# Form 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2009

Open to Public Inspection

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 \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

|   | partment of temal Revent | the Freasury<br>ue Service |                   | ► The organization may have to use a copy of this return to satisfy state reporting requirements | s                         | <u></u>      | mispection               |
|---|--------------------------|----------------------------|-------------------|--|---------------------------|--------------|--------------------------|
|   |                          |                            | ar year,          | or tax year beginning 06-01, 2009, and ending  |                           | 5-31         | , <b>20</b> 10           |
| В   | Check if ap              | plicable                   | Γ                 | C Name of organization   | D Employ                  | er ident     | ification number         |
|   | Address ch               | -                          | Please<br>use IRS | FRIENDS OF THE COCOA BEACH LIBRARY,  | 23-                       | 73805        | 68                       |
|   | Name char                | nge                        | label or          | Number and street (or P O box, if mail is not delivered to street address) Room/suite            | E Telepho                 | ne numb      | oer                      |
|   | Initial return           | 1                          | print or type     |  |                           |              |                          |
|   | Terminated               | ľ                          | See<br>Specific   | 550 NORTH BREVARD AVENUE   |                           |              |                          |
|   | Amended r                | etum                       | Instruc-          | City or town, state or country, and ZIP + 4  | F Group E                 | xemptio      | n                        |
| Ō   | Application              | pending                    | tions             | COCOA BEACH, FL 32931  | Number                    | ▶ .          |                          |
| _   | • Seci                   | tion 501(c)(3              | organi            | zations and 4947(a)(1) nonexempt charitable trusts must attach G                                 | Accounting Met            | hod [2       | Cash Accrual             |
|   |                          |                            | a cor             | npleted Schedule A (Form 990 or 990-EZ).   | Other (specify)           | ▶            |                          |
|   |                          | _                          |                   | н  | Check ▶ □                 | if the org   | ganization is <b>not</b> |
| ı   | Website                  | a: <b>&gt;</b>             |                   |  | required to atta          | ch Sche      | dule B (Form 990,        |
| J   | Tax-exe                  | mpt status (               | check o           | nly one) - 🗓 501(c) ( 3 ) ◀ (insert no ) 🗌 4947(a)(1) or 🔲 527                                   | 990-EZ, or 990            | ·PF)         |                          |
| _   |                          |                            |                   | on is not a section 509(a)(3) supporting organization and its gross receipts ar                  | re normally <b>not</b> me | ore than     | \$25,000 A               |
|   |                          |                            |                   | irn is not required, but if the organization chooses to file a return, be sure to fil            |                           |              |                          |
| L   | Add lines                | s 5b, 6b, and              | 7b, to lir        | e 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of                  | Form 990-EZ               | ▶ \$         | 25,801                   |
| F   | art I                    | Revenu                     | e, Exp            | enses, and Changes in Net Assets or Fund Balances (  | See the instructio        | ns for Pa    | art I )                  |
| _   | 1                        | Contribution               | s, gifts,         | grants, and similar amounts received   |                           | 1            |                          |
|   | 2                        | Program ser                | vice rev          | enue including government fees and contracts   |                           | 2            |                          |
|   | 3                        |                            |                   | d assessments  |                           | 3            |                          |
|   | 4                        |                            |                   |  |                           | 4            |                          |
|   | 5a                       | Gross amou                 | nt from           | sale of assets other than inventory  |                           |              |                          |
|   | ь                        | Less cost o                | r other b         | asis and sales expenses  |                           | i            | •                        |
| R   | , с                      | Gain or (loss              | s) from s         | ale of assets other than inventory (Subtract line 5b from line 5a)                               |                           | 5c           |                          |
| е   | 6                        | Special events             | and activiti      | es (complete applicable parts of Schedule G) If any amount is from gaming, check here            | <b>▶</b> □                |              |                          |
| v<br>e  | a                        | Gross reven                | ue (not           | ncluding \$ of contributions   |                           |              | -                        |
