

**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)

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2007 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization: **BOSLER MEMORIAL LIBRARY**  
 Number and street (or P.O. box if mail is not delivered to street address): **158 WEST HIGH STREET**  
 City or town, state or country, and ZIP + 4: **CARLISLE, PA 17013**

**D** Employer identification number: **23-1381007**

**E** Telephone number: **717-243-4642**

**F** Accounting method:  Cash  Accrual  
 Other (specify):

**G** Website: **N/A**

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

**K** Check here  if the organization is not a 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.

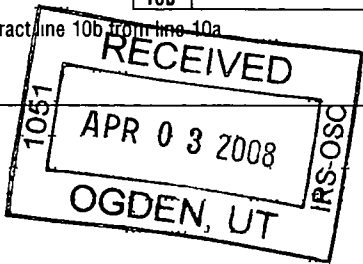
**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: **1,985,959.**

**H and I are not applicable to section 527 organizations.**  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates: **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No  
**I** Group Exemption Number: **N/A**

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

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Contributions to donor advised funds	<b>1a</b>			
	<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>		130,476.	
	<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>		150,854.	
	<b>d</b> Government contributions (grants) (not included on line 1a)	<b>1d</b>		557,136.	
	<b>e</b> Total (add lines 1a through 1d) (cash \$ <b>820,866.</b> noncash \$ <b>17,600.</b> )	<b>1e</b>			838,466.
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>			67,736.
	<b>3</b> Membership dues and assessments	<b>3</b>			
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>			6,669.
	<b>5</b> Dividends and interest from securities	<b>5</b>			74,752.
	<b>6 a</b> Gross rents <b>SEE STATEMENT 1</b>	<b>6a</b>		40,022.	
	<b>b</b> Less: rental expenses <b>SEE STATEMENT 2</b>	<b>6b</b>		27,044.	
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a	<b>6c</b>			12,978.	
<b>7</b> Other investment income (describe )	<b>7</b>				
<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	957,626.	<b>8a</b>	688.		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	789.		
	38,194.	<b>8c</b>	-101.		
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)	<b>8d</b>	STMT 3	STMT 4	38,093.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1b)	<b>9a</b>			
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>			
	<b>c</b> Net income or (loss) from special events Subtract line 9b from line 9a	<b>9c</b>			
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	<b>10c</b>			
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>				
<b>12</b> Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	<b>12</b>			1,038,694.	
<b>Expenses</b>	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		631,737.	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		168,692.	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		58,023.	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>			
	<b>17</b> Total expenses Add lines 16 and 44, column (A)	<b>17</b>			858,452.
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12	<b>18</b>			180,242.	
<b>Net Assets</b>	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		3,234,560.	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	SEE STATEMENT 5	-54,472.	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<b>21</b>			3,360,330.



SCANNED APR 3 2008 Revenue

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	61,912.	11,144.	50,768.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	389,199.	306,783.	46,684.	35,732.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	10,306.	8,535.	763.	1,008.
<b>28</b> Employee benefits not included on lines 25a - 27	15,599.	12,220.	1,958.	1,421.
<b>29</b> Payroll taxes	37,218.	26,425.	7,816.	2,977.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	8,912.		8,912.	
<b>32</b> Legal fees				
<b>33</b> Supplies	5,722.	5,722.		
<b>34</b> Telephone	1,988.	1,411.	418.	159.
<b>35</b> Postage and shipping	5,917.	4,238.	739.	940.
<b>36</b> Occupancy	59,042.	41,920.	12,399.	4,723.
<b>37</b> Equipment rental and maintenance	8,243.	5,853.	1,731.	659.
<b>38</b> Printing and publications	334.	237.	70.	27.
<b>39</b> Travel	1,443.	960.	286.	197.
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	67,624.	48,013.	14,201.	5,410.
<b>43</b> Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
<b>g</b> <u>SEE STATEMENT 6</u>	184,993.	158,276.	21,947.	4,770.
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	858,452.	631,737.	168,692.	58,023.

