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# **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2009

Department of the Treasury

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

Open to Public Inspection

A	For	the	2009 calenda	ar year, or	tax year beginning , 2009, and endir	ng		, 20
			pplicable	Please	C Name of organization COLUMBUS METROPOLITAN LIBRARY FOUNDATIO			Employer identification no.
— <sup>Т</sup>			•	use IRS	<del></del>		-1"	31-1692755
一			hange	labetor printor	Doing Business As		-	
一		e cha	•	type.	Number and street (or P O box if mail is not delivered to street address)  96 SOUTH GRANT AVENUE	Room/suite	15	Telephone number
닖'	Initial	l retur	m	See Specific		-	(614)849-1053	
按.	Tem	nınate	d	Instruc-	City or town, state or country, and ZIP + 4		G	Gross receipts
ٰ ٰٰٰ	Ameı	nded	return	tions.	Columbus, OH 43215	<del></del>	l_	\$ 647,179
∐ ,	Appl	icatio	n pending		and address of principal officer Cordelia Robinson	H(a) Is this a gro		m for
				96 5	OUTH GRANT AVENUE, Columbus, OH 43215	affiliates?	oup reiu	Yes X No
<u> </u>	Tax-e	exem	pt status	X 501(c) (	3 ) ◀ (insert no )	H(b) Are all affile	ates ind	luded? Yes No
J '	Web	site	► WWW	COLUMI	USLIBRARYFOUNDATION.ORG	H(c) Group exer	son a iis mption r	t (see instructions) number
ĸ	Form	n of o	rganization X	Corporation	Trust Association Other ► L Year of formation 199			
Pa	_	_	Summar			<del></del>		
		_			anization's mission or most significant activities BUILDING RESOUR	CES FOR TH	E SC	LE PURPOSE OF
			-	•	ISSION OF THE COLUMBUS METROPOLITAN LIBRARY FOR GENE	RATIONS TO	CON	Œ.
A G								
1 0								
v v e		2	Check this h	ov D	the organization discontinued its operations or disposed of more than 25% of	its net assets		
ŗ	-				bers of the governing body (Part VI, line 1a) · · · · · · · · · · · · · · · · · · ·	1	3	17
t n Ia				-			4	17
e n s c	ı			•	at voting members of the governing body (Part VI, line 1b) · · · · · · · · · ·		5	0
е	- 1	_		•	yees (Part V, line 2a) · · · · · · · · · · · · · · · · · · ·	• • • • • • • •		
&	i	6			eers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •	6	
			-		ousiness revenue from Part VIII, column (C), line 12		7a	0
	4-	b_	Net unrelate	d busines	s taxable income from Form 990-T, line 34 · · · · · · · · · · · · · · · · · ·	<u>· · · · · · · · · · · · · · · · · · · </u>	7b	0
\ <b>P</b>	İ					Prior Year		Current Year
⊒ë		8	Contribution	s and grai	ts (Part VIII, line 1h)	394	, 920	378,281
Reve		9	Program ser	vice rever	ue (Part VIII, line 2g)			247,712
∜a u	1	10	Investment i	ncome (Pa	rrt VIII, column (A), lines 3, 4, and 7d)	58	, 581	21,186
₹ e	1	11	Other revent	ue (Part V	II, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0
Z	1	12	Total revenu	ie - add lin	es 8 through 11 (must equal Part VIII, column (A), line 12)	453	,501	647,179
	1	13	Grants and	sımılar am	ounts paid (Part IX, column (A) fines 1(3)	173	, 899	495,239
	1	14			members (Pan (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)			0
F) X	1	15			nsation, employee benefits (Part IX column (A), lines 5-10)			0
DEX Pe	- 1				ig fees (Part IX, column (A), line 1100			0
ÞΠ	- [				nses an IX commo (D), line 25)			<del></del>
n s e s	1				X, column (A) lines 11a-11d, 111-24()	67	,775	109,122
Q is					ines 13-17 (mg and first fill column (A), line 25)		,674	604,361
•		10	Povenue les	303 Auu	es Subtract Line 18 from tine 12 · · · · · · · · · · · · · · · · · ·		,827	42,818
	+-	19	Revenue les	ss expense				
Net Asset	s .	20	Total	(Dart V )	<del> </del>	inning of Current		End of Year 3,964,430
or	4	20 24	Total assets	•	· ·		, 202	238,202
Fund Bal-	- 1 -	21	Total liabilitie				<u>.                                      </u>	
ance		22			ances Subtract line 21 from line 20 · · · · · · · · · · · · ·	3,320	, /85	3,726,228
Pa	<u>rt j</u>	<u>    </u>	Signatu					
					I declare that / have examined this return, including accompanying schedules and statements, and t, and complete Declaration of preparer (other than officer) is based on all information of which prep			ge _/ _
				ンレ	1.11.		1	512
Sig	n				VICE I			7
He	re		Signatu	ire of officer	8.11. 11-121 TE-1011		Dat	7h10
				10 F	SCHWIETERMAN TREASUR.	<u> </u>		0010
			Type or	print name a	nd title			<del></del>
_			Preparer's		Date Check if	1 7		ntifying number
De:-			signature		1 h // Tigen   self- employed		structio	15)
Paid		م اس. -			03-09-2010			
Prep Use			Frant- :	/aa	STEEN & COMPANY EI	N P 7	7	- 126271/
Joe	Jan	y	Firm's name if self-employ		1890 NORTHWEST BLVD, SUITE 220	3.	X -(	0138374
			address, and			hone no ▶ 614	-228	3-9233
May	4ba	IDC	diagraphia	return wet	the preparer chown above? (see instructions)		<del></del>	Yes V No

