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Department of the Treasury

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

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

OMB No. 1545-1150 2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20									
A For the 2009 calendar year, or tax year beginning , 2009, and ending									
В	Check if a		ployer identification number						
	Address o	hange use IRS Library Foundation of New Hanover County	Į.	20-0547038					
	Name cha	print or Number and street (or P O box, if mail is not delivered to street address) Roor	elephone number						
=	Initial retu	## 1201 Chostnut St	910-798-6382						
Ц	Terminate	Specific City or town, state or country, and ZIP + 4							
	Amended	oup Exemption							
ш	Application	nber 🗜	<u>&gt;</u>						
	o Sec	tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	G Accounting M	ethod:	$\checkmark$	Cash			
		′) ▶							
		if the c	rgai	nization is not					
	01 - L - :4		-						
I Website: ▶ www.nhcgov.com/agnanddpt/libr/foundation/pages/desault.aspx required to attach Schedule B									
<u>J</u>	ax-exe	empt status (check only one) — ✓ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	990-EZ, or 99						
K	Check i	If the organization is not a section 509(a)(3) supporting organization and its gross rece	opts are normally	not me	ore t	han \$25,000. A			
	Form 9	30-EZ or Form 990 return is not required, but if the organization chooses to file a return, be su	re to file a comp	lete re	turn.				
L	Add line	s 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of	Form 990-EZ	> \$					
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (S		ctions	s fo	r Part I.)			
		Contributions, gifts, grants, and similar amounts received		1		19103			
	1			<del></del>		0			
	2	Program service revenue including government fees and contracts		2		<del>_</del>			
	3	Membership dues and assessments		3		0			
	4	Investment income		4		6475			
	5a	Gross amount from sale of assets other than inventory 5a	0	1					
	Ь	Less: cost or other basis and sales expenses	0	1					
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5b	a)	5c		0			
<u>o</u>		Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, cf		1					
2	6		HECK HEIEP [						
Revenue	a	Gross revenue (not including \$ of contributions							
æ		reported on line 1)	. 1						
	b	Less: direct expenses other than fundraising expenses 6b							
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6	Sa)	6c					
	7a	Gross sales of inventory, less returns and allowances	, 0						
	Ь.	Less: cost of goods sold		1					
				<del>  _</del>		0			
	_ C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c		<del>_</del>			
	8	Other revenue (describe ▶	8		0				
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	<u> </u>	9		25578			
	10	Grants and similar amounts paid (attach schedule) RECEIVED	)	10		7347			
	11	Benefits paid to or for members	این	11		0			
ģ	12	Salaries, other compensation, and employee benefits	080	12		0			
8	13	Professional fees and other payments to independent contractors ( R. & . 4 AU)	19	13		0			
Expenses	1	Occurrency rest utilities and maintenance		14		0			
×	14	Occupancy, rent, utilities, and maintenance	15		0				
ш	15	Printing, publications, postage, and shipping	$\overline{}$						
	16	Other expenses (describe	)	16		0			
	17	Total expenses. Add lines 10 through 16		17		7347			
S	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18		18231			
Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (mu	st agree with						
ŝ		end-of-year figure reported on prior year's return)		19		270090			
7		Other changes in net assets or fund balances (attach explanation)		20		0			
Net	20								
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶	21	م ام	288321			
L	art II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more			10 0				
		(See the instructions for Part II.)	(A) Beginning o			(B) End of year			
2	2 C	ash, savings, and investments	2	70090	22	288321			
2		and and buildings		0	23	0			
2		ther assets (describe >)			24	0			
2		otal assets	2	70090		288321			
			<del></del>		26	0			
2	D [(	otal liabilities (describe ►)  et assets or fund balances (line 27 of column (B) must agree with line 21)	<u> </u>						
2	7 N	et assets of tung daiances (line 27 of column (b) must agree with line 21)	1 2	70090	27	288321			