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>THE LIBRARY'S ADULT PROGRAMS PROVIDE THE BROADEST AND MOST PROGRESSIVE DELIVERY OF INFORMATION AND RESOURCES TO MEET THE PUBLIC'S NEED FOR INFORMATION, EDUCATION, LEISURE, AND CULTURE.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	357,550.
<b>b</b> <u>THE REFERENCE PROGRAM PROVIDES IN-PERSON AND TELEPHONE AND E-MAIL REFERENCE ASSISTANCE, FREE INTERNET ACCESS, AND INTER-LIBRARY LOANS FOR THE COMMUNITY.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	149,978.
<b>c</b> <u>THE JUVENILE PROGRAM PROVIDES A VARIETY OF LIBRARY MATERIALS AND SPECIAL PROGRAMMING SUITABLE FOR CHILDREN AGES PRE-SCHOOL THROUGH MIDDLE SCHOOL YEARS.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	124,209.
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> <u>Total of Program Service Expenses</u> (should equal line 44, column (B), Program services) ►	631,737.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	1,068.	45	1,371.
	46 Savings and temporary cash investments	221,647.	46	483,025.
	47 a Accounts receivable	47a		
	b Less allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments - other securities <b>STMT 10</b> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		1,417,987.	54b
55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b		55c	
56 Investments - other			56	
57 a Land, buildings, and equipment basis	57a	2,778,758.		
b Less accumulated depreciation	57b	1,382,655.	57c	1,396,103.
58 Other assets, including program-related investments (describe <b>SEE STATEMENT 8</b> )		126,810.	58	124,646.
59 <b>Total assets</b> (must equal line 74) Add lines 45 through 58		3,237,182.	59	3,362,945.
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <b>SEE STATEMENT 9</b> )		2,622.	65
66 <b>Total liabilities.</b> Add lines 60 through 65		2,622.	66	2,615.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	3,102,090.	67	3,151,892.
	68 Temporarily restricted	5,660.	68	83,792.
	69 Permanently restricted	126,810.	69	124,646.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		3,234,560.	73	3,360,330.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		3,237,182.	74	3,362,945.





**Part VI Other Information** (continued) Yes No

<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
	<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A	
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
	<b>b</b> Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
	<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
<b>85 a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?	85a	N/A	
	<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	85b	N/A	
	<b>c</b> Dues, assessments, and similar amounts from members	85c	N/A	
	<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A	
	<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A	
	<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A	
	<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
	<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
<b>86</b>	501(c)(7) organizations. Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A	
	<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A	
<b>87</b>	501(c)(12) organizations. Enter <b>a</b> Gross income from members or shareholders	87a	N/A	
	<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A	
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
	<b>b</b> At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
<b>89 a</b>	501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
	<b>b</b> 501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b		X
	<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>			
	<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>			
	<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
	<b>f</b> All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
	<b>g</b> For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
<b>90 a</b>	List the states with which a copy of this return is filed <b>NONE</b>			
	<b>b</b> Number of employees employed in the pay period that includes March 12, 2007	90b	34	
<b>91 a</b>	The books are in care of <b>JOYCE SMITH, ADMINISTRATIVE ASSISTANT</b> Telephone no. <b>717-243-4642</b> Located at <b>158 W HIGH ST, CARLISLE, PA</b> ZIP + 4 <b>17013</b>			
	<b>b</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)? If "Yes," enter the name of the foreign country <b>N/A</b>	91b		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country ▶ N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶   
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions)

**Note:** Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a <b>FINES/LOST BOOK CHARGES</b>					53,424.
b <b>OTHER LIBRARY OPERATIONS</b>					14,312.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	6,669.	
96 Dividends and interest from securities			14	74,752.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	12,978.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			01	38,093.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		132,492.	67,736.
105 Total (add line 104, columns (B), (D), and (E))					200,228.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	<b>INCOME FROM FINES, PHOTOCOPIER AND RENTALS ARE USED TO PROVIDE BOOKS AND SERVICES TO THE PUBLIC</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions)