EEA

Pa	1   Statement of Program Service Accomplishments
1	Briefly describe the organization's mission
	BUILDING RESOURCES FOR THE SOLE PURPOSE OF ADVANCING THE MISSION OF THE COLUMBUS METROPOLITAN
	LIBRARY FOR GENERATIONS TO COME.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
•	services? · · · · · · · · · · · · · · · · · · ·
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
42	(Code ) (Everyon C 405 220 methylar grapts of C 405 220 ) (Boveryon C )
4a	(Code (Expenses \$ 495,239 including grants of \$ 495,239 ) (Revenue \$ )  GRANTS AND GIFTS TO THE COLUMBUS METROPOLITIAN LIBRARY FOR BOOKS AND MATERIALS
	GRANIS AND GIFTS TO THE COLUMBUS METROPOLITIAN LIBRARY FOR BOOKS AND MATERIALS
46	(Code ) (Expenses \$ 52,863 including grants of \$ ) (Revenue \$ 222,231)
4b	(Code (Expenses \$ 52,863 including grants of \$ ) (Revenue \$ 222,231)  CELEBRATION OF LEARNING TO PROMOTE LIFE-LONG LEARNING
	CELEBRATION OF LEARNING TO PROMOTE LIFE-LONG LEARNING
40	(Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O )
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses > 548,102
	EEA Form <b>990</b> (2009

31-1692755

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Form 990 (2009) COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Part JV

2

5

6

8

11

	Schedule D, Parts XI, XII, and XIII	12	A	
12A		]		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional • • • • • • • • • • • • • • • • • • •			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E • • • • • • • • • • • • • • • • • •	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		<u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), line 11e? If "Yes," complete Schedule G, Part I	17		_X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III · · · · · · · · · · · · · · · · ·	19		X

Did the organization operate one or more hospitals? If "Yes," complete Schedule H .......

Form 990 (2009)

Pa	rt IV   Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the		<b>-^</b> -	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<del></del>	-	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to question 25	24a	l J	Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
_	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	<del></del>		
-	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	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
-	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M · · · · · · · · · · · · · · · · · ·	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1 · · · · · · · · · · · · · · · · · ·	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			ļ
	Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	35	L	<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2 · · · · · · · · · · · · · · · · · ·	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			1
	Part VI			X
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38	l x l	l

Pal	Statements Regarding Other IRS Filings and Tax Compliance			
4.	F-12-11 1		Yes	No
12	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			İ
	U.S. Information Returns Enter -0- if not applicable			
b	The first transfer of the first transfer of			
С	, , , , , , , , , , , , , , , , , , , ,	40		i
22	gaming (gambling) winnings to prize winners?	1c	Х	
2a	, and the same of			
<b>.</b>		2b		
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	-20	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return? • • • • • • • • • • • • • • • • • • •	3a		
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> X</u>
4a		30		
70	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)? • • • • • • • • • • • • • • • • • • •	4a		v
h	If "Yes," enter the name of the foreign country			<u>X</u> _
U	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts		١	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? • • • • • • • • • • • • • • • • • • •	5a		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
•	Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-		
•	organization solicit any contributions that were not tax deductible?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
_	gifts were not tax deductible? • • • • • • • • • • • • • • • • • • •	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
-	and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282? • • • • • • • • • • • • • • • • • • •	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	X	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required? · · · · · · · · · · · · · · · · · · ·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities • • • • • • • • • • • • • • • • • • •			
11	Section 501(c)(12) organizations. Enter			ł
а	Gross income from members or shareholders · · · · · · · · · · · · · · · · · · ·			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them ) · · · · · · · · · · · · · · · · · ·			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			1

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Part VI (

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

Sec	tion A. Governing Body and Management	-г	Ve-	
1a	Enter the number of voting members of the governing body	$\dashv$	Yes	No
b	Enter the number of voting members that are independent		l	1
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		i	!
_		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	<u> </u>	1	
_		3		<b>X</b> _
4		4		X
5	The state of the s	5		X
6		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
		7a	$\mathbf{x}$	
b		7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
_	the year by the following			
а	- · · ·	3a	X	
b		3b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	十		
	·	9	İ	X
500	tion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates? • • • • • • • • • • • • • • • • • • •	0a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
		0ь		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
		11	х	
12a		2a	х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		ı	
		2b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
		2c	x l	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by		Ī	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а		5a		X
b		5b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	6a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements? 1	l6b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed   OH  OH			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► CONCEPT BUSINESS SOLUTIONS (614)871-9710			
	3902 BROADWAY Grove City, OH 43123			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

