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## Form **990-EZ**

.14

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

OMB No 1545-1150

Open to Public

| For the 2000 calendard year, or tax year beginning JUL 1, 20.08 and ending JUN 30, 20.09    Secondary   Secondary  |          | Depar<br>Intern |         | of the Treasury other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,5  The organization may have to use a copy of this return to satis |              |   |  |  | Open to Public  |
|--|----------|-----------------|---------|---|--------------|---|--|--|-----------------|
|  |          | A F             | or the  |   |              |   |  |  |                 |
|  |          | ВС              | heck if | C Name of organization  |              |   |  |  | ion number      |
|  |          | ٦               | □Addres | S USE IRS PETENDS OF MCCDACKEN COINTY DIBLIC  |              |   | • •  |  |                 |
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|  | , [FF]   | $\vdash$        | Initial | type Number and street (or P.O. boy if mail is not delivered to street address)   | TE           | Room/suite                              |  |  | , , ,           |
| Part   | ≊        | $\vdash$        | _       | 1999  |              |   | •  |  | 2717            |
| Part   | Ą        | $\vdash$        | _dation |   |              |   |  |  | <u> </u>        |
| Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed   G   Accounting method:   X  Cists   Accrual Schedule A (From 990 or 990-E2)   H   Check   X  of the organization is not 1   |          | 늗               | ⊐return |   |              |   | -  | -  |                 |
| Websitz   NA   |          |                 |         |   |              | A 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 |  |  | h Accrual       |
| 1  | 21       |                 | ■ Sec   |   | mpietea      | 1                                       |  |  | ,ii Accidal     |
| 1  | 100      |                 |         |   |              |   |  |  |                 |
| K. Check   X   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.    Add Imes 50, 60, and 75, 10, line 9 to determine gross receipts; \$1,000,000 or more, life form 990 instead of form 990-EZ.   \$28,608.  |          |                 |         |   |              | 1                                       |  | -  |                 |
| Ladd ines 5b, 6b, and 7b, to line 91 to determine gross receipts; IS 500,000 or more, life form 990 instead of Form 990-EZ.  |          |                 |         |   |              |   |  |  |                 |
| Name   |          |                 | -       |   | receipts are | normally <b>not</b>                     | more man                                   | \$25,000. A                                      | return is not   |
| Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part L)  1 Contributions, grifts, grafts, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 166. 5 Remarkship dues and assessments 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ 5 Special events and activities (subtract line 6b from line 6a) 7 Gross sales of inventory (subtract line 6b from line 6a) 7 Gross sales of inventory (subtract line 6b from line 6a) 7 Gross sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe ▶ 9 26, 368 .  |          |                 |         |   |              | 000 57                                  |  | •  | 20 600          |
| 1   35.  | l        |                 |         |   |              |   |  |  | 28,008.         |
| 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 1,330. 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less; cost or other basis and sales expenses c Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶□  1 Compared to the first of the first o  | ١        | Pa              |         | <del></del>   | idilocs (    | bee the mont                            | LUCIONS IOI                                | <u> </u>   | 25              |
| 3   Ammbership dues and assessments   3   1,330   4   166.   |          |                 |         |   |              |   | <u>                                   </u> | +  | 33.             |
| Investment income   Sa Gross amount from sale of assets other than inventory   Sa   Second event sand sales expenses   Sb   Sc   Second event sand activities (complete applicable parts of Schedule G). If any amount is from gaming, check here   Sc   Sc   Second event sand activities (complete applicable parts of Schedule G). If any amount is from gaming, check here   Sc   Second event sand activities (complete applicable parts of Schedule G). If any amount is from gaming, check here   Sc   Second event sand activities (Subtract line 6b from line 6a)   Ra  |          | ŀ               |         |   |              |   |  |  | 1 220           |
| Salar   Sala   |          |                 |         | •   |              |   |  |  |                 |
| b Less: cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) a Gross revenue (not including \$   |          |                 |         | 1   | 1            |   | 4  | +  | 100.            |
| c Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule) 6 Special events and activities (complete applicable parts of Schedule 6). If any amount is from gaming, check here ▶□□ a Gross reverse (not including \$ reported on line 1) b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 7b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) c Net income (describe ▶ STMT 2 c Salaries, other compensation, and employee benefits c Salaries, other com |          |                 |         | •   |              |   |  |  |                 |
| Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here proported on line 1)  b Less: direct expenses other than fundraising expenses c Net moome or (loss) from special events and activities (Subtract line 6b from line 6a) c Roross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) b Less: cost of goods sold c Gross profit or from line 7b from line 7 |          |                 |         | •   |              |   |  |  |                 |
| a Gross revenue (not including \$  |          |                 | _ `     | •   | •            |   | -  | <del>;</del>                                     |                 |
| b Less: direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ 1 Total evenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 Total revenue. Add similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printling, publications, postage, and shipping 16 Other expenses (describe ▶ 17 Total expenses. Add lines 10 through 16 18 Excess or (defficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 10, 887. 20 JUN 0 1 2010 21 Cash, asvings, and integrees at end of year. Combine lines 18 through 20 22 Cash, asvings, and integrees at end of year. Combine lines 18 through 20 23 Occupancy lines 18 Section (a) Beginning of year (from line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ. 22 Cash, asvings, and integrations 23 Occupancy lines (describe ▶ 24 Other assets feesoribe ▶ 25 Total assets 26 Total liabilities (describe ▶ 27 Net assets or fund balances (fine 27 of column (B) must agree with line 21) 27 Net assets or fund balances (fine 27 of column (B) must agree with line 21) 28 Total liabilities (describe ▶ 29 Net assets or fund balances (fine 27 of column (B) must agree with line 21) 29 Net assets or fund balances (fine 27 of column (B) must agree with line 21) 20 Net assets or fund balances (fine 27 of column (B) must agree with line 21) 21 13,612. 22 Occupancy for fine the first agree with line 21) 22 Occupancy for fine first first first fine first fine first first fine first first first fi |          | Ž               | 1       |   | m gaming, ci | neck nere                               | <u> </u>                                   |  |                 |
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| b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 1 Control or or members 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Net assets or fund balances at the interpretation of year. (Combine lines 18 through 20 19 I D I 2010 10 Gee the instructions for Part II.) 10 (A) Beginning of year 11 (B) End of year 12 (B) End of year 13 (B) End of year 14 (C) (B) End of year 15 (C) (B) End of year 16 (C) (B) End of year 17 (C) (B) End of year 18 (B) End of year 29 (C) (B) End of year 20 (C) (B) End of year 20 (C) (B) End of year 21 (C) (B) End of year 22 (C) (B) End of year 23 (C) (B) End of year 24 (C) (E) End (C)  | 70(      |                 | ŀ       |   | 1            |   | 60   | <del>:                                    </del> | 24,837.         |
