

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)

2008

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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, 2008, and ending

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C ALPINE PUBLIC LIBRARY ASSOCIATION, INC. 203 N 7TH STREET ALPINE, TX 79830. D Employer identification number 74-1478092. E Telephone number 432-837-2621. F Group Exemption Number N/A.

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: X Cash Accrual Other (specify)

I Website: N/A

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

J Organization type (check only one) - X 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. \$ 494,490.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Table with 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Assets (18-21). Total revenue: 494,490. Total expenses: 152,956. Net assets at end of year: 910,376.

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.)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? <u>See Statement 5</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	<u>BUILD ALL ADULT COLLECTIONS</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	7,041.
29	<u>UPGRADE, MAINTAIN, AND FACILITATE USE OF COMPUTERS BY PATRONS</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	2,195.
30	<u>INCREASE CHILDREN'S PROGRAMS AND MATERIALS</u> ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	7,041.
31	Other program services (attach schedule). <u>See Statement 6</u> (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	2,753.
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	19,030.

Part IV List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)

(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 and deferred compensation	(e) Expense account and other allowances
CHRIS RUGGIA 607 N 10TH ST ALPINE, TX 79830	Treasurer 2.00	0.	0.	0.
MARY JANE MORGAN PO BOX 1341 ALPINE, TX 79831	Vice President 2.00	0.	0.	0.
KATHY BORK 1008 E NATIONS ALPINE, TX 79830	President 2.00	0.	0.	0.
CAROL FAIRLIE-DOLEZA 502 E AVE I ALPINE, TX 79830	Director 1.00	0.	0.	0.
KEN DURHAM P O BOX 1861 ALPINE, TX 79831	Secretary 2.00	0.	0.	0.
JOHANNA NELSON 305 W GALLEGO ALPINE, TX 79831	Director 1.00	0.	0.	0.
VAL BEARD PO BOX 1630 ALPINE, TX 79831	Director 1.00	0.	0.	0.
ANNE CALAWAY P O BOX 1379 ALPINE, TX 79831	Director 1.00	0.	0.	0.
STEVE GRIFFIX 404 NE 5TH ST ALPINE, TX 79830	Director 1.00	0.	0.	0.
TOM MICHAEL PO BOX 867 ALPINE, TX 79831	Director 1.00	0.	0.	0.
JULIETTE SCWAB 304 E JUNE ALPINE, TX 79830	Director 1.00	0.	0.	0.
G E "PETE" PETERSON 56 SUNNY GLEN ALPINE, TX 79830	Director 1.00	0.	0.	0.

Part V Other Information (Note the statement requirement in General Instruction V.)

		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.		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.		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.		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	X	
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39	501(c)(7) organizations. Enter:		
39a	Initiation fees and capital contributions included on line 9.	39a	N/A
39b	Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40a	501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> 0.; section 4912 <input type="checkbox"/> 0.; section 4955 <input type="checkbox"/> 0.		
40b	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
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
40d	Enter amount of tax on line 40c reimbursed by the organization.		0.
40e	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 <input checked="" type="checkbox"/> None		

42a The books are in care of PAIGE DELANEY Telephone no. (432) 837-2621
 Located at 203 NORTH 7TH STREET ALPINE TX ZIP + 4 79830

		Yes	No
42b	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)? If 'Yes,' enter the name of the foreign country: <input type="checkbox"/>		X
42c	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: <input type="checkbox"/>		X

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year. 43 N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.		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.		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. See Statement 7

- 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.

	Yes	No
46		X
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II.

	Yes	No
47		X
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.

	Yes	No
48		X
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		X
- b If 'Yes,' was the related organization(s) a section 527 organization?

	Yes	No
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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000.	▶			

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
None		
Total number of other independent contractors receiving over \$100,000.	▶	

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.

TAXPAYER COPY

Sign Here

▶ Signature of officer Date
 ▶ CHRIS RUGGIA Treasurer
 Type or print name and title.

Paid Preparer's Use Only	Preparer's signature ▶ <i>J. Shaw Skinner CPA</i>	Date ▶ 6/30/09	Check if self-employed ▶ <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) ▶ N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ J. Shaw Skinner, CPA 610 E. Holland Ave Alpine, TX 79830	EIN ▶ N/A	Phone no. ▶ (432) 837-5861	

May the IRS discuss this return with the preparer shown above? See instructions.