Mst persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Posni i t d n r i d u r i s e v t e t d e o u r a o i r	T		all th Keyemployee	at apply) H c e I omp h p l ee n y t ae t ed	⊩o∟Ee	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Cordelia Robinson										
President	1			X					0	
Mr Rick Schwieterman										
Treasurer	1			X	L	<u> </u>				
Mr Matthew Kallner										
Secretary	1			X	L					
Mr Michael Curtin										
Vice President	1			X						
							_			
		-		_						
		-					_			
				-	-					

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(A)	(B)			(6	C)			(D)	(E)		<b>(F)</b>	
Name and Title	Average hours per week	Posti I t d nri dur i s e v t c i e t de o u r a o i r	l t n r s u t s i t	O	Keyefi	at apply) e mp — o ye e H — ohe e s a t e d	ForEer	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	co	Estimated amount of other ompensation from the organization and relate rganization	on e on ed
		<u> </u>										
		-								ļ		
		ļ										
						_		<u>.</u>				
		ļ										
Total							ore t	han \$100,000 in		<u>'  </u>		0
reportable compensation from the organization		u abov	e) w	110 1		veu iiii	JIE (	man \$ 100,000 m	(	)	T	<del></del>
Did the organization list any former officer, direct	or or trustee, key	emplo	yee,	, or h	nghe	est cor	nper	nsated			Yes	No
employee on line 1a? If "Yes," complete Schedul									• • • • • • •	• 3	—	X
For any individual listed on line 1a, is the sum of the organization and related organizations greate												
individual · · · · · · · · · · · · · · · · · · ·			• •							4	<del> </del>	Х
Did any person listed on line 1a receive or accrue	e compensation f	rom an	у иг	rela	ted o	organi	zatio	n for				
services rendered to the organization? If "Yes," c	omplete Schedul	e J for	suc	h pe	rson	• •	• •		• • • • • • • •	5		X
ection B. Independent Contractors  Complete this table for your five highest compens	sated independe	nt cont	racto	ors ti	nat r	eceive	d m	ore than \$100,000	of			
compensation from the organization												
(A)								(B)		_	(C)	_
Name and business ad	aaress							Description of s	services	Com	pensation	
Total number of independent contractors (includi												

Part \	/111	Statement of Revenue					
				(A) Total revenue	(B)  Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512, 513, or 514
Cgoa	1a	Federated campaigns · · · · · · 1a	-				[
oit m nfho	b	Membership dues · · · · · · · · 1b					į.
t t e u r s, r n	С	Fundraising events · · · · · · 1c	378,281				ŀ
i t bgss	d	Related organizations • • • • • • • 1d					
uri tam	е	Government grants (contributions) 1e					4
i n i o t l	f	· · · · · · · · · · · · · · · · · · ·					ŀ
nsa s, r	'	All other contributions, gifts, grants, and similar amounts not included above • • 1f					
ິa. ກ	a	Noncash contributions included in lines 1a-1f \$					
ä	h	Total. Add lines 1a-1f		378,281			
		· · · · · · · · · · · · · · · · · · ·	Business Code				
	2a	CELEBRATION OF LEARNING	900099	222,231	222,231		
P S R	ь	PARTY OF THE CENTURY	900099	25,481	25,481		
0 f V	С			,	·		
g ve rin	d						· · · · · · · · · · · · · · · · · · ·
a c u m e e	е				<del> </del>		
III E E	f	All other program service revenue • • • • •					
	l	Total. Add lines 2a-2f		247,712	-		
	Ť	Investment income (including dividends, interest,			;		
	•	other similar amounts) · · · · · · · · · · · ·		21,186	21,186		
	4	Income from investment of tax-exempt bond proce					
	5	Royalties					
		(ı) Real	(II) Personal				
	6a	Gross Rents · · · · · ·					
	ь	Less rental expenses · · · ·		•			
	С	Rental income or (loss) · · ·					
	d	Net rental income or (loss)	• • • • • • •				
	7a	Gross amount from sales of (i) Securities	(II) Other				
		assets other than inventory	,				
	Ь	Less cost or other basis	·				
_		and sales expenses · · · ·					
O t		Gain or (loss) · · · · ·					<u></u>
h	d	Net gain or (loss) · · · · · · · · · · · · · · · · · ·	• • • • • • •				
e r	8a	Gross income from fundraising					<u>;</u>
_		events (not including \$ 378,281					1
R		of contributions reported on line 1c)					
v		See Part IV, line 18 · · · · · · · · a					<u>'</u>
e n	b	Less direct expenses · · · · · · · b					İ
u	С	Net income or (loss) from fundraising events •	• • • • • • •				
е	9a	Gross income from gaming activities					
		See Part IV, line 19 • • • • • • • • • • • • • • • • • •					
	1	Less direct expenses · · · · · · · b	<u> </u>				
	C	Net income or (loss) from gaming activities • •	• • • • • • •				
	10a	Gross sales of inventory, less					
		returns and allowances · · · · · · · a					
		Less cost of goods sold · · · · · · · b					l
	<u> </u>	Net income or (loss) from sales of inventory • •	• • • • • • •				
	<u> </u>	Miscellaneous Revenue	Business Code	<b> </b>	<del> </del>		<b> </b>
	11a				<del></del>		
	b					· · · · · · · · · · · · · · · · · · ·	
	°.	All all and a second	<del> </del>				
		All other revenue			<del> </del>		
	1	Total. Add lines 11a-11d · · · · · · · · ·					
	12	<b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8 9c, 10c, and 11e		647,179	268,898	(	o