| Company   Com    |          |                 | ,       | **  | 1            |   |  |  |                 |
| C Gross profit of (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue, Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  9 10 Grants and similar amounts paid (attach schedule)  10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► SEE STATEMENT 1)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  19 Net assets or fund balances at end of year. Combine lines 18 through 20  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.  10 Occupancy forms aleased to such a section line 25 to subtract line 17 from line 27.  20 Occupancy forms add investments  21 Occupancy feet, until to a section line 25 to such a section line 27 to such a sec |          |                 | b       |   |              |   |  |  |                 |
| 10 Grants and similar amounts paid (attach schedule)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe ► SEE STATEMENT 1) 16 550.  17 Total expenses. Add lines 10 through 16   |          |                 |         |   |              |   |  |  | <del> </del>    |
| 10   Grants and similar amounts paid (attach schedule)   STMT 2   10   21,200.     10   Grants and similar amounts paid (attach schedule)   STMT 2   10   21,200.     11   Benefits paid to or for members   11   12     12   Salaries, other compensation, and employee benefits   12   13     12   Professional fees and other payments to independent contractors   13   14   0.015.     14   Occupancy, rent, utilities, and maintenance   14   1,015.     15   Printing, publications, postage, and shipping   15   878.     16   Other expenses (describe)   SEE STATEMENT   1   16   550.     17   Total expenses. Add lines 10 through 16   17   23,643.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   2,725.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   2,725.     19   Net assets or fund balances at beginning of year (from line 27, column (A))   (must agree with end-of-year figure reported on prior year's return)   19   10,887.     20   Total libabilities or fund balances (attach explanation)   20   21   13,612.     21   Not assets or fund balances at end of year. Combine lines 18 through 20   21   13,612.     22   Cash, savings, and investigation   10   (A) Beginning of year (B) End of year (B)     | $\equiv$ |                 | 8       |   |              |   | <del></del> ′                              |  | 26.262          |
| 16 Other expenses (describe ► SEE STATEMENT 1 ) 16 550.  17 Total expenses. Add lines 10 through 16  | -        |                 |         |   |              |   |  |  |                 |
| 16 Other expenses (describe ► SEE STATEMENT 1 ) 16 550.  17 Total expenses. Add lines 10 through 16  |          |                 |         | C = 1   | MT 2         |   |  |  | <u> 21,200.</u> |
| 16 Other expenses (describe ► SEE STATEMENT 1 ) 16 550.  17 Total expenses. Add lines 10 through 16  | Z        |                 |         | ·   |              |   |  |  |                 |
| 16 Other expenses (describe ► SEE STATEMENT 1 ) 16 550.  17 Total expenses. Add lines 10 through 16  |          | ses             |         |   |              |   |  |  |                 |
| 16 Other expenses (describe ► SEE STATEMENT 1 ) 16 550.  17 Total expenses. Add lines 10 through 16  | Ũ        | ē               |         | · ·   |              |   |  |  | 1 015           |
| 16 Other expenses (describe ► SEE STATEMENT 1 ) 16 550.  17 Total expenses. Add lines 10 through 16  | W,       | X               |         |   |              |   |  |  |                 |
| 17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20  21 Net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  21 Notal assets or fund balances at end of year. Combine lines 18 through 20  21 DIN 0 1 2010   |          | _               |         |   |              |   |  |  |                 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 13,612.  22 Cash, savings, and investments 23 Official assets 24 Other assets (describe) 25 Total assets 26 Total liabilities (describe) 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 28 Part II   Balance Sheets   10,887.25   13,612.  |          |                 |         |   | STATE        | MENT                                    |  |  |                 |
| 19 Net assets or fund balances at beginning of year (from line 27, column (A))  (must agree with end-of-year figure reported on prior year's return)  20  21 Net assets or fund balances (attach explanation)  21 Net assets or fund balances (attach explanation)  21 Net assets or fund balances (attach explanation)  22 I 13, 612.  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.  22 Cash, savings, and investments  23 Cantiant indicates (B) End of year  24 Other assets (describe)  25 Total assets  26 Total liabilities (describe)  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  28 Total sasets  10,887.27  13,612.   |          |                 |         |   |              |   |  |  | 23,643.         |
| 20     21     13 , 612 .     20       21     13 , 612 .       20       21     20       21     20       20       20       20       20       20       20       20       20       20       20       20       20       20  |          | s               |         | · · · · · · · · · · · · · · · · · · ·   |              |   | 118  | 3  |                 |
| 20     21     13,612   |          | sse             | 19      |   |              |   |  |  | 10 007          |
| Part   Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.    JUN 0 1 2010   See the instructions for Part II.)   (A) Beginning of year   (B) End of year  | _        | <u>~</u>        |         |   |              |   |  |  | 10,887.         |
| 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.    JUN 0 1 2010   See the instructions for Part II.)   (A) Beginning of year   (B) End of year   | İ        | Ne              | Į₹ŖE    |   |              |   |  |  | 12 (10          |
| JUN 0 1 2010   See the instructions for Part II.)   (A) Beginning of year   (B) End of year  |          | <u></u>         | 21      | Net assets or fund halances at end of year. Combine lines 18 through 20   | 41- 5 00     |   |  |  | 13,612.         |
| 22 Cash, savings, and investments 23 Cand and investments 24 Other assets (describe ▶  | 67       |                 |         |   |              |   |  |  | End of year     |
| 23   24   25   26   27   26   27   27   28   29   29   29   29   29   29   29  | 1        | 1               | 001     |   | (A)          |   |  | <del></del>                                      |                 |
| 24 Other assets (describe → ) 24  25 Total assets  |          |                 |         | · · · · · · · · · · · · · · · · · · ·   |              | ΤΟ,                                     |  |  | 13,014.         |
| 25 Total assets  26 Total liabilities (describe ►  27 Net assets or fund balances (line 27 of column (B) must agree with line 21)  10,887. 25  13,612.  10,887. 27  10,887. 27  13,612.  |          |                 |         |   | ,            |   |  |  |                 |
| 26 Total liabilities (describe ► ) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 10,887.27 13,612.   |          |                 |         | · · · · · · · · · · · · · · · · · · ·   | - /          | 1.0                                     |  |  | 13 612          |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 10,887. 27 13,612.  |          |                 |         |   | ,            |   |  |  | 13,014.         |
| 832 171<br>1921 2.17 BA FOI Privacy Act and Panerwork Reduction Act Notice, see the Instructions for Form 990  |          |                 |         | · · · · · · · · · · · · · · · · · · ·   | - /          | 10                                      |  | 1  | 13 612          |
| 17-17-18 E. P. F. AND LITTLE BLI AND CANELEDIA DEBUGGION BLI WORLD, AGE ME MAINTAIN AND CHIM SAND  |          | 8321            | 71      |   | rm 990       | ΤΟ,                                     | 00/.17                                     |  |                 |