| n   | - ]                      |                            |                   |  |                           |              |                          |
| ē   |                          | Less direct                | expense           | s other than fundraising expenses 6b   |                           |              | -                        |
|   | С                        | Net income                 | or (loss)         | from special events and activities (Subtract line 6b from line 6a)                               |                           | 6c           |                          |
|   | 7a                       | Gross sales                | of inver          | tory, less returns and allowances  |                           |              |                          |
|   | b                        | Less cost o                | f goods           | sold   |                           |              |                          |
| -   | С                        | Gross profit               | or (loss)         | from sales of inventory (Subtract line 7b from line 7a)  |                           | 7c           |                          |
| 201   | 8                        | Other reven                | ue (desc          | ribe ► STM141  | ) [                       | 8            | 25,801                   |
|   | 9                        | Total reven                | ue. Add           | I lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  |                           | 9            | 25,801                   |
| :=4   | 10                       | Grants and                 | sımılar a         | mounts paid (attach schedule)  |                           | 10           |                          |
| ⇔ E   | . 11                     |                            |                   | r members  | [                         | 11           |                          |
| <t td="" x<=""><td>12</td><td>Salaries, oth</td><td>er comp</td><td>ensation, and employee benefits</td><td>  </td><td>12</td><td></td></t> | 12                       | Salaries, oth              | er comp           | ensation, and employee benefits  |                           | 12           |                          |
| ∑ p   |                          | Professiona                | TEGE (r           | proting payments to independent contractors  |                           | 13           |                          |
| ⊖ n<br>() is  | 14                       | Occupancy,                 | rent, ut          | ities, and maintenance   |                           | 14           | ·                        |
| (III S  | 15                       | Printing Court             | lications         | , ဥဝန္ဆtagan and shipping  |                           | 15           |                          |
|   | 16                       |                            |                   | SCRIDE STM1  | )                         | 16           | 19,135                   |
|   | 17                       |                            |                   | dd lines 10-throath 16 · · · · · · · · · · · · · · · · · ·                                       |                           | 17           | 19,135                   |
| Ø   | 18                       | Excess or (                | iendit) k         | the vear (Subtract line 17 from line 9)  |                           | 18           | 6,666                    |
| N   | 19                       | Net assets=                | of fund b         | alances at beginning of year (from line 27, column (A)) (must agree with                         |                           | İ            |                          |
| e<br>t  | 5  <br>B                 |                            |                   | ported on prior year's return)   |                           | 19           | 163,538                  |
|   | 20                       | Other chang                | ges in ne         | t assets or fund balances (attach explanation)   |                           | 20           |                          |
|   | 21                       |                            |                   | alances at end of year Combine lines 18 through 20   |                           | 21           | 170,204                  |
| F   | art II                   | Balance                    | She               | ets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form                   | n 990 instead of F        | orm 990      | -EZ                      |
|   |                          |                            |                   | (See the instructions for Part II )  | (A) Beginning of year     |              | (B) End of year          |
| 22  |                          |                            |                   | nents ·  | 163,5                     | 38 22        | 170,205                  |
| 23  |                          |                            |                   |  |                           | 23           |                          |
| 24  |                          | r assets (des              | cribe 🕨           | )  |                           | 24           |                          |
| 25  | Total                    | assets                     |                   |  | 163,5                     |              | 170,205                  |
| 26  |                          | l liabilities (d           |                   |  | <del></del>               | 26           |                          |
| 27  | Net a                    | issets or fur              | id balar          | ces (line 27 of column (B) must agree with line 21)  | 163,5                     | 38 <b>27</b> | 170,205                  |