<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Public Charity Status and Public Support

2008

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

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization: **ALPINE PUBLIC LIBRARY ASSOCIATION, INC.**
Employer identification number: **74-1478092**

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 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 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 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?.....	11 g (i)	
(ii) a family member of a person described in (i) above?.....	11 g (ii)	
(iii) a 35% controlled entity of a person described in (i) or (ii) above?.....	11 g (iii)	

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	
Total									

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 'unusual grants'.)	91,115.	143,521.	152,057.	193,330.		580,023.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	91,115.	143,521.	152,057.	193,330.	0.	580,023.
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)						0.
6 Public support. Subtract line 5 from line 4.						580,023.

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.	91,115.	143,521.	152,057.	193,330.	0.	580,023.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	2,005.	1,321.	2,375.	2,799.		8,500.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						588,523.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
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. <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%
16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the 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 yr 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 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose.						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
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 1-5.						
7a Amounts included on lines 1, 2, 3 received from disqualified persons.						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000.						
c Add lines 7a and 7b.						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

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

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	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g.	16	%

Section D. Computation of Investment Income Percentage

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

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 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.

ALPINE PUBLIC LIBRARY ASSOCIATION, INC.

74-1478092

Statement 1
Form 990-EZ, Part I, Line 5c
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 46,337.
 Cost or Other Basis: 0.

Total Gain (Loss) Publicly Traded Securities \$ 46,337.

Total Net Gain (Loss) From Noninventory Sales \$ 46,337.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

ADULT BOOKS AND MATERIALS.....	\$	7,041.
Advertising and Promotion.....		334.
AUDIT & TAX.....		10,963.
CHILDREN'S PROGRAMS.....		10,393.
CONSULTING.....		3,053.
Depreciation.....		7,392.
FEES.....		473.
GIFTS.....		100.
INSURANCE.....		3,178.
MEMBERSHIP DUES.....		420.
NEW LIBRARY FUNDRAISING.....		4,183.
PENALTIES.....		54.
PERIODICALS.....		2,753.
REPAIRS & MAINTENANCE.....		1,976.
SUPPLIES.....		5,141.
TECHNOLOGY EXPENSE & REPAIRS.....		2,195.
TELEPHONE.....		3,624.
Travel.....		1,657.
	Total \$	<u>64,930.</u>

Statement 3
Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
CONSTRUCTION IN PROGRESS.....	\$ 66,235.	\$ 178,163.
Machinery and Equipment.....	8,595.	5,037.
Total	<u>\$ 74,830.</u>	<u>\$ 183,200.</u>

ALPINE PUBLIC LIBRARY ASSOCIATION, INC.

74-1478092

Statement 4
Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
PAYROLL TAXES PAYABLE.....	\$ 1,186.	\$ 85.
SALES TAX PAYABLE.....	896.	1,233.
Total	<u>\$ 2,082.</u>	<u>\$ 1,318.</u>

Statement 5
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The mission of the Alpine Public Library is to be a steward of the intellectual energy of the community, providing and promoting open access to reading and to cultural, informational, historical, and technological resources that will enrich all segments of our community, and to encourage life-long learning, acting as a catalyst for the free exchange of ideas and promoting literacy among all people.

Statement 6
Form 990-EZ, Part III, Line 31
Statement of Program Service Accomplishments

<u>Description</u>	<u>0.</u> <u>Grants</u>	<u>Program</u> <u>Service</u> <u>Expenses</u>
PROVIDE CIRCULATION AND REFERENCE SERVICES		2,753.
Includes Foreign Grants: No		
Total	<u>\$ 0.</u>	<u>\$ 2,753.</u>

Statement 7
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?..... No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?..... No

ALPINE PUBLIC LIBRARY ASSOCIATION, INC.