| Form 990-EZ (2008) LIBRARY, INC.  |                                       |                            | 61-  | 12281                         | 78 Page 2                           |
|---|---------------------------------------|----------------------------|--|-------------------------------|-------------------------------------|
| Part III Statement of Program Service Accomplish                                | ments (See the instructions for       | Part III.)                 |  |                               | penses                              |
| What is the organization's primary exempt purpose? SEE STATEM                   | ENT 4                                 |                            |  |                               | for 501(c)(3)                       |
| Describe what was achieved in carrying out the organization's exempt purpose    | es. In a clear and concise manner, de | escribe the services       |  | 7 and (4) or(<br>1 4947(a)(1) | panizations and<br>trusts; optional |
| provided, the number of persons benefited, or other relevant information for ea |                                       |                            |  | for others.                   |                                     |
| 28 FUNDING OF THE ADULT PROGRAMING  | AT THE MCCRACKEN                      | COUNTY                     |  |                               | <del></del>                         |
| PUBLIC LIBRARY  | ·                                     |                            |  |                               |                                     |
|   |                                       |                            |  |                               |                                     |
| (Grants \$ 21,200.) If this amount includes fore                                | eign grants, check here               |                            |  | 28a                           | 21,550.                             |
| 29  |                                       |                            |  |                               |                                     |
|   |                                       |                            |  |                               |                                     |
|   |                                       |                            |  |                               |                                     |
| (Grants \$ ) If this amount includes fore                                       | eign grants, check here               | <b>•</b>                   |  | 29a                           |                                     |
| 30  |                                       |                            |  |                               |                                     |
|   |                                       | -                          |  |                               |                                     |
|   |                                       | •                          |  |                               |                                     |
| (Grants \$ ) If this amount includes for  | eign grants, check here               | <b></b>                    |  | 30a                           |                                     |
| 31 Other program services (attach schedule)                                     |                                       |                            |  |                               |                                     |
| (Grants \$ ) If this amount includes for  | eign grants, check here               | <b>&gt;</b>                |  | 31a                           |                                     |
| 32 Total program service expenses (add lines 28a through 31a)                   |                                       |                            |  | 32                            | 21,550.                             |
| Part IV List of Officers, Directors, Trustees, and K                            | ey Employees. List each one ex        | ven if not compensated     | (See the   | instructions for              | or Part IV)                         |
|   |                                       | Ī                          | (d) C  | ontributions                  |                                     |
| (a) Name and address  | (b) Title and average hours           | (c) Compensation           |  | employee                      | (e) Expense<br>account and          |
| (#) Name and address  | per week devoted to position          | (If not paid, enter<br>-0) |  | fit plans &<br>eferred        | other allowances                    |
|   | position                              | ",                         | 1 .  | pensation                     | other anomanees                     |
| JENNIE BOYARSKI   | PRESIDENT                             |                            |  | ·                             | -                                   |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0,                                  |
| MARJORIE HEYDUCK  | VICE-PRESIDEN                         |                            |  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | · 0.                       |  | 0.                            | 0.                                  |
| PAT MILLS   | SECRETARY                             |                            |  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| DEWEY BURGER  | TREASURER                             |                            | <b>†</b>   | •                             |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | l o.                       | 1  | 0.                            | 0.                                  |
| MAUDINE BUCHANAN  | DIRECTOR                              |                            | †  |                               | <u> </u>                            |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| JUDY MILFORD  | DIRECTOR                              | , ·                        |  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| PATSY BEASLEY   | DIRECTOR                              | <del>`</del>               | †  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| BILL BEASLEY  | DIRECTOR                              |                            | İ  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| GERRY GUTFREUND   | DIRECTOR                              |                            |  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| JANICE CROSNO   | DIRECTOR                              |                            |  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0.                                  |
| ANN CARNEAL   | DIRECTOR                              |                            | <del>                                     </del> |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0                                   |
| ANNETE WILLIAMS   | DIRECTOR                              | 1                          | <del>                                     </del> |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         | 1  | 0.                            | 0                                   |
| CAROLE HAYWOOD  | DIRECTOR                              | †                          | $T^{T}$  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         |  | 0.                            | 0                                   |
| BETH SCHMIDT  | DIRECTOR                              | 1                          |  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         | .]   | 0.                            | 0.                                  |
| DORIS LENTS   | DIRECTOR                              | <u> </u>                   | 1  |                               |                                     |
| 555 WASHINGTON, PADUCAH, KY 42003   | 1.00                                  | 0.                         | 1  | 0.                            | 0.                                  |
| JJJ MIDILITOTON, EMDUCHII, KI 42005   | 1.00                                  | ·                          | +  |                               | <u></u>                             |
|   |                                       |                            |  |                               |                                     |
|   |                                       | <del></del>                | +-   |                               |                                     |
|   |                                       |                            | 1  |                               |                                     |
| 832172<br>12-17-08  |                                       | 1                          | <del></del>                                      | Form                          | 990-EZ (2008                        |
| 12-17-00  |                                       |                            |  | 1 01111                       | 12000                               |