|     | m 990-EZ (2009) FRIENDS OF THE COCOL                          |                                       |                              |   | 3805    | 68 Page 2                                    |
|-----|---|---------------------------------------|------------------------------|---|---------|--|
| P   | art III Statement of Program Service Acco                     | mplishments (See the                  | instructions for Part III    | )   |         | Expenses                                     |
| Wh  | at is the organization's primary exempt purpose?              |                                       |                              |   |         | uired for section                            |
| Des | scribe what was achieved in carrying out the organization's e | xempt purposes In a clear             | and concise                  |   |         | c)(3) and 501(c)(4)<br>nizations and section |
| ma  | nner, describe the services provided, the number of persons   | benefited, or other relevant          | information for              |   |         | (a)(1) trusts, optiona                       |
| eac | ch program title  |                                       |                              |   |         | hers)  |
| 28  |   |                                       |                              |   |         |  |
|     |   |                                       |                              |   |         |  |
|     |   |                                       |                              |   | 1       |  |
|     | (Grants \$ ) If this amo                                      | ount includes foreign grants          | , check here                 | ▶ 🔲                                       | 28a     |  |
| 29  |   |                                       |                              |   |         |  |
|     |   |                                       |                              |   |         |  |
|     |   |                                       |                              |   |         |  |
|     | (Grants \$ ) If this amo                                      | ount includes foreign grants          | , check here                 | ▶ 🔲                                       | 29a     |  |
| 30  |   |                                       |                              |   |         |  |
|     |   |                                       |                              |   |         |  |
|     |   |                                       |                              |   | 1       |  |
|     | (Grants \$ ) If this amo                                      | ount includes foreign grants          | , check here                 | ▶ 🗍                                       | 30a     |  |
| 31  | Other program services (attach schedule)                      |                                       |                              |   |         |  |
|     | (Grants \$ ) If this amo                                      | ount includes foreign grants          | , check here                 | ▶ □                                       | 31a     |  |
| 32  | Total program service expenses (add lines 28a through 3       |                                       |                              |   | 32      | 0  |
|     | art IV List of Officers, Directors, Trustees, and Key         |                                       |                              |   | uctions | for Part IV )                                |
|     |   | (b) Title and average                 | (c) Compensation             | (d) Contributions                         | to      | (e) Expense                                  |
|     | (a) Name and address  | hours per week devoted to position    | (If not paid,<br>enter -0- ) | employee benefit pla<br>deferred compensa |         | account and<br>other allowances              |
| PA  | T BALOGH  | PRESIDENT                             |                              |   |         |  |
|     | ,   | 0                                     | l                            |   | 0       | l  |
|     | ANN BAILEY  | VP                                    |                              |   |         |  |
|     | ,   | 0                                     |                              | ,   | 0       | 0  |
| HE  | LEN MIORELLI  | SECRETARY                             |                              | <b> </b>                                  |         |  |
|     |   | 0                                     | 1 0                          | ,   | 0       | n  |
| wv  | NN LAMOUREUX  | TREASURER                             |                              |   |         |  |
|     | M DATOCKDOIL  | 0                                     |                              | ,   | 0       | ,  |
|     | <i>i</i>  |                                       |                              | <u> </u>                                  |         |  |
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|     |   |                                       | 1                            | 1   |         | ĺ  |