74-1478092

	2008	2007	Diff
FORM 990-EZ REVENUE			
Contributions, gifts, and grants.....	392,932	193,330	199,602
Program service revenue.....	15,209	14,058	1,151
Membership dues and assessments.....	33,556	0	33,556
Investment income.....	6,456	0	6,456
Net gain (loss) - noninv. assets/disp....	46,337	15,000	31,337
Total revenue.....	494,490	225,187	269,303
EXPENSES			
Salaries and employee benefits.....	77,491	0	77,491
Occupancy/rent/utilities/maintenance.....	8,845	0	8,845
Printing, publications, and postage.....	1,690	0	1,690
Other expenses.....	64,930	0	64,930
Total expenses.....	152,956	135,158	17,798
NET ASSETS OR FUND BALANCES			
Excess or (deficit) for the year.....	341,534	90,029	251,505
Net assets/fund bal. at beg. of year.....	568,842	204,070	364,772
Other changes in net assets/fund bal.....	0	274,743	-274,743
Net assets/fund bal. at end of year.....	910,376	568,842	341,534

Forms needed for this return

Federal: 990-EZ, Sch A

Carryovers to 2009

None

ALPINE PUBLIC LIBRARY ASSOCIATION, INC.

74-1478092

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis /Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 990/990-PF																
Buildings																
2	ReReads Bookstore Buildin	1/01/03		26,128							26,128	5,225	S/L	25		1,045
3	RR Bookstore Addition	1/01/04		43,557							43,557	6,969	S/L	25		1,742
4	8.5 Yards - Cement	8/02/05		3,962							3,962	384	S/L	25		158
5	Building Improvements	12/08/05		3,272							3,272	273	S/L	25		131
6	Improvements - Alpine	12/08/05		7,470							7,470	1,037	S/L	15		498
7	Improvements - Marathon	1/01/05		3,900							3,900	780	S/L	15		260
	Total Buildings			88,289		0	0	0	0	0	88,289	14,668				3,834
Land																
1	Land - New Library Site	11/03/07		273,889							273,889					0
	Total Land			273,889		0	0	0	0	0	273,889	0				0
Machinery and Equipment																
8	Computers - Alpine	1/01/02		25,000							25,000	25,000	200DB	3		0
9	Computers - Marathon	1/01/02		20,000							20,000	20,000	200DB	3		0
10	1999 Computers - Alpine	2/12/99		12,784							12,784	12,784	200DB	3		0
11	HP Proliant ML330TX Tower	1/16/05		3,950							3,950	3,657	200DB	3		16
12	APC SUA Smart Battery	2/01/05		279							279	258	200DB	3		1
13	Director's Computer	8/09/05		600							600	556	200DB	3		17
14	Gateway Computer	8/31/05		1,954							1,954	1,810	200DB	3		64
15	Gateway Computer	8/31/05		1,954							1,954	1,809	200DB	3		64
16	Gateway Computer	8/31/05		1,954							1,954	1,809	200DB	3		64

2008 Federal Book Depreciation Schedule

ALPINE PUBLIC LIBRARY ASSOCIATION, INC.

74-1478092

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus. Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec. Bal. Depr.	Salvage /Basis Reductn	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
17	Copier - Marathon	10/23/07		1,498							1,498	54	200DB	7		413
18	Fireproof Filing Cabient	11/09/07		1,238							1,238	44	200DB	7		341
19	2 Fireproof Filing Cabien	11/09/07		2,355							2,355	84	200DB	7		649
20	Computer - Alpine	4/27/07		1,369							1,369	570	200DB	3		533
21	Computer - Alpine	4/27/07		1,248							1,248	520	200DB	3		485
22	Computer - Alpine	10/15/07		1,491							1,491	124	200DB	3		911
Total Machinery and Equipment				77,674		0	0	0	0	0	77,674	69,079				3,558
Total Depreciation				<u>439,852</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>439,852</u>	<u>83,747</u>				<u>7,392</u>
Grand Total Depreciation				<u>439,852</u>		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>439,852</u>	<u>83,747</u>				<u>7,392</u>

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. See Statement 7

	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	

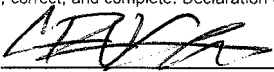
50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'


(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 and deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000..... ▶				

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
None		
Total number of other independent contractors receiving over \$100,000..... ▶		

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.

Sign Here  Signature of officer 12 July 2009
Date
CHRIS RUGGIA Treasurer
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature  Date **6/30/09**
 Firm's name (or yours if self-employed), address, and ZIP + 4 **J. Shaw Skinner, CPA**
610 E. Holland Ave
Alpine, TX 79830
 Check if self-employed Preparer's Identifying Number (See instructions) **N/A**
 EIN **N/A**
 Phone no. **(432) 837-5861**

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