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

-om	990-EZ (2009)					Page Z
Par	t III Statement of Program Service Accom	plishments (See the instr	uctions for Part III	1.)		Expenses
Wha	t is the organization's primary exempt purpose?	Provide funds to strengther	services of library	/		ired for section
	cribe what was achieved in carrying out the org	anization's exempt purpor	ses. In a clear ar	nd concise		)(3) and 501(c)(4)
mani	ner, describe the services provided, the number of	of persons benefited, and o	ther relevant infor	rmation for		zations and section a)(1) trusts; optional
each	program title.				for ot	
28	Author John Bul Dau made a presentation in January	v 2009 about his book "God	Grew Tired of Us."	There was		
20	a reception for everyone following the event. 544 atte					
	a reception for everyone following the event. 544 that					
	(Cranta C	includes foreign grants, ch			28a	4866
	(Grants \$ ) If this amount Books purchased in honor of retired library director		eck nere	<u>.                                    </u>	200	4000
29	Books purchased in nonor of retired library director					
						0.404
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	29a	2481
30						
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🗆	30a	
31	, , , , , , , , , , , , , , , , , , , ,					
		includes foreign grants, ch	eck here	<u>. ▶ □</u>	31a	
	Total program service expenses (add lines 28a t		<u> </u>		32	7347
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not compensa	ted. (See the	instruc	tions for Part IV.)
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contribution (d) Co	ns to	(e) Expense account and
	(a) Name and address	devoted to position	enter -0)	deferred compe	nsation	other allowances
Ron	na Zimmer					
Wiln	nington, NC	President-1	0		0	0
Patr	icia Bell					
Wiln	nington, NC	Vice President-1	0	}	0	0
	/ Hatcher					
		Treasurer-2	0		0	0
See	attached list of directors for 2009. No compensation					
	paid and there are no employees.	1				
W 43	paid and there are no employees.	<del> </del>				
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		<del></del>	<del></del>	<u> </u>		
			]			
		•				

i cu	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
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 why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section	05-		1
	6033(e) notice, reporting, and proxy tax requirements?	35a 35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		<b>√</b>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▷ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		4
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 outstanding at the end of the period covered by this return?	38a		1
ь 39	If "Yes," complete Schedule L, Part II and enter the total amount involved			
а	Initiation fees and capital contributions included on line 9			
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: section 4911			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			}
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>-</b>
41	List the states with which a copy of this return is filed. ▷ None required			
42a	The organization's books are in care of ▶ Mary Hatcher Telephone no. ▷ 9	10-79	8-638	2
	Located at ▶ 201 Chestnut St., Wilmington, NC ZIP + 4 ▷	28401	-3942	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		V	NI.
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	NO_
	If "Yes," enter the name of the foreign country:	420		_
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. !	<b>▶</b> □
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		162	140
-0-0	Form 990-EZ	44		<b>_</b>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
. •	"Yes," Form 990 must be completed instead of Form 990-EZ	45		<b>√</b>
			-E7	(2000)

		_	_				-3			
Part \	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) n 17(a)(1) nonexempt o id 51.	onexempt cha haritable trust	aritable trusts only. As must answer question	All secons 40	tion 6-49	b			
	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete standards are supported to the complete standards and the complete standards are supported to the complete standards.					Yes	No			
	•				46	<del>                                     </del>	<del>                                     </del>			
	Did the organization engage in lobbying activities				47		<b>V</b>			
	Is the organization 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?									
	Complete this table for the organization's five his				49b	00.00	d kov			
50	employees) who each received more than \$100,									
	employees) who each received more than \$100,	(b) Title and average	(c) Comper			Exper				
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans a deferred compensation	k ac	count a	and			
N o em	ployees and no compensation									
		<u></u>			<u> </u>					
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					1					
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					Ì					
	Total number of other employees paid over \$100	0.000								
	\$100,000 of compensation from the organization  (a) Name and address of each independent contractor			(b) Type of service	(c) Co	mpens	ation.			
None	(a) Name and address of each independent contractor	palu more triair \$100,000	<del></del>	(b) Type of Service	(0,00	niperis				
140116										
	<del></del>									
	<del></del>									
					•					
		<del></del>								
đ	Total number of other independent contractors e	each receiving over \$1	00,000▶	0						
	Under penalties of penjury, I declare that I have examine and belief, it is true, correct, and complete Declaration	ed this return, including acco	mpanying schedules er) is based on all info	and statements, and to the be ormation of which preparer has	st of my	know owledg	ledge je			
Sign Here	Signature of officer Date									
	Signature of officer  Mary E. HatcherTreasurer  Type or print name and title				_					
Paid	Preparer's	Date	Check if	Preparer's identifying nu	mber (Se	e instrui	ctions)			
Prepare	er's signature		employe	d►□						
Use On	yours if self-employed),			EiN ►	<del></del>					
May th	address, and ZIP + 4 Page IRS discuss this return with the preparer shown	ahove? See instruction		Phone no. ▶	7 Va-					
iviay u	is in a discuss this retain with the preparet Show	above: Gee manuch	<u>, , , , , , , , , , , , , , , , , , , </u>		Yes orm <b>99</b>		No (2009)			