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). Do not include amounts reported on lines 6b, (A) (B) (C) (D) Total expenses Management and Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 495,239 495,239 Grants and other assistance to individuals in the U.S. See Part IV, line 22 · · · · · · · 3 Grants and other assistance to governments, organizations, and individuals outside the 5 Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) · · · · · · 7 Other salaries and wages 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .... 9 10 11 Fees for services (non-employees) Management · · · · · · · · · 1,600 1,600 Lobbying 0 Professional fundraising services See Part IV, line 17 • f g 12 13 Office expenses · · · · · · · · 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings . . . . 20 21 22 Depreciation, depletion, and amortization . . . . . . 23 21,223 21,223 Insurance ......... 24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) 52,863 52,863 CELEBRATION OF LEARNING CONTRACT SERVICES 2,500 2,500 4,773 AUDIT FEES 4,773 OTHER ADMINISTRATIVE EXPENSE 26,163 26,163 d f 604,361 548,102 56,259 0 25 Total functional expenses. Add lines 1 through 24f · · Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and 

Form 990 (2009)

Part	X	Balance Sheet			
			(A)	1 1	(B)
			Beginning of year	<u> </u>	End of year
1	1	Cash - non-interest-bearing	212,485	1	233,116
	2	Savings and temporary cash investments · · · · · · · · · · · · · · · · · · ·		2	
- 1	3	Pledges and grants receivable, net	868,137	3	553,598
1	4	Accounts receivable, net		4	
1	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
J		Schedule L · · · · · · · · · · · · · · · · · ·		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			_
A		Part II of Schedule L		6	
s	7	Notes and loans receivable, net		7	
6	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	19,424	9	19,787
	10a	Land, buildings, and equipment cost or			<del></del>
		other basis Complete Part VI of Schedule D · · · · · 10a			
- 1	ь	Less accumulated depreciation · · · · · · · · · · 10b		10c	
	11	Investments - publicly traded securities · · · · · · · · · · · · · · · · · · ·	2,264,156	11	3,157,929
	12	Investments - other securities See Part IV, line 11 · · · · · · · · · · · ·		12	
	13	Investments - program-related See Part IV, line 11 · · · · · · · · · · · ·		13	<del></del>
	14	Intangible assets		14	
[	15	Other assets See Part IV, line 11 · · · · · · · · · · · · · · · · · ·		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,364,202	16	3,964,430
$\rightarrow$	17	Accounts payable and accrued expenses	43,417	17	238,202
1		Grants payable	43,417	18	230,202
. 1	18	· ·		19	
1	19	Deferred revenue	<del></del>	<del></del>	
a	20	Tax-exempt bond liabilities		20	_ <del></del>
b	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	<del> </del>
i	22	Payables to current and former officers, directors, trustees, key			
i		employees, highest compensated employees, and disqualified			
;		persons Complete Part II of Schedule L		22	
е	23	Secured mortgages and notes payable to unrelated third parties · · · · · · · ·		23	
s	24	Unsecured notes and loans payable to unrelated third parties · · · · · · · · · ·		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	43,417	26	238,202
l		Organizations that follow SFAS 117, check here   and			
l F		complete lines 27 through 29, and lines 33 and 34.			
n	27	Unrestricted net assets		27	
ď	28	Temporarily restricted net assets		28	
ا ۾ ١	29	Permanently restricted net assets		29	<u> </u>
B		Organizations that do not follow SFAS 117, check here			
• •		and complete lines 30 through 34.		<u> </u>	
a	30	Capital stock or trust principal, or current funds		30	
n c	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
• e	32	Retained earnings, endowment, accumulated income, or other funds • • • • • • •	3,320,785	32	3,726,228
S	33	Total net assets or fund balances	3,320,785	33	3,726,228
ĺ	34	Total liabilities and net assets/fund balances	3,364,202	34	3,964,430

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Pai	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits?	3b		

EEA

Form **990** (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.