FRIENDS OF MCCRACKEN COUNTY PUBLIC Form 990-EZ (2008) 61-1228178 Page 3 LIBRARY, INC. Other Information (Note the statement requirements in the instructions for Part VI.) No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 33 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 35a N/Z 35b b If "Yes," has it filed a tax return on Form 990-T for this year? 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 37a 0. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37b b Did the organization file Form 1120-POL for this year? 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? 38a b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a N/A a Initiation fees and capital contributions included on line 9 39b b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 0. section 4911 O . ; section 4912 ► O . ; section 4955 ► b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or X did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 41 List the states with which a copy of this return is filed. 
NONE Telephone no.  $\triangleright 270 - 442 - 9717$ 42a The books are in care of ▶ DEWEY BURGER  $ZIP+4 \rightarrow 42003$ Located at ▶ 555 WASHINGTON ST, PADUCAH, KY b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: 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

Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of

Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be

Form **990-EZ** (2008)

Yes No

X

Form 990-EZ

completed instead of Form 990-EZ

FRIENDS OF MCCRACKEN COUNTY PUBLIC LIBRARY, INC.

| Form 990-EZ (2008)  LIBRARY, INC.  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.  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  47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization operating a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  | s No               |
|--|--------------------|
| 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  Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Oid the organization make any transfers to an exempt non-charitable related organization?  |                    |
| office? If "Yes," complete Schedule C, Part I  46  47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  48 Is the organization operating a school as described in section 170(b)(1)(A)(i)? If "Yes," complete Schedule E  49 Did the organization make any transfers to an exempt non-charitable related organization?  48  49  49  49  49  49  49  49  48   |                    |
| Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization make any transfers to an exempt non-charitable related organization?  47  48  49  Did the organization make any transfers to an exempt non-charitable related organization?  49  49  49  49  47   |                    |
| 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  48  49a Did the organization make any transfers to an exempt non-charitable related organization?  49a  | X                  |
| 49a Did the organization make any transfers to an exempt non-charitable related organization?  | X                  |
|  | X                  |
|  | X                  |
| b If "Yes," was the related organization(s) a section 527 organization?  | 100.000            |
| 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."   |                    |
| (D) Contributions  |                    |
| (b) Title and average hours   (c) Compensation   to employee   (E) E   | pense              |
| (2)  | int and<br>owances |
| NONE position compensation   | Omanicos           |
|  |                    |
|  |                    |
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|  |                    |
|  |                    |
|  |                    |
| 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  | on. If there       |
| is none, enter "None."   |                    |
| NONE  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compe   | eation             |
| (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compe   | Sation             |
|  |                    |
|  |                    |
|  |                    |
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|  |                    |
|  |                    |
|  |                    |
| Total number of other Independent contractors each receiving over \$100,000  |                    |
| Under penalties of persury, I declare that these 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 person of (other than officer) is based on all information of which preparer has any knowledge.  | ·.                 |
| Sign Sign Sol-10   |                    |
| Here Signature of officer Date   |                    |
| Dewey Burgen - Treasurer   |                    |
| Type or print name/and title   |                    |
| Paid Preparer's signature Date Check if self- Preparer's Identifying Number (See   | instr)             |
| Preparer's BENJAMIN D. TEER 05/26/10 employed DISTRICT OF THE OF  |                    |
| Firm's name (or yours WILLIAMS, WILLIAMS & LEN'TZ, LLP   |                    |
| if self-employed), Phone | - 4 2              |
| address, and ZIP+4 PADUCAH, KENTUCKY 42001-1003 no. 270-443-3  |                    |
| May the IRS discuss this return with the preparer shown above? See instructions  | No.                |

