX AZ 85016 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	HAZELWOOD ENTERPRISES 402 N 332ND ST PHOENIX AZ 85008 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	MAYOR GORDON/TOTAL WINE 200 W WASHINGTON ST, 11TH FLOOR PHOENIX AZ 85003 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	PIVOTAL FOUNDATION 2555 E CAMELBACK RD, #700 PHOENIX AZ 85016 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
13	SNELL & WILLMER 400 E VAN BUREN PHOENIX AZ 85004 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
14	TARGET CORPORATION 8550 S PRIEST DR TEMPE AZ 85284 Foreign State or Province: Foreign Country:	\$ 12,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
15	US AIRWAYS 4000 SKY HARBOR BLVD PHOENIX AZ 85004 Foreign State or Province: Foreign Country:	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
16	UNIVERSITY OF PHOENIX 4615 E ELWOOD ST PHOENIX AZ 85040 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
17	WELLS FARGO BANK AZ 100 W WASHINGTON ST, MAC S4104-248 PHOENIX AZ 85003 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
18	VALLEY OF THE SUN UNITED WAY 1515 E OSBORN RD PHOENIX AZ 85014 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
19	THE APOLLO GROUP 4325 S 30TH ST PHOENIX AZ 85004 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
20	IRA CALDWELL 6012 N 44TH ST PARADISE VALLEY AZ 85253 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
21	ARTS MIDWEST 2908 HENNEPIN AVE MINNEAPOLIS MN 55408 Foreign State or Province: Foreign Country:	\$ 8,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
22	ESTATE OF MARIE EARNSHAW c/o FLOMERSHAW TRUST P O BOX 356 WADDELL AZ 85355 Foreign State or Province: Foreign Country:	\$ 100,709	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
23	CLIVE CUSSLER FOUNDATION 9025 N 60TH ST PARADISE VALLEY AZ 85253 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
24	CASINO ARIZONA 9700 EAST INDIAN BEND SCOTTSDALE AZ 85256 Foreign State or Province: Foreign Country:	\$ 33,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
25	AMERICAN EXPRESS 200 VESEY ST, 48TH FLOOR NEW YORK NY 10285 Foreign State or Province: Foreign Country:	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
26	RICH HAZELWOOD 3330 N MANOR DR WEST PHOENIX AZ 85014 Foreign State or Province: Foreign Country:	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
27	MOLINA JEWELERS 3134 E CAMELBACK RD PHOENIX AZ 85016 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
28	DOUG COFFIN 20710 HIGHWAY 84 ABIQUIU NM 87510 Foreign State or Province: Foreign Country:	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
29	..... ..... ..... Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
30	..... ..... ..... Foreign State or Province: Foreign Country:	\$ 0	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part II Noncash Property (see instructions)

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
27	JEWELRY	\$ 0	.....
28	ART	\$ 5,000	6/1/2008
.....	..... ..... .....	\$ ..... 0	.....
.....	..... ..... .....	\$ ..... 0	.....
.....	..... ..... .....	\$ ..... 0	.....
.....	..... ..... .....	\$ ..... 0	.....

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		..... ..... .....
2
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		..... ..... .....
3
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		..... ..... .....
4
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
..... For. Prov. Country		..... ..... .....

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
5

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
6

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
7

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
8

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
9

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
10

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
11

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
12

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
13

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
14

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
15

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
16

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
17

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
18

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
19

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
20

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
..... For. Prov. Country

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..21..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..22..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..23..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..24..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

Name of organization PHOENIX PUBLIC LIBRARY FOUNDATION	Employer identification number 86-0835463
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Part III **Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.
 For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ 0

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..25..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..26..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..27..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
..28..

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
.....	
For. Prov.	Country		

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
		Dinner in the Stacks (event type)	Lunch with Jodi Picou (event type)	NONE (total number)	(Add col. (a) through col. (c))	
Revenue	1	Gross receipts	342,522	11,091	0	353,613
	2	Less: Charitable contributions	144,480	7,700	0	152,180
	3	Gross revenue (line 1 minus line 2)	198,042	3,391	0	201,433
Direct Expenses	4	Cash prizes	0	0	0	0
	5	Non-cash prizes	0	0	0	0
	6	Rent/facility costs	0	500	0	500
	7	Other direct expenses	102,285	5,186	0	107,471
	8	Direct expense summary. Add lines 4 through 7 in column (d) . . . . . ▶				(	107,971)
9	Net income summary. Combine lines 3 and 8 in column (d) ▶					93,462

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))	
		Revenue	1	Gross revenue . . . . .			0
Direct Expenses	2	Cash prizes			0	
	3	Non-cash prizes			0	
	4	Rent/facility costs			0	
	5	Other direct expenses			0	
6	Volunteer labor	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No	<input type="checkbox"/> Yes% <input type="checkbox"/> No		
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				(0)
8	Net gaming income summary. Combine lines 1 and 7 in column (d) ▶					0

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities:		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," Explain:	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

			Yes	No
13	Indicate the percentage of gaming activity operated in:			
a	The organization's facility	13a	%	
b	An outside facility	13b	%	
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
c	If "Yes," enter name and address:			
	Name ▶			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$0			
	Description of services provided ▶			
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$			

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	172,393
2	NonCash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	152,180
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	324,573

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	1,261
2	Dividends and interest from securities	2	941
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	2,202

Part I, Line 16 (990-EZ) - Other Expenses

188,305

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	97,003
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	111
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	Bank & Credit Card Fees	11	2,725
12	Board Expenses	12	1,046
13	Bad Debt Expense	13	8,000
14	Insurance	14	1,526
15	Licenses & Permits	15	601
16	Dues & Subscriptions	16	130
17	Miscellaneous	17	1,089
18	Library Program Expenses	18	76,074
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

1,562

Description		Amount
1	Unrealized Gain on Investments	1,562
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
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Part II, Line 24 (990-EZ) - Other Assets

309,759 248,475

	Description	Beginning	End
1	ACCOUNTS RECEIVABLE	231,544	27,757
2	INVESTMENTS PUBLICLY TRADED	78,215	220,718
3			
4			
5			
6			
7			
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Part II, Line 26 (990-EZ) - Liabilities

15,000

0

	Description	Beginning	End
1	ACCOUNTS PAYABLE	15,000	
2			
3			
4			
5			
6			
7			
8			
9			
10			

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Part I, Line 11h (Sch A (990/990-EZ)) - Supported Organizations

173,57

	Name(s) of supported organization(s)	Employer identification number (EIN)	Type of organization (described in lines 1 through 9 of Page 1 or IRC section)	Is the supported organization listed in the supporting organization's governing documents?		Did you notify the organization of your support?		Is the organization in the United States?		Amount of support
				Yes	No	Yes	No	Yes	No	
1	PHOENIX PUBLIC LIBRARY	86-6000256	8	X		X		X		173,57
2										
3										
4										
5										
6										
7										
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Part II (Sch G (990/990EZ)) - Events

		353,613	152,180	201,433	0	0	500	107,47
Event Type		Line 1 Gross Receipts	Line 2 Less: (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	Dinner in the Stacks	342,522	144,480	198,042	0	0	0	102,28
2	Lunch with Jodi Picoult	11,091	7,700	3,391	0	0	500	5,18
3				0				
4				0				
5				0				
6				0				
7				0				
8				0				
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				

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