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

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

**Please 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: D.W. Fulham-Winston Date: 3-3-08

Type or print name and title: D.W. Fulham-Winston

**Paid Preparer's Use Only**

Preparer's signature: [Signature] Date: 3/3/08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **BOYER & RITTER, CPA'S**  
**141 WEST HIGH ST.**  
**CARLISLE, PA 17013**

Preparer's SSN or PTIN (See Gen Inst X): **P00000017**

EIN: **23-1311005**

Phone no.: **717-249-3414**

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2007**

Name of the organization **BOSLER MEMORIAL LIBRARY** Employer identification number **23 1381007**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

**Part III Statements About Activities** (See page 2 of the instructions.)

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

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions )

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					►

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	681,458.	620,193.	662,222.	749,176.	2,713,049.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	66,970.	64,751.	58,381.	55,046.	245,148.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	100,509.	111,585.	88,372.	78,650.	379,116.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	848,937.	796,529.	808,975.	882,872.	3,337,313.
24 Line 23 minus line 17	781,967.	731,778.	750,594.	827,826.	3,092,165.
25 Enter 1% of line 23	8,489.	7,965.	8,090.	8,829.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 61,843.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,092,165.
d Add: Amounts from column (e) for lines: 18 379,116. 19 _____ 22 _____ 26b _____					26d 379,116.
e Public support (line 26c minus line 26d total)					26e 2,713,049.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.7395%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2006) (2005) (2004) (2003)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2006) (2005) (2004) (2003)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

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





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FORM 990	RENTAL INCOME	STATEMENT 1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
COMMERCIAL-WEST SOUTH STREET	1	40,022.
TOTAL TO FORM 990, PART I, LINE 6A		40,022.

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FORM 990	RENTAL EXPENSES	STATEMENT 2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
INSURANCE		3,535.	
TAXES		2,204.	
UTILITIES		88.	
MAINTENANCE		4,877.	
DEPRECIATION		16,340.	
- SUBTOTAL -	1		27,044.
TOTAL TO FORM 990, PART I, LINE 6B			27,044.

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FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT 3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS SECURITIES	957,626.	919,432.	0.	38,194.
TO FORM 990, PART I, LINE 8	957,626.	919,432.	0.	38,194.

FORM 990 . GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 4

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF SNOW BLOWER	12/15/98	12/31/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	495.	550.	0.	0.	-55.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
DISPOSAL OF PAGER	10/29/99	11/06/07	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	193.	239.	0.	0.	-46.
TO FM 990, PART I, LN 8	688.	789.	0.	0.	-101.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 5

DESCRIPTION	AMOUNT
UNREALIZED LOSS ON SPLIT INTEREST AGREEMENT	-2,164.
UNREALIZED LOSS ON SECURITIES	-52,308.
TOTAL TO FORM 990, PART I, LINE 20	-54,472.

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
DUES AND MEMBERSHIPS	1,262.	972.	290.	0.
BOOKS & PERIODICALS	52,079.	52,079.	0.	0.
INSURANCE	20,066.	14,247.	4,214.	1,605.
AUDIOVISUAL MATERIALS	33,281.	33,281.	0.	0.
OFFICE EXPENSE	4,003.	3,018.	901.	84.