# **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

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

OMB No 1545-0047

Inspection

Employer identification number

| Name of t | the organizati   | on FRIENDS                   | OF MCCRACKE  | EN COU  | NTY P         | UBLIC         | :                   | E                       | mployer ic     | lentificati         | on nur    | nber  |
|-----------|------------------|------------------------------|--|---|---------------|---------------|---------------------|-------------------------|----------------|---------------------|-----------|-------|
|           |                  | LIBRARY                      | , INC.   |   |               |               |                     |                         | 61             | -1228               | 178       |       |
| Part I    | Reason           | for Public Char              | ity Status (All organia                                | zations mu  | ist comple    | te this par   | t ) (see ins        | tructions)              |                |                     |           |       |
| The organ | ization is not a | private foundation           | because it is: (Please ch<br>s, or association of chur | neck only d                                       | one organi    | zation)       |                     |                         |                |                     | -         |       |
| 2         |                  |                              | 70(b)(1)(A)(ii). (Attach Sc                            |   |               | cuon 170      | дод ідеді           | ).                      |                |                     |           |       |
|           |                  |                              |  |   |               | 470/6\/4\     | /AV:::\ /A+         | taab Caba               | ۱ ال ماريات    |                     |           |       |
| 3         |                  |                              | tal service organization                               |   |               |               |                     |                         |                | o bosostal          | 'e nom    |       |
| + 🗀       | city, and stat   |                              | operated in conjunction                                | WILLI A FIOS                                      | spitar desc   | ilibed iii se | cuon 170            | יואראוי אטא             | irj. Liner ur  | e nospitai          | 3 1101111 | Φ,    |
| 5 🗍       | •                |                              | benefit of a college or u                              | niversity o                                       | wned or o     | perated by    | a governi           | mental uni              | t describer    | t in                |           |       |
| •         | -                | (b)(1)(A)(iv). (Comple       | <del>-</del>   |   |               | ,             | - g                 |                         |                | <i>-</i>            |           |       |
| 6 🔲       |                  |                              | ent or governmental uni                                | it describe                                       | d in sectio   | n 170(b)(     | 1)(A)(v).           |                         |                |                     |           |       |
| 7         |                  |                              | eives a substantial part                               |   |               |               |                     | or from the             | general pu     | ublic desc          | nbed ıı   | n     |
|           |                  | <b>b)(1)(A)(vi).</b> (Comple |  |   |               | _             |                     |                         | •              |                     |           |       |
| 8 🔲       | A community      | trust described in s         | section 170(b)(1)(A)(vi).                              | (Complete   | Part II.)     |               |                     |                         |                |                     |           |       |
| 9 X       | An organizati    | on that normally red         | eives. (1) more than 33                                | 1/3% of its                                       | s support f   | rom contr     | ibutions, n         | nembershi               | p fees, and    | d gross red         | ceipts f  | from  |
|           | activities rela  | ted to its exempt fu         | nctions - subject to certa                             | ain excepti                                       | ions, and (   | 2) no more    | than 33             | 1/3% of its             | support fr     | rom gross           | ınvesti   | ment  |
|           | income and t     | unrelated business t         | axable income (less sec                                | tion 511 ta                                       | ax) from bu   | isinesses :   | acquired b          | y the orga              | anization af   | ter June 3          | i0, 197   | 5.    |
|           | See section      | 509(a)(2). (Complete         | the Part III.)   |   |               |               |                     |                         |                |                     |           |       |
| 10 🔲      | An organizati    | on organized and o           | perated exclusively to te                              | st for publ                                       | lic safety.   | See sectio    | on 509(a)(4         | <b>4).</b> (see ins     | structions)    |                     |           |       |
| 11 🔲      | An organizati    | on organized and o           | perated exclusively for t                              | he benefit  | of, to perfe  | orm the fu    | nctions of          | , or to carr            | y out the p    | urposes o           | of one o  | or    |
|           | more publicly    | supported organization       | ations described in secti                              | ion 509(a)(                                       | 1) or section | on 509(a)(2   | 2). See <b>se</b> e | ction <b>509</b> (      | a)(3). Chec    | k the box           | that      |       |
|           |                  |                              | organization and compl                                 |   | -             |               |                     |                         |                |                     |           |       |
|           | a Type           |                              |  |   | e III - Fund  |               |                     |                         |                | Type III - (        |           |       |
| e 📖       |                  | •                            | at the organization is not                             |   | •             | -             |                     |                         |                |                     |           | ח     |
|           |                  | •                            | han one or more publicl                                |   | _             |               |                     |                         | 9(a)(1) or se  | ection 509          | i(a)(2).  |       |
| f         |                  |                              | tten determination from                                | the IRS th  | at it is a Ty | pe I, Type    | II, or Type         | e III                   |                |                     |           | _     |
|           |                  | rganization, check to        |  |   |               |               | - £ Al £-11         | ·                       |                |                     |           | _     |
| 9         | -                |                              | organization accepted a                                |   |               | -             |                     |                         |                |                     | W 1       | - NI- |
|           |                  |                              | lirectly controls, either a<br>upported organization?  | one or tog  | getner with   | persons       | Jeschbed            | in (ii) ario (          | (iii) below,   | 44 (1)              | Yes       | No    |
|           | _                |                              | n described in (i) above?                              |   | •             |               |                     |                         |                | 11g(i)<br>11g(ii)   |           |       |
|           | • •              |                              | person described in (i)                                |   |               | •             |                     |                         |                | 11g(iii)            |           |       |
| h         | • •              | •                            | about the organizations                                | ` '   | •             | nnorte        |                     |                         |                | ( 1 ) <b>(</b> (1)) |           |       |
|           | T TOVIGE LITE I  | onowing innormation          | about the organizations                                | s the organ                                       | iization so   | pports.       |                     |                         |                |                     |           |       |
| (i) Name  | of supported     | (ii) EIN                     | (iii) Type of  | (iv) Is the                                       | organization  | (v) Did yo    | u notify the        | (vi) ls<br>organization | s the          | (vii) An            | nount of  | f     |
| • •       | anization        | , ,                          | organization<br>(described on lines 1-9                |   | sted in your  |               |                     | (i) organizati<br>U.S   | ed in the      |                     | port      |       |
|           |                  |                              | above or IRC section                                   |   | document?     |               |                     | <del> </del>            |                |                     |           |       |
|           |                  |                              | (see instructions))                                    | Yes   | No            | Yes           | No                  | Yes                     | No             |                     |           |       |
|           |                  |                              |  |   |               |               |                     |                         |                |                     |           |       |
|           |                  |                              |  | <del> </del>                                      | ļ             | ļ             | <u> </u>            | <del> </del>            |                |                     |           |       |
|           |                  |                              |  |   |               |               |                     |                         |                |                     |           |       |
|           |                  |                              |  | <del>                                      </del> | 1             |               |                     | _                       |                | <del></del>         |           |       |
|           |                  |                              |  | 1   |               |               |                     |                         |                |                     |           |       |
|           |                  |                              |  | <del> </del>                                      | <u> </u>      |               |                     | <del> </del>            |                |                     |           |       |
|           |                  |                              |  |   | İ             |               |                     | •                       |                |                     |           |       |
|           | <del></del>      |                              |  | <del>                                     </del>  | <u> </u>      |               |                     | <u> </u>                | <del>  -</del> |                     |           |       |
|           |                  |                              |  |   |               |               |                     |                         |                |                     |           |       |
|           |                  |                              |  | <del>                                     </del>  | <u> </u>      | <b> </b>      |                     |                         |                |                     |           |       |
| Total     |                  |                              | L  | <u> </u>  |               | <u></u>       |                     |                         |                |                     |           |       |
| LHA For F | Privacy Act an   | d Paperwork Redu             | ction Act Notice, see t                                | he Instruc  | tions for     | Form 990.     |                     | Schedul                 | e A (Form      | 990 or 99           | 30-EZ)    | 2008  |