2009

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Open to Public Inspection

OMB No 1545-0047

Name of the organization Employer identification number									number				
		JS METROPOLITA								692755		_	
<u>Pa</u>				y Status (All organiza				See instru	ictions				
	orga⊩	·		use it is (For lines 1 thro	•	•	•						
1	님		•	ssociation of churches d		section 1	/U(D)(1)(A)	)(1).					
2	닏			)(A)(ii). (Attach Schedule									
3	닏	•	-	vice organization descri									
4			organization opera	ted in conjunction with a	hospital d	escribed in	section 1	70(b)(1)(A	)(iii). Enter	r the hospita	al's name	e,	
	_	city, and state											
5		-	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
		section 170(b)(1)(A)	(iv). (Complete Pa	rt II )									
6		A federal, state, or lo	ocal government or	governmental unit desc	rıbed ın <b>se</b>	ction 170(	b)(1)(A)(v).						
7		An organization that	normally receives	a substantial part of its s	upport from	n a govern	mental un	it or from t	the genera	.i public			
		described in section	170(b)(1)(A)(vi). ((	Complete Part II)									
8	Ц	A community trust de	escribed in <b>section</b>	170(b)(1)(A)(vi). (Comp	lete Part II	)							
9	X		-	(1) more than 33 1/3% (									
				empt functions - subject									
		support from gross i	nvestment income	and unrelated business	taxable ind	ome (less	section 51	1 tax) fror	n business	ses			
		acquired by the orga	anızatıon after June	30, 1975 See section (	509(a)(2). (	Complete	Part III)						
10		An organization orga	anized and operate	ed exclusively to test for p	oublic safe	ty See <b>se</b> o	ction 509(a	1)(4).					
11		An organization orga	anized and operate	ed exclusively for the ben	efit of, to p	erform the	functions	of, or to c	arry out the	9			
		purposes of one or r	nore publicly suppo	orted organizations desc	rıbed ın se	ction 509(a	a)(1) or sec	ction 509(a	a)(2) See	section			
		509(a)(3). Check the	box that describes	the type of supporting of	organizatio	n and com	plete lines	11e throu	gh 11h				
		a Type I	b Typ	e II C	Type III	-Functiona	lly integrate	ed	d	Type II	II-Other		
θ		By checking this box	c, I certify that the o	organization is not contro	lled directl	y or indired	tly by one	or more d	ısqualıfied				
		persons other than f	oundation manage	ers and other than one or	more pub	licly suppo	rted organ	izations de	escribed in	section			
		509(a)(1) or section	509(a)(2)										
f		If the organization re	eceived a written de	etermination from the IRS	S that it is a	a Type I, T	ype II, or T	ype III sup	porting				
		organization, check	this box · · · ·	• • • • • • • • • • • • •	• • • • •	• • • • •	• • • • •	• • • • •		• • • • •	• • • •	• • •	• •
g		Since August 17, 20	06, has the organi	zation accepted any gift	or contribu	tion from a	ny of the						
		following persons?									_		
		(i) A person who	directly or indirectly	controls, either alone or	together v	vith person	s describe	ed in (ii)				Yes	No
		and (III) below,	the governing body	y of the supported organ	ızatıon?	• • • • •	• • • • •	• • • • •			11g(i)		
		(ii) A family memb	er of a person des	cribed in (i) above? ••		• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(ii)		
		(iii) A 35% controlle	ed entity of a perso	on described in (i) or (ii) a	bove? •	• • • • •	• • • • •	• • • • •	• • • • •	• • • • •	11g(iii)	1	
h		Provide the following	g information about	t the organizations the or	rganızatıor	supports						_	
	(i) N	lame of supported	(ii) EIN	(III) Type of organization	1 ' '	rganization	(v) Did y			Is the		\mount	of
		organization		(described on lines 1-9 above or IRC section	governing of		the organ		O organizat	zed in the	su	pport	
				(see instructions)	govorning			port?		S?			
					Yes	No	Yes	No	Yes	No			
										<u> </u>			
									l i				
					<u> </u>				<u> </u>	<u> </u>			
		<del></del> :											
			_						<u> </u>				
													<u>-</u> _
			I	<u> </u>	l		<u> </u>		<u> </u>		_		
							1		]				
									<u> </u>				
								1					
Tota	1				[					1 1			

31-1692755

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

	tion A. Public Support					, -	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each					1	
	person (other than a governmental unit or					1	
	publicly supported organization) included						
	on line 1 that exceeds 2% of the amount				ļ		
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4 · ·					-	
	tion B. Total Support	1	<del> </del>		<u> </u>		<u> </u>
	endar 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						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10 · · · ·						
12	Gross receipts from related activities, etc. (see in					12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	zation's first, secon	d. third. fourth. c	or fifth tax vear as	a section 501(	;)(3)	
Sec	tion C. Computation of Public Suppo	rt Percentage	)				
14	Public support percentage for 2009 (line 6, colun	nn (f) dıvıded by lın	e 11, column (f)			14	9
15	Public support percentage from 2008 Schedule	۹, Part II, line 14		• • • • • • • •	• • • • • •	15	9
16a	33 1/3% support test - 2009. If the organization of	lid not check the be	ox on line 13, an	d line 14 is 33 1/	3% or more, che	ck this box	
	and stop here. The organization qualifies as a pr	ublicly supported o	rganization •		• • • • • • • •	• • • • • • •	• • • • • •
b	33 1/3% support test - 2008. If the organization of	lid not check a box	on line 13 or 16	a, and line 15 is	33 1/3% or more	, check this	
	box and stop here. The organization qualifies as	a publicly support	ed organization		• • • • • • • •		• • • • • •
17a	10%-facts-and-circumstances test - 2009. If the	organization did no	ot check a box o	n line 13, 16a, or	16b, and line 14	ıs 10% or	
	more, and if the organization meets the "facts-an	d-circumstances" t	test, check this b	ox and stop her	e. Explain in Part	IV how the	
	organization meets the "facts-and-circumstances						• • • • •
ь	10%-facts-and-circumstances test - 2008. If the	organization did no	ot check a box o	n line 13, 16a, 16	ib, or 17a, and lii	ne 15 is 10% or	
	more, and if the organization meets the "facts-an						
	organization meets the "facts-and-circumstances						▶
18	Private foundation. If the organization did not ch	•	·		•		
-			_,,, ,				•