BOSLER MEMORIAL LIBRARY

23-1381007

TRUST ADMIN. FEES	11,742.	0.	11,742.	0.
MISCELLANEOUS	746.	563.	167.	16.
PERIODICALS	9,254.	9,254.	0.	0.
PROFESSIONAL FEES	15,842.	10,246.	3,060.	2,536.
BANK CHARGES	1,573.	0.	1,573.	0.
PROGRAMS AND PUBLIC RELATIONS	8,711.	8,182.	0.	529.
COLLECTION ITEMS	26,434.	26,434.		
<b>TOTAL TO FM 990, LN 43</b>	<b>184,993.</b>	<b>158,276.</b>	<b>21,947.</b>	<b>4,770.</b>

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 7  
PART III

EXPLANATION

PUBLIC LIBRARY SERVICES TO RESIDENTS OF CARLISLE AND SURROUNDING AREAS

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
BENEFICIAL INTEREST IN PERPETUAL TRUST	124,646.
<b>TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B</b>	<b>124,646.</b>

FORM 990 OTHER LIABILITIES STATEMENT 9

DESCRIPTION	AMOUNT
SALES TAX WITHHELD	139.
HEALTH INSURANCE WITHHELD	1,676.
SECURITY DEPOSITS	800.
<b>TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B</b>	<b>2,615.</b>



FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT 12  
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LINDA RICE 158 W HIGH STREET CARLISLE, PA 17013	EXECUTIVE DIREC 37.00	57,455.	4,457.	0.
DEBORAH FULHAM-WINSTON 158 W HIGH STREET CARLISLE, PA 17013	PRESIDENT 1.00	0.	0.	0.
CAREN SENTER MOOTZ 158 W HIGH STREET CARLISLE, PA 17013	VICE PRESIDENT 1.00	0.	0.	0.
FRANK RANKIN 158 W HIGH STREET CARLISLE, PA 17013	TREASURER 1.00	0.	0.	0.
CAROL REED 158 W HIGH STREET CARLISLE, PA 17013	SECRETARY 1.00	0.	0.	0.
BETH COOLIDGE 158 W HIGH STREET CARLISLE, PA 17013	BOARD MEMBER 1.00	0.	0.	0.
NANCY GEORGE 158 W HIGH STREET CARLISLE, PA 17013	BOARD MEMBER 1.00	0.	0.	0.
ELLEN HAIR 158 W HIGH STREET CARLISLE, PA 17013	BOARD MEMBER 1.00	0.	0.	0.
OLIVER HAZAN 158 W HIGH STREET CARLISLE, PA 17013	BOARD MEMBER 1.00	0.	0.	0.
PETER HOWLAND 158 W HIGH STREET CARLISLE, PA 17013	BOARD MEMBER 1.00	0.	0.	0.
MARJORIE MOWERY 158 W HIGH STREET CARLISLE, PA 17013	BOARD MEMBER 1.00	0.	0.	0.

BOSLER MEMORIAL LIBRARY

23-1381007

DENISE STASYSZYN  
158 W HIGH STREET,  
CARLISLE, PA 17013

BOARD MEMBER  
1.00

0. 0. 0.

STEPHANIE WILLIAMS  
158 W HIGH STREET  
CARLISLE, PA 17013

BOARD MEMBER  
1.00

0. 0. 0.

TOTALS INCLUDED ON FORM 990, PART V-A

57,455. 4,457. 0.

