

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



| | 990-EZ(2009) LIBRARY FOUNDA | | | | -211 | .1069 Page 2 |
|----------------------|---|--|--|---|------------------------|--|
| | स्थािक Statement of Program Se | | (See the instruction | ons) | /Da- | Expenses |
| | is the organization's primary exempt purpose? $ $ | | | | (Req 501(d | uired for section c)(3) and (4) |
| Desc desc proq | ribe what was achieved in carrying out tribe the services provided, the number of the | the organization's exempt purp of persons benefited, or other i | poses. In a clear and co relevant information for | ncise manner, each | organ 4947 for o | uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional thers) |
| | SUPPORT FOR THE HANCOCK | COUNTY LIBRARY SYST | EM. | | | |
| | | | | | | |
| | (Grants \$ -) If t | his amount includes foreign gr | ants, check here | ▶ [| 28a | |
| 29 | | | | | | |
| | | | | | | |
| | (Grants \$) If t | his amount includes foreign gr | ants, check here | • | 29a | |
| 30 | | | | | | |
| | | | | | | |
| 21 | | his amount includes foreign gr | rants, check here | > | 30 a | |
| 31 | Other program services (attach schedu (Grants \$) If t | ie) his amount includes foreign gr | rants, check here | ▶ □ | 31a | |
| 32 | Total program service expenses(add li | | arrey errock trong | | 32 | |
| Pai | 선사 List of Officers, Directors | s, Trustees, and Key Em | ployees. List each o | ne even if not co | mpen | sated (See the instrs) |
| | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0) | (d) Contributions employee benefit pla deferred compens | ns and | (e) Expense account and other allowances |
| | S KERGOSIEN | President | 0. | | 0. | 0. |
| | 0. BOX 393 | 0 | | | | |
| | ST. LOUIS, MS 39520 SAN DAIGRE | Vice President | 0. | | 0. | 0. |
| | 2 HWY 90 | 0 Vice Flesident | 0. | | υ. | |
| | / ST. LOUIS, MS 39520 | 1 | | | | |
| | . MCDONALD, JR. | Treasurer | 0. | | 0. | 0. |
| | FELICITY STREET ST. LOUIS, MS 39520 | | | | | |
| | RY PERKINS | Exec. Secretary | 0. | | 0. | 0. |
| | 2 HWY 90 | |] | | ٠. | |
| BAY | ST. LOUIS, MS 39520 | | | | | |
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TEEA0812L 01/30/10

Form 990-EZ (2009)

BAA

Page 3

Other Information (Note the statement requirements in the instrs for Part V.) See Statement Yes No 33 Dig the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 each activity Х Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes Х 34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), buhot reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? 35 a Х b If 'Yes,' has it filed a tax return on Form 990-T for this year? 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 X 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0 b Did the organization file Form 1120-POL for this year? 37 b X 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeeor were any such loans made in a prior year and still outstanding at the end of the period covered by this return? X 38a b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a N/A Gy. b Gross receipts, included on line 9, for public use of club facilities 39b N/A 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under - -0. 0.; section 4912 ► 0., section 4955 ► 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 40 b Χ c 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 0 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 0 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 40 e Χ List the states with which a copy of this return is filed > 42a The organization's books are in care of MARY PERKINS Telephone no ► 228-467-5282 rt-ocated at- - 312-HWY :90---BAY-ST. = LOUIS- MS No Yes b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X 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 a Foreign Bank and Financial Accounts c At any time during the calendar year, did the organization maintain an office outside of the U.S.? Х 42 c 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 N/A and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 Χ 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 BAA Form 990-EZ (2009) TEEA0812L 01/30/10

| orm 990-F7 (2009) | TTRRARY | FOUNDATION | OF HANCOCK | COUNTY |
|-------------------|---------|------------|------------|--------|
| | | | | |