|      |   |        | 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? If "Yes," attach a conformed copy of                                  |        |          |             |
|      | the changes $\dots$   | 34     |          | X           |
| 35   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but            |        |          | į           |
|      | not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T                |        |          |             |
| а    | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section                             |        |          |             |
|      | 6033(e) notice, reporting, and proxy tax requirements?  |        |          | _X_         |
| Ь    | If "Yes," has it filed a tax return on Form 990-T for this year?  | 35b    |          | <del></del> |
| 36   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets                        |        |          |             |
|      | during the year? If "Yes," complete applicable parts of Schedule N  | 36     |          | <u>X</u>    |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions  | _      |          | ĺ           |
|      | 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                       |        |          | İ           |
|      | any such loans made in a prior year and still outstanding at the end of the period covered by this return?                            | 38a    |          | X           |
| þ    | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  | _      |          |             |
| 39   | Section 501(c)(7) organizations Enter   |        |          | į           |
|      | Initiation fees and capital contributions included on line 9  | 4      |          |             |
|      | Gross receipts, included on line 9, for public use of club facilities   | -      |          |             |
| 40 a | Section 501(c)(3) organizations  Enter amount of tax imposed on the organization during the year under                                |        |          |             |
|      | section 4911 ▶, section 4912 ▶, section 4955 ▶  |        |          | İ           |
| b    | Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit                          |        |          | ĺ           |
|      | transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified                       |        |          |             |
|      | person in a prior year, and that the transaction has not been reported on any of the organization's prior                             |        |          |             |
|      | Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I  | 40b    |          | <del></del> |
| С    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on  |        |          |             |
|      | organization managers or disqualified persons during the year under sections 4912,  |        |          | į           |
|      | 4955, and 4958  |        |          |             |
| a    | Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c   |        |          | į           |
|      | All exceptions At any time during the tay year was the exception a party to a prohibited tay shelter                                  |        |          |             |
| е    | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter                          | 40e    | i        | X           |
| 41   | transaction? If "Yes," complete Form 8886-T   | 700    |          |             |
|      | List the states with which a copy of this return is filed ►  The organization's books are in care of ► WYNN LAMOUREUX  Telephone no ► |        |          |             |
| 7L 4 | Located at ▶ , ZIP + 4 ▶  |        |          |             |
| b    | At any time during the calendar year, did the organization have an interest in or a signature or other authority                      |        |          |             |
| _    | over a financial account in a foreign country (such as a bank account, securities account, or other financial                         |        | Yes      | No          |
|      | 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                             |        | Ì        |             |
|      | and Financial Accounts.   |        |          |             |
| С    | At any time during the calendar year, did the organization maintain an office outside of the U.S.?                                    | 42c    | Ī        | X           |
|      | If "Yes," enter the name of the foreign country   |        |          | ·           |
| 43   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -Check here                             |        | ▶        |             |
|      | and enter the amount of tax-exempt interest received or accrued during the tax year   |        |          | _           |
|      | ·   |        |          |             |
|      |   |        | Yes      | No          |
| 44   | Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of                                |        | <u> </u> |             |
|      | 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           |
| _    | FFA   | Form 9 | 90-EZ    | (2009)      |