2007 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION															
Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
28	REMODELING-BOSN	02/07/02	SL	39.00		MM17	1,860.			558.	1,302.	161.		33.	194.
45	REMOP REC AREA	02/04/85	PRE	18.00		HXL6	5,404.				5,404.	5,404.		0.	5,404.
46	REMODEL BERK OFF	06/28/85	PRE	19.00		HXL6	3,415.				3,415.	3,415.		0.	3,415.
47	REMODEL-OFF & WIRING	01/20/86	PRE	19.00		HXL6	3,408.				3,408.	3,408.		0.	3,408.
48	REMODEL OFFICE	03/30/92	SL	31.50		HXL7	2,394.				2,394.	1,124.		76.	1,200.
49	REMODEL OFF	12/31/92	SL	31.50		HXL7	3,151.				3,151.	1,404.		100.	1,504.
	* OTHER TOTAL OTHER						19,632.			558.	19,074.	14,916.		209.	15,125.
	FURNITURE & FIXTURES														
16	FURNITURE	03/06/00	200DB	7.00		HXL7	1,079.		1,079.					0.	
24	COMPUTER CART	01/15/01	200DB	7.00		HXL7	124.		124.					0.	
25	CHAIRS	10/08/01	200DB	7.00		HXL7	924.		924.					0.	
26	CARPET	10/29/01	200DB	7.00		HXL7	690.		690.					0.	
36	SIGNS	01/15/02	200DB	7.00		HXL7	1,900.		1,900.					0.	
37	SHELVING	03/25/02	200DB	7.00		HXL7	525.		525.					0.	
38	2 WINDSOR ARMCHAIRS	04/22/02	200DB	7.00		HXL7	742.		742.					0.	
39	REFRIG-SMITHS	05/20/02	200DB	7.00		HXL7	529.		529.					0.	
40	STORAGE CABINET	10/13/02	200DB	7.00		HXL7	190.		190.					0.	
41	UTILITY CART	10/13/02	200DB	7.00		HXL7	140.		140.					0.	

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION															
Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
42	FOLDING CHAIRS	12/13/02	200DB	7.00		HXL17	105.		105.					0.	0.
43	SHELVING-LAB	02/01/02	200DB	7.00		HXL17	320.		320.					0.	0.
44	SHELVING-STORAGE UNIT	01/25/02	200DB	7.00		HXL17	500.		500.					0.	0.
55	BENCH	10/13/03	200DB	7.00		HXL17	570.				570.	392.		51.	443.
	* OTHER TOTAL FURNITURE & FIXTURES						8,338.		7,768.		570.	392.		51.	443.
	MACHINERY & EQUIPMENT														
5	EQUIPMENT	12/29/99	200DB	5.00		HXL17	9,964.		9,964.					0.	0.
6	EKG	04/26/99	200DB	7.00		HXL17	3,169.		3,169.					0.	0.
7	DICTATING MACHINE	07/28/99	200DB	7.00		HXL17	1,208.		1,208.					0.	0.
8	DOPPLER	08/24/99	200DB	7.00		HXL17	478.		478.					0.	0.
9	2-WAY RADIOS	05/22/99	200DB	7.00		HXL17	758.		758.					0.	0.
10	COMPUTER TERMINAL	12/29/99	SL	3.00		HXL17	424.		424.					0.	0.
11	COMPUTERS & PRINTERS	10/23/00	200DB	5.00		HXL17	4,583.		4,583.					0.	0.
12	DICTATING MACHINES	09/10/00	200DB	7.00		HXL17	2,046.		2,046.					0.	0.
13	2-WAYRADIO	09/10/00	200DB	7.00		HXL17	151.		151.					0.	0.
14	PHONES	11/18/00	200DB	7.00		HXL17	2,526.		2,526.					0.	0.
15	BP MONITOR	12/04/00	200DB	7.00		HXL17	409.		409.					0.	0.
18	ERG MACHINE	04/23/01	200DB	7.00		HXL17	2,970.		2,970.					0.	0.