Page 3

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Part II

Sec	tion A. Public Support						
Cal	endar 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")	236,559	1,600,415	1,982,700	141,089	378,281	4,339,044
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 •	43,985	382,285	380,000	253,831	247,712	1,307,813
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5 · · · · · · · ·	280,544	1,982,700	2,362,700	394,920	625,993	5,646,857
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 amount on line 13 for the year						
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support (Subtract line 7c from line 6)						5,646,857
	tion B. Total Support				<del></del>	<del></del>	
Calc	endar year (or fiscal year beginning in)  Amounts from line 6	(a) 2005 280, 544	(b) 2006 1,982,700	(c) 2007 2,362,700	(d) 2008 394, 920	(e) 2009 625, 993	(f) Total 5,646,857
10a	Gross income from interest, dividends,	230,344	1,302,700	2,302,700		023,333	3,040,037
	payments received on securities loans, rents, royalties and income from similar sources	384	62,527	62,500	58,581	21,186	205,178
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b · · · · · · · · · · · · · · · · · · ·	384	62,527	62,500	58,581	21,186	205,178
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						5,852,035
14	First five years. If the Form 990 is for the organization, check this box and stop here • •	ation's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)	(3)	▶ □
_	tion C. Computation of Public Suppo	rt Percentage					06.40.5
15 16	Public support percentage for 2009 (line 8, column Public support percentage from 2008 Schedule A					15	96.49 %
16 Sec	etion D. Computation of Investment In						/0
<u>360</u> 17	Investment income percentage for 2009 (line 10c.			mn (f))	• • • • • • •	17	3.51 %
18	Investment income percentage from 2008 Schedu		•		• • • • • • •	18	%
19a	33 1/3% support tests - 2009. If the organization 17 is not more than 33 1/3%, check this box and						▶ 🕱
b	33 1/3% support tests - 2008. If the organization line 18 is not more than 33 1/3%, check this box	and <b>stop here</b> . The	organization qu	alifies as a public	cly supported org	janization •	· · · · · • <u></u>
20	Private Foundation: If the organization did not ch	eck a box on line	14, 19a, or 19b, o	check this box an	d see instruction	<u>••••</u>	<u>····▶</u> _

### SCHEDULE.D (Form 990)

**Supplemental Financial Statements** 

▶ Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2009

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990. ➤ See separate instructions.

Open to Public Inspection

Name	of the organization	Employer identification number
CO:	LUMBUS METROPOLITAN LIBRARY FOUNDATION	31-1692755
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	
	the organization answered "Yes" to Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year · · · · · · · · · ·	
2	Aggregate contributions to (during year) • • • •	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year · · · · · · · · ·	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control? • • • • • • •	· · · · · · · · · · · · · · · · · · ·
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be	
	used only for charitable purposes and not for the benefit of the donor or donor advisor or other	
	Impermissible private benefit? • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
Da	rt II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically	umportant land area
	Protection of natural habitat  Preservation of certified histor	· •
	Preservation of open space	
2	Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation	on easement
-	on the last day of the tax year	
	on the last day of the tax year	Held at the End of the Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c /
d	Number of conservation easements included in (c) acquired after 8/17/06 · · · · · · · · · · · · · · · · · · ·	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	
•	the taxable year	zation during
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, reporting of	
•	violations, and enforcement of the conservation easements it holds?	· · · · · · · · · · · · · · · · · · ·
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year	100
u	Stan and volunteer mouts devoted to monitoring, inspecting, and emoting easements during the year	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year	
•	S	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense stater	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	
	the organization's accounting for conservation easements	at describes
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	oor Similar Assats
га	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	iei Siiiliai Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	provide, in Part XIV, the text of the footnote to its financial statements that describes these items	
b		et works of art.
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	
	provide the following amounts relating to these items	F
	(i) Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X · · · · · · · · · · · · · · · · · ·	· · · · · • \$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	following amounts required to be reported under SFAS 116 relating to these items	because me
а	Revenues included in Form 990, Part VIII, line 1 · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> s
b		
_	, we will me will a will be wi	· · ·