| Schedule A (Form 990 or 990 EZ) 2008  Part II Support Schedule for (Complete only if you checked)   | _                     |  | Sections 170          | (b)(1)(A)(iv) an     | od 170(b)(1)(A)(v                                | Page 2      |
|---|-----------------------|--|-----------------------|----------------------|--|-------------|
| Section A. Public Support   | <u> </u>              | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,          |                       |                      |  | <del></del> |
| Calendar year (or fiscal year beginning in)   | (a) 2004              | (b) 2005   | (c) 2006              | (d) 2007             | (e) 2008   | (f) Total   |
| Gifts, grants, contributions, and<br>membership fees received. (Do not<br>include any "unusual grants.")  | (4) 2004              | (B) 2000   | (6) 2555              | (0) 2007             | <b>J0/2</b> 000                                  | (i) Total   |
| 2 Tax revenues levied for the organ-<br>ization's benefit and either paid to<br>or expended on its behalf   |                       |  |                       |                      |  |             |
| 3 The value of services or facilities<br>furnished by a governmental unit to<br>the organization without charge   |                       |  |                       |                      |  |             |
| <ul> <li>4 Total. Add lines 1 · 3</li> <li>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)</li> </ul> |                       |  |                       |                      |  |             |
| 6 Public Support, Subtract line 5 from line 4   | J                     |  |                       |                      |  |             |
| 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   |                       |  |                       |                      |  |             |
| 8 Gross income from interest,   |                       | 1  |                       |                      | 1  |             |
| dividends, payments received on   |                       | 1.   |                       |                      | -  |             |
| securities loans, rents, royalties  |                       |  |                       |                      |  |             |
| and income from similar sources   |                       | ļ  |                       | ļ                    |  |             |
| 9 Net income from unrelated business  | <b>;</b>              | ľ  |                       | Í                    | 1  |             |
| activities, whether or not the  |                       |  |                       |                      |  |             |
| business is regularly carried on  |                       |  |                       | <del> </del>         | <del></del>                                      |             |
| 10 Other income. Do not include gain  |                       |  |                       | 1                    |  |             |
| or loss from the sale of capital  |                       |  |                       |                      |  |             |
| assets (Explain in Part IV)   |                       | <del>                                     </del> |                       |                      | <del>                                     </del> |             |
| 11 Total support. Add lines 7 through 10  |                       | 1  | L                     | <u> </u>             | 12   | <u> </u>    |
| <ul><li>12 Gross receipts from related activities</li><li>13 First five years. If the Form 990 is fe</li></ul>  |                       |  | rd fourth or fifth to | av voar an a conti   |  |             |
| organization, check this box and sto  | •                     | s mat. second, triii                             | a, louren, or man a   | an year as a secti   | 011 30 1(0)(3)                                   | ▶□          |
| Section C. Computation of Pub   | lic Support Pe        | rcentage   |                       |                      | <del></del>                                      |             |
| 14 Public support percentage for 2008   |                       | <del></del>                                      | column (f))           |                      | 14   | %           |
| 15 Public support percentage from 200   |                       | •  |                       |                      | 15   | %           |
| 16a 33 1/3% support test - 2008. If the   |                       | *  | n line 13, and line   | 14 is 33 1/3% or     | more, check this bo                              |             |
| stop here. The organization qualifies   | -                     |  |                       |                      |  |             |
| b 33 1/3% support test - 2007. If the   |                       | •  |                       | l line 15 is 33 1/39 | % or more, check th                              | nis box     |
| and stop here. The organization qua   |                       |  |                       |                      |  | ▶□          |
| 17a 10% -facts-and-circumstances te   | st - 2008. If the orc | ganization did not i                             | check a box on line   | e 13, 16a, or 16b,   | and line 14 is 10%                               | or more,    |
| and if the organization meets the "fa   | cts-and-circumstar    | nces" test, check t                              | his box and stop t    | nere. Explain in Pa  | art IV how the organ                             | nization    |