2007 DEPRECIATION AND AMORTIZATION REPORT

OTHER DEPRECIATION

Asset No	Description	Date Acquired	Method	Life	Cony	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	MEDIC SERVER UPGRADE	09/05/01	200DE	5.00	HY17	HY17	1,368.		1,368.					0.	
20	SHARP FAX	10/08/01	200DE	7.00	HY17	HY17	1,267.		1,267.					0.	
21	DIGITAL COPIER	11/07/01	200DE	5.00	HY17	HY17	582.		582.					0.	
22	COMPUTER W/PACEMAKER RECO	12/28/01	200DE	5.00	HY17	HY17	15,900.			4,770.	11,130.	11,130.		0.	11,130.
23	COMPUTER ACCESSORIES	12/28/01	200DE	5.00	HY17	HY17	3,462.		1,751.	513.	1,198.	1,198.		0.	1,198.
27	LAN STD CASS DSKTOP	02/02/02	200DE	7.00	HY17	HY17	678.		678.					0.	
29	LANIER DICT MACH	07/01/02	200DE	7.00	HY17	HY17	495.		495.					0.	
30	LAB REFRIG	07/29/02	200DE	7.00	HY17	HY17	186.		186.					0.	
31	2 SONY DICT UNITS	09/08/02	200DE	7.00	HY17	HY17	1,333.		1,333.					0.	
32	EXAM TABLE	09/25/02	200DE	7.00	HY17	HY17	868.		868.					0.	
33	EXT MODEM	10/07/02	200DE	5.00	HY17	HY17	318.		318.					0.	
35	SONY DICT UNIT	11/04/02	200DE	7.00	HY17	HY17	667.		667.					0.	
50	LAB MACHINE	05/08/95	200DE	7.00	HY17	HY17	5,035.				5,035.	5,035.		0.	5,035.
52	SONY STAND DICT UNIT	01/27/03	200DE	7.00	HY17	HY17	667.				667.	458.		60.	518.
53	PULSE OXIMETER	03/03/03	200DE	7.00	HY17	HY17	525.				525.	362.		47.	409.
54	VC COMPUTING- 3	03/03/03	200DE	5.00	HY17	HY17	3,208.				3,208.	2,655.		370.	3,025.
57	DIGITAL IMAGER	11/21/03	200DE	7.00	HY17	HY17	1,140.				1,140.	783.		102.	885.
58	PHONE	12/15/03	200DE	7.00	HY17	HY17	343.				343.	236.		31.	267.

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OTHER DEPRECIATION															
Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
59	FULLY DEPREC EQUIPMENT	01/01/90	200DB	7.00		HXL7	194,262.				194,262.	194,262.		0.	194,262.
60	ACE LAB MACH - CHEM PROFI	01/12/04	200DB	7.00		HXL7	7,010.			3,505.	3,505.	1,972.		438.	2,410.
61	LAB CHAIR	04/19/04	200DB	7.00		HXL7	1,111.			556.	555.	312.		69.	381.
62	STERILIZER AUTOCLAVE	06/07/04	200DB	7.00		HXL7	3,074.			1,537.	1,537.	865.		192.	1,057.
63	VITAL SYSTEM COMPUTER (GG	07/20/04	200DB	5.00		HXL7	1,353.			677.	676.	481.		78.	559.
64	VITAL SYTEM COMPUTER (LIS	08/17/04	200DB	5.00		HXL7	971.			486.	485.	345.		56.	401.
65	CALIGOR - PPT MACHINE	09/07/04	200DB	7.00		HXL7	2,115.			1,058.	1,057.	595.		132.	727.
66	MCKESSON - CRYO FREEZER	11/22/04	200DB	7.00		HXL7	1,005.			503.	502.	283.		63.	346.
67	NEXTGEN SOFTWARE	08/01/05	SL	3.00		HXL7	219,680.				219,680.	109,840.		73,227.	183,067.
68	NEXTGEN HARDWARE	01/29/05	200DB	5.00		HXL7	51,429.		11,550.		39,879.	20,737.		7,657.	28,394.
69	LABEL PRINTER	02/07/05	200DB	7.00		HXL7	326.		326.					0.	
70	SAMSUNG PRINTER	04/11/05	200DB	7.00		HXL7	741.		741.					0.	
71	SAMSUNG LASER PRINTER ML1	04/25/05	200DB	7.00		HXL7	297.		297.					0.	
72	COMPUTER ACESSORIES	06/27/05	200DB	7.00		HXL7	3,195.		3,195.					0.	
73	COMPUTER ACESSORIES	07/07/05	200DB	7.00		HXL7	2,438.		2,438.					0.	
74	MICROSCOPE BINOCULAR HALO	08/01/05	200DB	7.00		HXL7	545.		545.					0.	
75	CORPORATE PRINTERS+ P1120	08/10/05	200DB	7.00		HXL7	7,289.		7,289.					0.	
76	ACESSORIES(CABLES, PORTS)	08/22/05	200DB	7.00		HXL7	1,305.		1,305.					0.	