| Earm. | 990-F7 | /0000N |
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| 46 Did th   | e organization engage in direct or indirect politic  | al campaign activities on b   | achalf of or in appaciti                         | on to  |              |           | Yes                | No |
|---|--|---|--|--|--------------|-----------|--------------------|----|
|   | dates for public office? If "Yes," complete Sche   |   |  |  | 1            | 46        | 103                | X  |
|   | e organization engage in lobbying activities? If   |   |  |  |              | 47        | -+                 | X  |
|   | organization a school as described in section 1  |   |  |  |              | 48        |                    | X  |
|   | e organization make any transfers to an exemp  |   | •  |  |              | 49a       |                    | X  |
|   | s," was the related organization a section 527 o   |   |  |  |              | 49b       |                    |    |
|   | plete this table for the organization's five highest   | =   | other than officers, di                          | rectors, trustees and                          | i kev        |           |                    |    |
| · ·   | oyees) who each received more than \$100,000   | · ·   | •  |  | -            |           |                    |    |
| (-)   | N  | (b) Title and average   | (c) Compensation                                 | (d) Contributions to                           |              |           | kpense             |    |
| (a)   | Name and address of each employee paid more than \$100 000   | hours per week<br>devoted to position   |  | employee benefit plan<br>deferred compensation |              | other all | int and<br>owances |    |
|   |  |   |  |  |              |           |                    |    |
| NONE  |  |   |  |  |              |           |                    |    |
|   |  |   |  |  |              |           |                    |    |
|   |  |   |  |  |              |           |                    |    |
|   |  |   |  |  |              |           |                    |    |
| <u></u>   |  |   | ļ  |  |              |           |                    |    |
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|   | ·  |   | <del>                                     </del> |  |              |           |                    |    |
|   |  |   |  |  |              |           |                    |    |
|   |  |   |  |  |              |           |                    |    |
| <b>51</b> Comp  | number of other employees paid over \$100,000 olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen  |  | th received more than                          | n            |           |                    |    |
| <b>51</b> Comp<br>\$100,  | olete this table for the organization's five highest   | compensated independen<br>nere is none, enter "None '   | ,  | th received more than                          | <del> </del> | Compen    | sation             |    |
| <b>51</b> Comp<br>\$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen<br>nere is none, enter "None '   | ,  |  | <del> </del> | Compen    | sation             |    |
| <b>51</b> Comp<br>\$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen<br>nere is none, enter "None '   | ,  |  | <del> </del> | Compen    | sation             |    |
| <b>51</b> Comp<br>\$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen<br>nere is none, enter "None '   | ,  |  | <del> </del> | Compen    | sation             |    |
| <b>51</b> Comp<br>\$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen<br>nere is none, enter "None '   | ,  |  | <del> </del> | Compen    | sation             |    |
| <b>51</b> Comp<br>\$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen<br>nere is none, enter "None '   | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the   | compensated independen<br>nere is none, enter "None '<br>nore than \$100,000  | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | olete this table for the organization's five highest 000 of compensation from the organization. If the state of the state of the organization is a state of the organization of the organization is stated in the organization. If the organization is stated in the organization of the organization is stated in the organization of the organization is stated in the organization of the organization is stated in the organization of | compensated independen<br>nere is none, enter "None '<br>nore than \$100,000  | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | number of other independent contractors each independent contractors each independent contractors of the con | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | plete this table for the organization's five highest 000 of compensation from the organization. If the state of the organization is the organization of the organization. If the state of the organization is the organization of  | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | number of other independent contractors each independent contractor paid in Under penalties of penjury. I declare that I have examined belief, it is true, correct, and complete.  | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | number of other independent contractors each industries of penjury. I declare that I have examined belief, it is true, correct, and complete. Declarat   | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | number of other independent contractors each industrial belief, it is true, correct, and complete.  Wynn Lamoureux, Treasurer.   | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| \$100,  | number of other independent contractors each independent contractor paid in under penalities of penury. I declare that I have examined belief, it is true, correct, and complete.  Signature of officer  WYNN LAMOUREUX, TREASURER Type or print name and title  | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| ston, | number of other independent contractors each independent contractor paid in Under penalties of penjury. I declare that I have examined belief, it is true, correct, and complete.  Signature of officer  WYNN LAMOUREUX, TREASURER Type or print name and title.   | compensated independent<br>nere is none, enter "None "<br>nore than \$100,000   | ,  |  | <del> </del> | Compen    | sation             |    |
| stign Here  | number of other independent contractors each independent contractor paid in under penalties of penjury. I declare that I have examined belief, it is true, correct, and complete Declarated by Signature of officer  WYNN LAMOUREUX, TREASURER Type or print name and title  | receiving over \$100.   | ,  |  | <del> </del> | Compen    | sation             |    |
| ston, | number of other independent contractors each independent contractor paid in under penalties of penjury. I declare that I have examined belief, it is true, correct, and complete Declarate Type or print name and title  Preparer's signature  Firm's name (or yours  If the organization's five highest to preparation. If the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization is five highest to prepare the organization in the organization. If the organization is five highest the organization is five highest the organization is five highest the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organizatio | compensated independent mere is none, enter "None of the state of the | ,  |  | <del> </del> | Compen    | sation             |    |
| stign Here  | number of other independent contractors each independent contractor paid in under penalties of penjury. I declare that I have examined belief, it is true, correct, and complete Declarate Type or print name and title  Preparer's signature  Firm's name (or yours  If the organization's five highest to preparation. If the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization. If the organization is five highest to prepare the organization in the organization is five highest to prepare the organization in the organization. If the organization is five highest the organization is five highest the organization is five highest the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organization in the organization is five highest the organizatio | receiving over \$100  | ,  |  | <del> </del> | Compen    | sation             |    |