| Form 990 | EZ (2009) LIBRARY FOUNDATION | OF HANCOCK COU | NTY | 58 <u>-</u> 211 | .1069 Page | e 4 |
|---|--|--|--|--|--|------------|
| Part VI | | s and section 494 | 7(a)(1) nonexempt | charitable trusts or | nly. All section | |
| | 501(c)(3) organizations and sec 46-49b and complete the tables | ction 494/(a)(1) no | onexempt charitab | le trusts must answe | er questions | |
| | 46-490 and complete the tables | 5 101 III les 50 and 3 |) , | | | |
| 46 Did | the organization engage in direct or indire | ct political campaign a | ctivities on behalf of o | r in opposition to candida | iles — — — | 10 |
| for p | public office? If 'Yes,' complete Schedule (| C, Part I | | • • | 46 | Χ |
| | the organization engage in lobbying activi | • | · · · · · · · · · · · · · · · · · · · | | | <u>X</u> |
| 48 Is th | ie organization a school as described in se | ection 170(b)(1)(A)(ii)? | If 'Yes,' complete Sch | edule E | | Χ |
| 49a Did | the organization make any transfers to an | exempt non-charitable | e related organization? | | 49a > | Χ |
| b If 'Y | es,' was the related organization a section | n 527 organization? | | | 49b | |
| 50 Com | plete this table for the organization's five | highest compensated | employees (other than | officers, directors, truste | es and key | |
| emp | loyees) who each received more than \$10 | 0,000 of compensation | | | | |
| (| a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances | |
| None | | | | | | |
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| f Tota | al number of other employees paid over \$1 | 100,000 | | | | |
| | | | | | | |
| 5 1 Com | plete this table for the organization's five | highest compensated | independent contracto | rs who each received mo | ore than \$100,000 of | |
| com | pensation from the organization. If there is | sinone enter 'None ' | masportaerit seriti aete | 13 WHO CACH TOCCITCA THO | | : |
| | pensation from the organization. If there i | s none, enter 'None ' | The second secon | To who each received his | | |
| | pensation from the organization of there in the control of the con | s none, enter 'None ' | | (b) Type of service | (c) Compensation | |
| None | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| | pensation from the organization. If there i | s none, enter 'None ' | | | r | |
| None | (a) Name and address of each independent contraction. | s none, enter 'None 'cactor paid more than \$100,000 | | | r | |
| None | pensation from the organization. If there i | s none, enter 'None 'cactor paid more than \$100,000 | | | r | |
| None | (a) Name and address of each independent control (a) Name and (| s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | (b) Type of service | (c) Compensation | |
| None | pensation from the organization. If there is (a) Name and address of each independent contractors and independent contractors. | s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | (b) Type of service | (c) Compensation | |
| None | (a) Name and address of each independent control (a) Name and (| s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | (b) Type of service | (c) Compensation | |
| Noned Tota | (a) Name and address of each independent control (a) Name and (| s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | (b) Type of service | (c) Compensation | |
| None | (a) Name and address of each independent control of their independent control of number of other independent control of their independent control of their independent control of their independent control of preparer (| s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | tements, and to the best of my knowledge | (c) Compensation | |
| Noned Tota | (a) Name and address of each independent contractors If there is the contractors of the | s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | (b) Type of service tements, and to the best of my knowledge | (c) Compensation | |
| Noned Tota | Under penalties of perjury, I declare that I have example correct, and complete Declaration of preparer (Signialure of officer AMES KERGOSIEN Type or print name and tite | s none, enter 'None ' actor paid more than \$100,000 | 5100,000 companying schedules and star all information of which preparations of which preparations are started to the started | tements, and to the best of my knarer has any knowledge Date President | (c) Compensation | |
| Noned Tota | Under penalties of perjury, I declare that I have exan true correct, and complete Declaration of preparer (AMES KERGOSIEN Type or print name and title Preparer s | s none, enter 'None ' actor paid more than \$100,000 | 5100,000 | tements, and to the best of my knowledge Date President Check if Self: | (c) Compensation nowledge and belief, it is reparer's Identifying Numbi | |
| None None Sign Here | Under penalties of perjury, I declare that I have example true correct, and complete Declaration of preparer (AMES KERGOSIEN Type or print name and title Preparer's signature of SCOTTY MCDANIEL | s none, enter 'None ' actor paid more than \$100,000 seach receiving over \$ seach receiving over \$ other than officer) is based on | 5100,000 ompanying schedules and star all information of which preparation of which preparations of the preparation of the pre | tements, and to the best of my knowledge Date President Check if Self: | (c) Compensation | |
| None None d Tota Sign Here Paid Pre- parer's | Under penalties of perjury, I declare that I have example to correct, and complete Declaration of preparer (Signature of officer AMES KERGOSIEN Type or print name and title Preparer's signature SCOTTY MCDANIEL Firm's name (or MCDaniel CPA Figure) | s none, enter 'None ' actor paid more than \$100,000 seach receiving over \$ nined this return, including according than officer) is based on | 5100,000 ompanying schedules and star all information of which preparation of which preparations of the preparation of the pre | tements, and to the best of my knarer has any knowledge Date President Check if self-employed > X | (c) Compensation (c) Compensation (d) Compensation (d) Compensation (e) Compensation (e) Compensation (f) Compensa | |
| None None Sign Here | (a) Name and address of each independent contractors If number of other independent contractors Under penalties of perjury, I declare that I have examinue correct, and complete Declaration of preparer (MES KERGOSIEN Type or print name and bite Preparer s signature SCOTTY MCDANIEL Firm's name (or yours if self employed), address and | s none, enter 'None ' actor paid more than \$100,000 seach receiving over \$ nined this return, including accorder than officer) is based on mm Dr | 5100,000 ompanying schedules and star all information of which preparation of which preparations of the preparation of the pre | tements, and to the best of my knarer has any knowledge Date President Check if self-employed > X N | reparer's Identifying Numbisee instructions) | |
| None None d Tota Sign Here Paid Pre- parer's Use Only | Under penalties of perjury, I declare that I have examine correct, and complete Declaration of preparer (Significance of officer AMES KERGOSIEN Type or print name and title Preparer's signature Firm's name (or yours if self employed), address, and | s none, enter 'None ' actor paid more than \$100,000 see ach receiving over \$ anined this return, including accorder than officer) is based on m Dr 39402 | 5100,000 ompanying schedules and sta all information of which preparation of the prepara | tements, and to the best of my knarer has any knowledge Date President Check if self-employed > X | reparer's Identifying Numbisee instructions) | |