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

Schedule A (Form 990 or 990-EZ) 2008

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

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

61-1228178 Page 3 Schedule A (Form 990 or 990-EZ) 2008 LIBRARY . INC. 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 (a) 2004 (c) 2006 (d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (b) 2005 1 Gifts, grants, contributions, and membership fees received. (Do not 25,858 28.442 54,300. 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 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 25,858. 54,300. 28,442. 6 Total. Add lines 1 - 5 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 1% of the total of lines 9. 10c. 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 54,300 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 25,858. 28.442. 54,300. 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties 166 322. 156. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 322. 156. 166 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 carned on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 54,622. 13 Total support (Add lines 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 99.41 % 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 Section D. Computation of Investment Income Percentage 59 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 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  $\triangleright X$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2008

### **SCHEDULE G** (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Inspection

|  | DS OF MCCRACKEN COUNTY, INC.               | NTY E   | PUB   | LIC  | 61-1228   | ntification number 178                                  |
|--|--|---|---|--|---|---|
|  | es. Complete if the organization answ      | rered "Ye   | es" to  | Form 990, Part IV, I   |   |   |
| a Mail solicitations b Email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a writte key employees listed in Form 990 b If "Yes," list the ten highest paid | f Solicita                                 | ation of nation of g<br>I fundrais<br>I (includi<br>professions<br>suant to | non-g<br>govern<br>sing o<br>ing o<br>onal f<br>agree | overnment grants<br>nment grants<br>events<br>fficers, directors, trust<br>fundraising services?<br>ements under which | stees or Yes the fundraiser is to   |   |
| (i) Name of individual or entity (fundraiser)  | (ii) Activity                              | (iii) [<br>fundra<br>have cus<br>or contr<br>contribut                      | stody<br>rol of                                       | (iv) Gross receipts from activity  | (v) Amount paid<br>to (or retained by)<br>fundraiser<br>listed in col (i) | (vi) Amount paid<br>to (or retained by)<br>organization |
|  |  | Yes   | No  |  |   |   |
|  |  | +-+   |   | -  |   |   |
|  |  |   |   |  |   |   |
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|  |  |   |   |  |   |   |
|  |  |   |   | <u> </u>   |   |   |
| Total .  | <u>.</u>                                   | <u> </u>  |   |  | <u> </u>  | 1   |
| 3 List all states in which the organiz   | ation is registered or licensed to solicit | funds o   | r has   | s been notified it is ex   | kempt from registrat  | ion or licensing.                                       |
|  |  |   |   |  |   |   |
|  |  |   |   |  |   |   |
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|  |  |   |   |  |   |   |
| HA For Privacy Act and Paperwork   | Reduction Act Notice, see the Instru       | uctions   | for F   | orm 990.   | Schedule G (Form  | 990 or 990-EZ) 2009                                     |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

|                 | edul<br>i <b>rt l</b> | e G (Form 990 or 990-EZ) 2008 LIBRAF                                     | RY, INC.                   | "Von" to Form 000. Bod                        |                          | 1228178 Page 2                                    |  |  |
|-----------------|-----------------------|--|----------------------------|---|--------------------------|---|--|--|
| Pa              | 11 1                  | on Form 990-EZ, Ine 6a. List events with                                 |                            |   | iv, line 10, or reported | more man \$15,000                                 |  |  |
|                 |                       |  | (a) Event #1               | (b) Event #2                                  | (c) Other Events NONE    | (d) Total Events<br>(Add col. (a) through         |  |  |
| 9               |                       |  | BOOK SALES<br>(event type) | (event type)                                  | (total number)           | col. (c))   |  |  |
| Revenue         | 1                     | Gross receipts   | 27,077.                    |   |                          | 27,077  |  |  |
|                 | 2                     | Less: Chantable contributions  |                            |   |                          |   |  |  |
|                 | 3                     | Gross revenue (line 1 minus line 2)                                      | 27,077.                    |   |                          | 27,077  |  |  |
|                 | 4                     | Cash prizes  |                            |   |                          |   |  |  |
| Ses             | 5                     | Non-cash prizes  |                            |   |                          |   |  |  |
| Direct Expenses | 6                     | Rent/facility costs  |                            |   |                          |   |  |  |
| Direct          | 7                     | Other direct expenses  | 2,240.                     |   |                          | 2,240   |  |  |
|                 | 8                     | Direct expense summary. Add lines 4 throug                               | gh 7 in column (d)         |   | •                        | ( 2,240.  |  |  |
|                 |                       | Net income summary. Combine lines 3 and 8                                | 8 ın column (d)            |   |                          | 24,837  |  |  |
| Pa              | art                   | Gaming. Complete if the organization<br>\$15,000 on Form 990-EZ, Ine 6a. | answered "Yes" to Form     | 1990, Part IV, line 19, or                    | reported more than       |   |  |  |
| Revenue         |                       | \$10,000 0111 01111 000 <u>L.2.,</u> Illia da.                           | (a) Bingo                  | (b) Pull tabs/Instant bingo/progressive bingo | (c) Other gaming         | (d) Total gaming (Add<br>col. (a) through col. (c |  |  |
| - Re            | 1                     | Gross revenue  |                            |   |                          |   |  |  |
| Ø               | 2                     | Cash prizes .  |                            |   |                          |   |  |  |
| pense           | 3                     | Non-cash prizes  |                            |   |                          |   |  |  |
| Direct Expenses | 4                     | Rent/facility costs  |                            |   |                          |   |  |  |
|                 | 5                     | Other direct expenses  |                            |   |                          |   |  |  |
|                 | 6                     | Volunteer labor  | Yes% No                    | Yes% No                                       | Yes %  No                |   |  |  |
|                 | 7                     | Direct expense summary. Add lines 2 throug                               | gh 5 <b>in</b> column (d)  |   | <b>&gt;</b>              | (   |  |  |
| _               | 8                     | Net gaming income summary. Combine line                                  | s 1 and 7 in column (d)    |   |                          |   |  |  |
| _               | En                    | ter the state(s) in which the organization oper                          | rates damina activities:   |   |                          | Yes No  |  |  |
|                 | a Is                  | the organization licensed to operate gaming a 'No," Explain:             |                            | states?                                       |                          | 9a  |  |  |
| •               | , <sub>'''</sub>      | но, слиан.   |                            |   |                          |   |  |  |
|                 |                       | ere any of the organization's gaming licenses 'Yes," Explain:            | revoked, suspended or to   | erminated during the tax                      | year?                    | 10a   |  |  |
| 11              | _<br>Do               | pes the organization operate gaming activities                           | with nonmembers?           |   | <del></del>              | 11  |  |  |
| 12              | ls                    | the organization a grantor, beneficiary or trust                         |                            | r of a partnership or other                   | er entity formed to      | 12  |  |  |
|                 |                       |  |                            |   | Schedule G (Fo           | orm 990 or 990-EZ) 20                             |  |  |