4	Describe in Part XIV the intended uses of the organiza	ation's endowment funds			<del> </del>
Pa	rt VI Investments - Land, Buildings,	and Equipment. S	ee Form 990, Part X, I	ne 10	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land · · · · · · · · · · · · · · · · · · ·				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other • • • • • • • • • • • • • • • • • • •				
Tota	Add lines 1a-1e (Column (d) should equal Form 990	Part X column (B) line	10(c))		

Part.VII	Investments - Other Securities.	ee Form 990, Part X, line 12		
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
Financial deriv	vatives and other financial products • • • • •			
Closely-held e	quity interests • • • • • • • • • • • • • • • • • •			
Other				
<del></del>				<u> </u>
Total. (Column (t	o) should equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related. S	ee Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market	
	<del></del>			
			·	
· · · · · · · · · · · · · · · · · · ·				
				· · —
	o) should equal Form 990, Part X, col (B) line 13)	L_,		·
Part IX	Other Assets. See Form 990, Part X, line	15		
	(a) [	Description		(b) Book value
				_ <del></del>
	·			
	n (b) should equal Form 990, Part X, col (B) line		• • • • • • • • • • • • • • • •	
Part X	Other Liabilities, See Form 990, Part X, II	ne 25		
1	(a) Description of liability	(b) Amount	_	
Federal incom	e taxes		_	
			_	
			⅃	
			_	
			7	:
			7	
			7	
Total. (Column (t	o) should equal Form 990, Part X, col (B) line 25)		7	
	tnote. In Part XIV provide the text of the footnote	to the organization's financial si	totoments that reports the	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	647,179
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	604,361
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	42,818
4	Net unrealized gains (losses) on investments	4	362,623
5	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	5	
6	Investment expenses · · · · · · · · · · · · · · · · · ·	6	
7	Prior period adjustments · · · · · · · · · · · · · · · · · · ·	7	
8	Other (Describe in Part XIV)	8	<u> </u>
9	Total adjustments (net) Add lines 4-8	9	362,623
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	405,441
Pai	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	Ret	urn
1	Total revenue, gains, and other support per audited financial statements	1	647,179
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities • • • • • • • • • • • • • • • • • • •	7	
С	Recoveries of prior year grants	1	
d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	7	
е	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2е	-
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	647,179
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b • • • • • • • • • • • • • • • • • •		
b	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	1	
c	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	4c	-
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	647,179
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		<del></del>
1	Total expenses and losses per audited financial statements · · · · · · · · · · · · · · · · · · ·	1	604,360
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	<u> </u>	
a	Donated services and use of facilities		
b	Prior year adjustments · · · · · · · · · · · · · · · · · · ·	┪	
	Losses reported on Form 990, Part IX, line 25 · · · · · · · · · · · · · · · · · ·	┪	
c d	Other (Describe in Part XIV) · · · · · · · · · · · · · · · · · · ·	┪	
e	Add lines 2a through 2d · · · · · · · · · · · · · · · · · ·	2e	-
3	Subtract line 2e from line 1 · · · · · · · · · · · · · · · · · ·	3	604,360
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	<b>⊢</b> -	
	Investment expenses not included on Form 990, Part VIII, line 7b · · · · · · · · 4a		
a	Other (Describe in Part XIV) • • • • • • • • • • • • • • • • • • •	┥	
0	Add lines 4a and 4b · · · · · · · · · · · · · · · · · ·	40	_
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	604,360
5			
	rt XIV Supplemental Information  plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		<del></del> .
	piete this part to provide the descriptions required for Part II, lines 3, 3, and 9, Part III, lines 1a and 4, Part IV, line 3 to 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part		
to pr	ovide any additional information		<u></u> ,,,
-			

EEA

COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Schedule D (Form 990) 2009

31-1692755

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Schedule D (Form 990) 2009

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

Department of the Treasury

Internal Revenue Service

# Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

OLUMBUS METROPOLITA	AN LIBRAI	RY FOUN	DATIC	N	31-1	<u> 1692755</u>
Part I Fundraising Activitie	es.Complete if th	e organization	answered	l "Yes" to Form 990, P	art IV, line 17	
1 Indicate whether the organization ra a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2a Did the organization have a written or key employees listed in Form 99 b If "Yes," list the ten highest paid ind to be compensated at least \$5,000	or oral agreemen 0, Part VII) or enti lividuals or entitles	e	Solicitation Solicitation Special fur vidual (incl on with prof pursuant t	of non-government g of government grants ndraising events uding officers, director fessional fundraising s o agreements under v	rants  rs, trustees ervices? Y  vhich the fundraiser is	es 🗌 No
(i) Name of individual or entity (fundraiser)	(ii) Activity	(III) Did fundr custody or c contribut	ontrol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		u (i)	
			-	1		
<del></del>						
<del>-</del>						
	<u></u>					
						<u> </u>
			<del>                                     </del>	<u> </u>	ļ	
	<del></del>					
	1		L		<del> </del>	-
Total · · · · · · · · · · · · · · · · · · ·			▶			
3 List all states in which the organizati				or has been notified i	t is exempt from	<u> </u>
registration or licensing		22202.130			<b>-</b>	
-0						
			_			
				-		
		·				
			-			