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OTHER DEPRECIATION															
Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
77	COMPUTER CENTRINO+WARRANT	08/26/05	200DB	7.00		HY17	13,657.		13,657.					0.	
78	HP LASER JET, 1120'S, M14	09/04/05	200DB	7.00		HY17	7,235.		7,235.					0.	
79	LEVENO TABLET/P1120'S	10/17/05	200DB	7.00		HY17	7,254.		7,254.					0.	
80	P1120+ ACCESSORIES	10/17/05	200DB	7.00		HY17	6,133.		6,133.					0.	
81	SODIUM UPGRADE	10/17/05	200DB	7.00		HY17	608.		608.					0.	
82	SPRINT - EQUIPMENT	10/17/05	200DB	7.00		HY17	31,192.		24,500.	6,692.				0.	
83	PHILLIP CAREY - BED	10/19/05	200DB	7.00		HY17	500.		500.					0.	
84	SCANNERS/MONITORS/NEOWARE	11/21/05	200DB	7.00		HY17	2,929.		2,929.					0.	
85	WIRELESS HEAD SET	11/21/05	200DB	7.00		HY17	568.		568.					0.	
86	FUJITSU FI-4340 SCANNER	12/05/05	200DB	7.00		HY17	3,340.		3,340.					0.	
87	VS SYSTEM/WINDOWS XP	01/29/05	200DB	7.00		HY17	770.		770.					0.	
89	EQUIPMENT	12/15/05	200DB	5.00		HY17	3,128.		3,128.					0.	
90	MEDICAL EQUIPMENT	05/15/06	200DB	5.00		HY17	2,464.		2,464.					0.	
91	REDFIELD MEDICAL EQUIPMEN	09/05/06	200DB	5.00		HY17	6,050.		6,050.					0.	
92	COMPUTER EQUIPMENT	10/16/06	200DB	5.00		HY17	3,446.		3,446.					0.	
93	DELL COMPUTER EQUIPMENT	07/17/06	200DB	5.00		HY17	9,569.		9,569.					0.	
94	LIQUID NITRO CRYOGENIC SY	09/11/06	200DB	5.00		HY17	1,901.		1,901.					0.	
100	ILLUMINATED ANOSCOPE SYSTEM	03/12/07	200DB	5.00		HY19B	792.		792.				792.	792.	

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

(D) - Asset disposed

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Asset No	Description	Date Acquired	Method	Life	Conv	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	LESS 179 CARRYOVER															
101	DELL SERVER	05/01/07	200DB	5.00		HXL19B	1,593.		1,593.				1,593.	1,593.		
	LESS 179 CARRYOVER												-1,593.	-1,593.		
102	CISCO ROUTER	05/09/07	200DB	5.00		HXL19B	370.		370.				370.	370.		
	LESS 179 CARRYOVER												-370.	-370.		
103	HP P2015DN LASERJET PRINTER	05/06/07	200DB	5.00		HXL19B	422.		422.				422.	422.		
	LESS 179 CARRYOVER												-422.	-422.		
104	DELL OPTIPLEX 745 COMPUTER WITH MEMORY	05/02/07	200DB	5.00		HXL19B	508.		508.				508.	508.		
	LESS 179 CARRYOVER												-508.	-508.		
105	DELL OPTIPLEX 745 COMPUTER WITH MEMORY	05/02/07	200DB	5.00		HXL19B	508.		508.				508.	508.		
	LESS 179 CARRYOVER												-508.	-508.		
106	HP LASER JET 3390	05/06/07	200DB	5.00		HXL19B	628.		628.				628.	628.		
	LESS 179 CARRYOVER												-628.	-628.		
107	LASERJET P2015DN	05/26/07	200DB	5.00		HXL19B	403.		403.				403.	403.		
	LESS 179 CARRYOVER												-403.	-403.		
108	AEON BATTERIES	06/09/07	200DB	5.00		HXL19B	659.		659.				659.	659.		
	LESS 179 CARRYOVER												-659.	-659.		
109	IEC CL10 CENTRIFUGE	07/25/07	200DB	5.00		HXL19B	2,649.		2,649.				2,649.	2,649.		