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

### Public Charity Status and Public Support

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

20**09** 

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Nam	e of t	he organization							Employe	r Identifica	tion number
							20	0547038			
Pa	t-I	Reason	for Public Ch	narity Status (All or	ganizatio	ons <u>mu</u> s	t compl	ete this	part.) Se	e instruc	ctions.
The 1		A church, co	onvention of chu	idation because it is: irches, or association	of church	hes desc	-				_
2				on 170(b)(1)(A)(ii). (At		•					
3	Ц			hospital service organ							
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(in hospital's name, city, and state:											
5 An organization operated for the benefit of a college or university owned or operated by a governmental section 170(b)(1)(A)(iv). (Complete Part II.)							I unit described in				
6		A federal, st	ate, or local gov	emment or governme	ental unit	describe	d in sect	ion 170(l	o)(1)(A)(v)	).	
7	V	_	•	y receives a substantia (1)(A)(vi). (Complete F	•	its suppo	ort from a	governm	nental uni	t or from	the general public
8		A communit	y trust described	d in section 170(b)(1)	(A)(vi). (C	Complete	Part II.)				
9		receipts from	n activities relate n gross investm	y receives: (1) more the ed to its exempt function and unre	tions—su lated bus	bject to o	certain ex xable inc	ceptions ome (les	s, and (2) s section	no more	than 331/3 % of its
	_		<del>-</del>	after June 30, 1975.							
10				nd operated exclusive							
11	L	purposes of	one or more pul	and operated exclusively supported organated organated describes the type	nizations	describe	d in secti	on 509(a)	)(1) or sec	ction 509	(a)(2). See section
		а 🗌 Туре	। ь□	] Type II c	: 🗆 Тур	e III-Fun	ctionally	integrate	d	d 🗆	Type III-Other
е				tify that the organizat							
			er than foundatio section 509(a)(2)	on managers and othe	r than on	e or more	publicly	supporte	ed organiz	zations de	escribed in section
f		If the organ	zation received	a written determinati	ion from	the IRS	that it is	a Type	l, Type II	, or Type	III supporting
		-	, check this box								🗆
g		Since Augus following pe		the organization acce	epted any	gift or c	ontributio	on from a	iny of the	•	
				r indirectly controls, on the support of the suppor				th persor	ns descrit	oed in (ii)	Yes No
		• -	_	erson described in (i) a							11g(ii)
				of a person described							11g(iii)
<u>h</u>		Provide the	following inform	ation about the suppo	orted org	anization	(s).		•		
(ī)		of supported	(ii) EIN	(iii) Type of organization		organization		ou notify		s the	(vii) Amount of
	org	janization		(described on lines 1-9 above or IRC section			nization in of your	organization in col. (i) organized in the		support	
				(see instructions))			supp	oort?	U	S.?	
					Yes	No	Yes	No	Yes	No	
									<u> </u> 		
_					<b></b> -						
Tota	al			:							

	Support Schedule for Org (Complete only if you chec					and 170(b)(1	)(A)(vi) 		
	tion A. Public Support								
Ca	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	78792	67456	49213	19439	19103	234003		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_0	0	0	0	0	0		
4	Total. Add lines 1 through 3	78792	67456	49213	19439	19103	234003		
5 6	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) Public support. Subtract line 5 from line 4.						5333 228670		
	tion B. Total Support								
	lendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4	78792	67456	49213	19439	19103	234003		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2322	6177	9203	8469	6475	32646		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	0	0		
11	Total support. Add lines 7 through 10 .						266649		
12	Gross receipts from related activities, etc	. (see instructio	ns)			12	5333		
13 Sec	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	ге	<u> </u>		•		n 501(c)(3) ▶ □		
<u>000</u> 14	Public support percentage for 2009 (line			column (f))		14	86 %		
15		, ,,	•	, 50:0:1:11 (1))		15	89 %		
16a	Public support percentage from 2006 Scriedule A, Fart II, line 14								
	33% % support test—2008. If the organization quality box and stop here. The organization quality	ilifies as a publi	cly supported o	organization .			▶ □		
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum organization meets the "facts-and-circum	acts-and-circun	nstances" test,	check this box	and stop here.	Explain in Part	IV how the		
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "forganization meets the "facts-and-circumstances organization meets the "facts-and-circumstances organization did not be a second organization or the organization of the organization org	acts-and-circum ances" test. The	stances" test, c organization qua	heck this box a lifies as a public	and <b>stop here.</b> By supported or	Explain in Part i ganization	V how the		

## 2009 - 2010 Library Foundation Board Members

Donna Barnes (2009-2011) 6954 Running Brook Terrace Wilmington, NC 28411

Phone: 910-686-1309

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Patricia Bell (2009-2011) Vice President

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Margaret Hamilton, (2008-2010)

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Harry Tuchmayer, Library Director, Secretary

201 Chestnut Street (ex officio)

Wilmington, NC 28401 Home: 910-392-9232

Business: 910-798-6321 Fax: 910-798-6312

Email: htuchmayer@nhcgov.com