#### SCHEDULE A

(Form 990 or 990-EZ)

### Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions. 2009

OMB No 1545-0047

Open to Public

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

23-7380568 FRIENDS OF THE COCOA BEACH LIBRARY, Reason for Public Charity Status (All organizations must complete this part ) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 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) An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 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). 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 **b** Type II c Type III-Functionally integrated e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) No and (iii) below, the governing body of the supported organization? 11g(i) . . . . . . . . . . . . . . . . . . . 11g(iı) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(in) Provide the following information about the supported organization(s) (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support (i) organized in the col (i) of your above or IRC section governing document? US2 (see instructions) support? Yes Yes

Total

23-7380568

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I)

| <b>Sec</b> | tion A. Public Support   |                    |                    |                    |                     |             |             |
|------------|--|--------------------|--------------------|--------------------|---------------------|-------------|-------------|
| Caler      | ndar year (or fiscal year beginning in) ▶  | (a) 2005           | <b>(b)</b> 2006    | (c) 2007           | (d) 2008            | (e) 2009    | (f) Total   |
| 1          | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")                               | 4,509              | 149,104            | 27,379             | 7,457               | 4,007       | 192,456     |
| 2          | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf                                |                    |                    |                    |                     |             |             |
| 3          | The value of services or facilities furnished by a governmental unit to the organization without charge                        |                    |                    |                    |                     |             |             |
| 4          | Total. Add lines 1 through 3   | 4,509              | 149,104            | 27,379             | 7,457               | 4,007       | 192,456     |
| 5          | The portion of total contributions by each   | ļ                  |                    |                    |                     |             |             |
|            | person (other than a governmental unit or  |                    |                    |                    |                     |             |             |
|            | publicly supported organization) included  | -                  | Ì                  |                    |                     | `           |             |
|            | on line 1 that exceeds 2% of the amount  |                    |                    |                    |                     |             |             |
|            | shown on line 11, column (f)   |                    |                    |                    |                     |             |             |
| 6          | Public support. Subtract line 5 from ln 4  |                    |                    |                    |                     | <b>'</b> ~  | 192,456     |
|            | tion B. Total Support  |                    |                    |                    |                     |             |             |
| Caler      | ndar year (or fiscal year beginning in) ▶  | (a) 2005           | <b>(b)</b> 2006    | (c) 2007           | (d) 2008            | (e) 2009    | (f) Total   |
| 7          | Amounts from line 4  | 4,509              | 149,104            | 27,379             | 7,457               | 4,007       | 192,456     |
| 8          | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 12,848             | 10,598             | 2,704              | 2,229               | 1,694       | 30,073      |
| 9          | Net income from unrelated business activities, whether or not the business is regularly carried on                             |                    |                    |                    |                     |             |             |
| 10         | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)                                  |                    |                    | į                  |                     |             |             |
| 11         | Total support. Add lines 7 through 10 .  |                    |                    |                    |                     |             | 222,529     |
| 12         | Gross receipts from related activities, etc. (s  | ee instructions)   |                    |                    |                     | 12          |             |
| 13         | First five years. If the Form 990 is for the o organization, check this box and stop here                                      | <u> </u>           |                    |                    |                     |             | ▶□          |
|            | tion C. Computation of Public Su   | <del></del>        | _ <del></del>      |                    |                     |             |             |
| 14         | Public support percentage for 2009 (line 6, c  |                    |                    |                    | i                   |             | 36.49 %     |
| 15         | Public support percentage from 2008 Sched  |                    |                    |                    |                     | 15          | %           |
| 16a        | 33 1/3% support test - 2009. If the organiz  |                    |                    |                    |                     |             | 57          |
|            | and stop here. The organization qualifies as   |                    | -                  |                    |                     |             | ▶ 🏻         |
| b          | 33 1/3% support test - 2008. If the organiz  |                    |                    |                    |                     |             | . $\square$ |
|            | box and stop here. The organization qualific   |                    |                    |                    |                     |             | ▶ 🗌         |
| 17a        | 10%-facts-and-circumstances test - 200   |                    |                    |                    |                     |             |             |
|            | more, and if the organization meets the "fact  |                    |                    |                    | •                   |             |             |
|            | organization meets the "facts-and-circumsta  | `                  | •                  |                    | •                   |             | ▶ 🗆         |
| þ          | 10%-facts-and-circumstances test - 200   |                    |                    |                    |                     |             |             |
|            | more, and if the organization meets the "faci  |                    |                    |                    |                     |             |             |
|            | organization meets the "facts-and-circumsta  |                    | •                  |                    |                     |             | _           |
| 18         | Private foundation. If the organization did  | not check a box on | line 13, 16a, 16b, | 17a, or 17b, check | this box and see in | nstructions | ▶□          |