| Schedule G (Form 990 or 990-EZ) 2008 LIBRARY, INC.  | <u> 51-122817</u> |     | iqe 3    |
|---|-------------------|-----|----------|
| t i   |                   | Yes | No       |
| 13 Indicate the percentage of gaming activity operated in:  |                   |     |          |
| a The organization's facility   | <u>%</u>          |     |          |
| b An outside facility   | %                 |     |          |
| 14 Provide the name and address of the person who prepares the organization's gaming/special events books and reco            | rds:              |     |          |
| Name  |                   |     |          |
| Address >   |                   |     |          |
| 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?              | 15a               |     |          |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount                                | nt                |     |          |
| of gaming revenue retained by the third party 🕨 💲   |                   | 1 1 |          |
| c if "Yes," enter name and address:   |                   |     |          |
| Name  |                   |     |          |
| Address   |                   |     |          |
| 16 Garning manager information:   |                   |     |          |
| Name >  |                   |     |          |
| Gaming manager compensation > \$  |                   |     |          |
| Description of services provided  |                   |     |          |
|   |                   |     |          |
| Director/officer Employee Independent contractor  |                   |     |          |
| 17 Mandatory distributions:   |                   |     |          |
| a Is the organization required under state law to make charitable distributions from the garning proceeds to                  |                   |     |          |
| retain the state gaming license?  | 17a               | ļ   | <u> </u> |
| <b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the |                   |     | 1        |
| organization's own exempt activities during the tax year  | ļ                 | 1   | i        |

Schedule G (Form 990 or 990-EZ) 2008

| FORM 990-EZ OTHER EXPENSE  | S                       | STATEMENT | 1          |
|--|-------------------------|-----------|------------|
| DESCRIPTION  |                         | AMOUNT    |            |
| LIBRARY PRESENTATION MISCELLANEOUS   |                         |           | 50.<br>00. |
| CRIPTION  CASH GRANTS AND ALLOCATIONS  CASH GRANTS AND ALLOCATIONS  CASH GRANTS AND ALLOCATIONS  CASH GRANTS AND ALLOCATIONS  CASH GRANTS AND ALLOCATIONS  DONEE'S RELATIONSHIP  CRAM SUPPORT  CRAM SUPPORT  CRAM SUPPORT  CRACKEN COUNTY PUBLIC LIBRARY  WASHINGTON ST  JUNE 16 | 5                       | 50.       |            |
| FORM 990-EZ CASH GRANTS AND ALLOC  | ATIONS                  | STATEMENT | 2          |
| CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS   | DONEE'S<br>RELATIONSHIP | AMOUN     | т          |
| PROGRAM SUPPORT MCCRACKEN COUNTY PUBLIC LIBRARY 555 WASHINGTON ST PADUCAH, KY 42003  | NONE                    | 21,2      | 00.        |
| TOTAL INCLUDED ON FORM 990-EZ, LINE 10   |                         | 21,2      | 00.        |

| FOI |                     | NFORMATION REGARDING TRANSFERS STA  | ATEMENT | 3  |
|-----|---------------------|---|---------|----|
| A)  | DIRECTLY OR INDIREC | ON, DURING THE YEAR, RECEIVE ANY FUNDS, CTLY, TO PAY PREMIUMS ON A PERSONAL [ ] Y | res [x] | NO |
| В)  |                     | ON, DURING THE YEAR, PAY PREMIUMS, CTLY, ON A PERSONAL BENEFIT CONTRACT? [ ] Y    | (ES [X] | NO |

990-EZ PG 2

STATEMENT

4

THE ORGANIZATION RAISES FUNDS TO SUPPORT THE ADULT PROGRAMMING AND SERVICES AT THE MCCRACKEN COUNTY PUBLIC LIBRARY. THE ORGANIZATION ALSO PROVIDES FUNDS TO THE MCCRACKEN COUNTY PUBLIC LIBRARY TO BE USED FOR STAFF DEVELOPMENT.