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OTHER DEPRECIATION

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
110	LESS 179 CARRYOVER CISCO AIRONET 1230 ACCESS POINT	08/14/07	200DB	5.00	HXL9B	802.		802.				-2,649.	-2,649.	
111	LESS 179 CARRYOVER 2- GEAR PLAYERS	09/12/07	200DB	5.00	HXL9B	424.		424.				-802.	-802.	
112	LESS 179 CARRYOVER FUJITSU FI-5110C SCANNER	09/05/07	200DB	5.00	HXL9B	938.		938.				938.	938.	
113	LESS 179 CARRYOVER DELL COMPUTER	04/11/07	200DB	5.00	HXL9B	1,838.		1,838.				1,838.	1,838.	
114	LESS 179 CARRYOVER DELL PRINTER	05/07/07	200DB	5.00	HXL9B	549.		549.				549.	549.	
115	LESS 179 CARRYOVER TERMINAL LIPMAN, NURIT 2085	08/01/07	200DB	5.00	HXL9B	424.		424.				424.	424.	
124	LESS 179 CARRYOVER HP LASER JET P2015DN PRINTER	11/01/07	200DB	5.00	HXL9B	419.		419.				419.	419.	
130	LESS 179 CARRYOVER MTI CRUCIAL TECH	10/03/07	200DB	5.00	HXL9B	688.		688.				688.	688.	
132	LESS 179 CARRYOVER LIFEBOOK T4220	12/19/07	200DB	5.00	HXL9B	3,234.		3,234.				3,234.	3,234.	

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone  
(D) - Asset disposed

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OTHER DEPRECIATION																
Asset No	Description	Date Acquired	Method	Life	C o n v	Line No	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation	
	LESS 179 CARRYOVER															
133	CUSTOM BUILT PRINT SERVER	12/19/07	200DE	5.00		HY19E	917.		917.				917.	917.		
	LESS 179 CARRYOVER															
	* OTHER TOTAL MACHINERY & EQUIPMENT						684,383.		178,702.	13,605.	492,076.	351,549.	-917.	-917.		434,071.
	TRANSPORTATION EQUIPMENT															
2	(D)97 SUBARU LEGACY	07/30/97	SL	5.00		HY21	22,644.	.9488			22,644.	22,269.		375.		
	LESS EXCLUSION						-21,485.				-21,485.			-356.		-356.
88	(D)2005 HONDA PILOT	05/24/05	SL	5.00		HY21	30,580.	.5000			30,580.	7,660.		2,850.		
	LESS EXCLUSION						-15,290.				-15,290.			-1,425.		-1,425.
	* OTHER TOTAL TRANSPORTATION EQUIP						16,449.				16,449.	29,929.		1,444.		-1,781.
	* GRAND TOTAL OTHER DEPRECIATION						728,802.		186,470.	14,163.	528,169.	396,786.		84,226.		447,858.
	CURRENT YEAR ACTIVITY															
	BEGINNING BALANCE						746,812.		167,705.	14,163.	564,944.	396,786.				449,639.
	ACQUISITIONS						18,765.		18,765.	0.	0.	0.				0.
	DISPOSITIONS						53,224.		0.	0.	53,224.	29,929.				0.
	ENDING BALANCE						712,353.		186,470.	14,163.	511,720.	366,857.				449,639.