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

|          | (Complete only if you checked the l  | oox on line 9 of F       | Part I)               |                       |                     |   |               |
|----------|--|--------------------------|-----------------------|-----------------------|---------------------|---|---------------|
|          | ction A. Public Support  | ( )                      | (1)                   |                       | (1) 2222            | ( ) 2000                                | (4) -         |
| Cale     | endar year (or fiscal year beginning in) ▶   | (a) 2005                 | <b>(b)</b> 2006       | (c) 2007              | ( <b>d</b> ) 2008   | (e) 2009                                | (f) Total     |
| 1        | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |                          |                       |                       |                     |   |               |
| 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   |                          |                       |                       |                     |   |               |
| 3        | Gross receipts from activities that are not an unrelated trade or bus under sec 513  |                          |                       |                       | <u> </u>            |   |               |
| 4        | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |                          |                       |                       |                     |   |               |
| 5        | The value of services or facilities furnished by a governmental unit to the organization without charge  |                          |                       |                       |                     |   |               |
| 6        | Total. Add lines 1 through 5   |                          |                       |                       |                     |   | ļ             |
| 7a       | Amounts included on lines 1, 2, and 3 received from disqualified persons   |                          |                       |                       |                     |   |               |
| b        | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year   |                          |                       |                       |                     |   |               |
| С        | Add lines 7a and 7b  |                          |                       |                       |                     |   |               |
| 8        | Public support (Subtract line 7c from line 6)  | . =:                     | <u> </u>              |                       |                     |   | ·             |
|          | ction B. Total Support   |                          |                       |                       | 1 (3                | 7 7 3                                   | (4)           |
|          | endar year (or fiscal year beginning in) ▶   | (a) 2005                 | <b>(b)</b> 2006       | (c) 2007              | ( <b>d</b> ) 2008   | (e) 2009                                | (f) Total     |
| 9<br>10a | Amounts from line 6  |                          |                       |                       |                     |   |               |
|          | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975  |                          |                       |                       |                     |   |               |
| с<br>11  | Add lines 10a and 10b  |                          |                       |                       |                     |   |               |
| 12       | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)   |                          |                       |                       |                     |   |               |
| 13       | <b>Total support.</b> (Add lines 9, 10c, 11, and 12)   |                          |                       |                       |                     |   |               |
| 14       | First five years. If the Form 990 is for the organization, check this box and stop here  |                          | <u></u>               | th, or fifth tax year | as a section 501(c  | )(3)<br>· · · · · · · · · · · · · · · · | ▶ □           |
| Se       | ction C. Computation of Public Su  |                          |                       |                       |                     |   |               |
| 15       | Public support percentage for 2009 (line 8, co   |                          |                       |                       |                     | <del></del>                             |               |
| 16       | Public support percentage from 2008 Schedu   |                          |                       |                       |                     | .   16                                  | 9             |
|          | ction D. Computation of Investme   |                          |                       | -1 (0)                |                     | 49                                      |               |
| 17       | Investment income percentage for 2009 (line  |                          |                       |                       |                     |   |               |
| 18       | Investment income percentage from 2008 Sc  |                          |                       |                       |                     |   |               |
|          | 33 1/3% support tests - 2009. If the organize 17 is not more than 33 1/3%, check this box at   | and <b>stop here</b> . 1 | The organization qu   | alifies as a publicly | supported organi    | zation                                  | ▶ □           |
|          | 33 1/3% support tests - 2008. If the organize line 18 is not more than 33 1/3%, check this to the state of th | oox and stop he          | re. The organization  | n qualifies as a pul  | blicly supported or | ganization                              | <b>&gt;</b> 🗆 |
| 20       | Private Foundation: If the organization did r  | not check a box (        | on line 14, 19a, or 1 | yo, check this box    | ana see instructio  | ns                                      | <u> 🟲 📋</u>   |

### Friends of the Cocoa Beach Library, Inc Balance Sheet May 31, 2010

# ASSETS

| _ | _ |  |
|---|---|--|

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| Current Assets                      |                  |
|-------------------------------------|------------------|
| Sun Trust Checking                  | \$<br>16,971 60  |
| Sun Trust Money Market              | 54,786 56        |
| Sunrise Bank CD                     | 98,446 52        |
| Total Assets                        | \$<br>170,204 68 |
|                                     | ======           |
| LIABILITIES AND FUND BALANCES       |                  |
| Fund Balances                       |                  |
| Balance Forward                     | \$<br>163,538 04 |
| Current Year Earnngs                | 6,666 64         |
| Total Liabilities and Fund Balances | \$<br>170,204.68 |

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### Friends of the Cocoa Beach Library, Inc Statement of Operation For Twelve Months Ending May 31, 2010

| Income                  |                |                |
|-------------------------|----------------|----------------|
|                         |                |                |
| Membership              | \$<br>3,913 00 |                |
| Used Books              | 13,317 50      |                |
| Book Bags               | 163 00         |                |
| Donations               | 94 00          |                |
| Book Sale               | 130 00         |                |
| Bumper Stickers         | 228 00         |                |
| Book and Author         | 1,460 00       |                |
| Book Fund               | 4,802 50       |                |
| Interest                | <br>1,693 75   | 25,801 75      |
| Deduct Expense          |                |                |
| Transportation          | \$<br>584 08   |                |
| Adult Programs          | 3,000 00       |                |
| Children Programs       | 1,500 00       |                |
| Printing and Stationery | 738 42         |                |
| Postage                 | 693.80         |                |
| Christmas Expense       | 202 00         |                |
| Office Expense          | 403 82         |                |
| Library Expense         | 4,682 61       |                |
| Hospitality             | 141 40         |                |
| Book Purchases          | 2,853 14       |                |
| Bumper Stickers         | 50 00          |                |
| Professional Fees       | 250 00         |                |
| Book Bags               | 249 70         |                |
| Fees and Sales Tax      | 965 14         |                |
| Book and Author         | <br>2,821 00   | 19,135 11      |
| 05                      |                | 0.000.01       |
| Current Earnings        |                | \$<br>6,666 64 |
|                         |                | ======         |