Pa	Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000							
R			(a) Event #1 CELEBRATION (event type)	(b) Event #2 CENTURY (event type)	(c) Other Events (total number)	Add col (	l Events a) through	h
e v e n	1 2	Gross receipts	222,231	25,481			47,71	.2
u e	3	contributions	222,231	25,481		2	47,71	2
	4	Cash prizes · · · · · · · · ·						
D r e	5	Non-cash prizes · · · · · ·						
c t	6	Rent/facility costs • • • • • •				<u> </u>		
Exp	8	Food and beverages · · · · · · · Entertainment · · · · · · · · · · · · · · · · · · ·					<del></del>	<del></del>
e n s e	9	Other direct expenses	52,863			!	52,86	3
s	10	Direct expense summary Add lines					52,86	<u>_</u>
	11 Net income summary Combine lines 3 and 10 in column (d) · · · · · · · · · · · · · · · · · · ·						94,84	-
<u> </u>	irt III	than \$15,000 on Form 990-EZ		to Form 950, Fait IV, line	15, or reported more			
Revecse			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total ga		
	1	Gross revenue						_
Direct	2	Cash prizes · · · · · · · · ·				<u></u>		
t Exp	3	Non-cash prizes · · · · · · ·						
renses	5	Rent/facility costs · · · · · · · · · · · · · · · · · ·						
	6	Volunteer labor	Yes %	☐ Yes % ☐ No	☐ Yes % ☐ No			
	7 Direct expense summary Add lines 2 through 5 in column (d)						)_	
	8	Net gaming income summary Com	bine lines 1 and 7 in colum	nn (d)	•••••		15	
9		er the state(s) in which the organization becomes to operate g				9a	Yes	No
		No," Explain						
		ere any of the organization's gaming	licenses revoked, suspend	led or terminated during th	e tax year? · · · · ·	· · · · 10a		
	- IT "	res," Explain						
11 12		es the organization operate gaming a			r other entity	• • • 11		
		med to administer charitable gaming			····	12	1	

Schedule I (Form 990) 2009 (n) Purpose of grant or assistance OMB No 1545-0047 X Open to Public Inspection 2009 Employer identification number 31-1692755 (g) Description of non-cash assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000 Use (f) Method of valuation (book, FMV, appraisal, other) Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Governments, and Individuals in the United States Grants and Other Assistance to Organizations, ► Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. (e) Amount of non-cash assistance Ð 473,289 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of cash ▶ Attach to Form 990. grant GOVERNMENT ENTI For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section ıf applicable Enter total number of section 501(c)(3) and government organizations Part I | General Information on Grants and Assistance the selection criteria used to award the grants or assistance? 31-6401170 (e) COLUMBUS METROPOLITAN LIBRARY FOUNDATION COLUMBUS METROPOLITAN LIBRARY 96 SOUTH GRANT AVENU 43215 1 (a) Name and address of organization Department of the Treasury Name of the organization Internal Revenue Service SCHEDULE (Form 990) Part II

Schedule I (Form 990) 2009 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Use Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

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COLUMBUS METROPOLITAN LIBRARY FOUNDATION

Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service
Name of the organization

Form 990 or to provide any additional information. ▶ Attach to Form 990.

Open to Public Inspection Employer Identification number

COLUMBUS METROPOLITAN LIBRARY FOUNDATION	31-1692755					
01 Organizational document changes (Part VI, line 4)						
MEMBERS ELECTED BOARD MEMBERS BY MAJORITY VOTE.						
02. Members or stockholder classes and rights (Part VI, line 6)						
THE BOARD OF TRUSTEES MAY ELECT MEMBERS TO THE GOVERNING BODY.						
03 Form 990 governing body review (Part VI, line 11)						
QUARTERLY BOARD MEETINGS ARE HELD TO REVIEW ALL MATTERS OF INTEREST.						
04 Conflict of interest policy compliance (Part VI, line 12c)						
EACH TRUSTEE, PRINCIPAL OFFICER AND MEMBER OF A COMMITTEE WITH BOARD-DELEGATED POWERS						
SHALL, AT THE ADOPTION OF THE POLICY OR AT THE ONSET OF HIS/HER TERM, SIGN A STATEMEN	т					
WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY	,					
READ AND UNDERSTANDS THE POLICY, AGREES TO COMPLY WITH THE POLICY AND UNDERSTANDS THA	т тне					
FOUNDATION IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX	71.2					
EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS						
TAX-EXEMPT PURPOSES.						
05 Governing documents, etc, available to public (Part VI, line 19)						
GOVERNING DOCUMENTS ARE AVAILABLE TO PUBLIC FOR INSPECTION UPON REQUEST DURING NORMAL						
BUSINESS HOURS, OR ON-LINE AT GUIDESTAR ORG.						