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)

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revènue Service

nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ, See separate instructions.

Name of the organization Employer identification number LIBRARY FOUNDATION OF HANCOCK COUNTY 58-2111069 Part | Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) 1 A church, convention of churches or association of churches described insection 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or cooperative hospital service organization described insection 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described isection 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described insection 170(bX1XAXv). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Semection 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h Type III - Functionally integrated Type III- Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (1) below, the governing body of the supported organization? 11g(i) (11) a family member of a person described in (i) above? 11g (ii) (III) a 35% controlled entity of a person described in (i) or (ii) above? 11g (iii) Provide the following information about the supported organizations (I) Name of Supported (n) ElN (III) Type of organization (IV) Is the (v) Did you notify (vi) is the (VII) Amount of Support e organization in col (i) of your support? organization in col (i) organized in the US? Organization rganization in col (i) listed in your (see instructions)) governing document? Yes No Yes No Yes No Total

Page 2

Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 274,764. 274,764 Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to 0. the public without charge 274,764 764. 0 0 0. 0. Total. Add lines 1-through 3 The portion of total - 3 contributions by each person 4 (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount 0. shown on line 11, column (f) Public support, Subtract line 5 274,764. from line 4 Section B. Total Support Calendar year (or fiscal year (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total beginning in) 274,764 274,764. 0. 0 0. Amounts from line 4 0 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 0_. similar sources Net income from unrelated business activities, whether or not the business is regularly 0. carried on Other income Do not include gain or loss from the sale of čapital assets (Explain in 0 Part IV) Total support. Add lines 7 274,764. through 10 Gross receipts from related activities, etc. (see instructions) 12 0. 12 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) X organization, check this box and stop here Section C. Computation of Public Support Percentage 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 15 % 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test— 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and top here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test— 2008. 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 andstop here. Explain in Part IV how the organization meets the 'facts-and circumstances' test. The organization qualifies as a publicly supported organization. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions 18 Schedule A (Form 990 or 990-EZ) 2009 BAA

| chedule A (Form 990 or 990 EZ) 200 Part III Support Schedule for | | | | | 58-2111069 |) Pag |
|--|---|--|--|---------------------|--|---------------------------------------|
| (€omplete only if you che | | | | | | |
| Section A. Public Support | | Tr | т | | | |
| Calendar year (or fiscal yr 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 'unusual grants') | | | | | | / |
| | | | | | | <u> </u> |
| 2 Gross receipts from admissions, merchandise sold | | İ | | | / / | |
| or services performed, or | | | | | | |
| facilities furnished in a activity that is related to the | | | | | / | |
| organization's tax-exempt | | | | | | |
| purpose 3 Gross receipts from activities that are | | | | | / | |
| not an unrelated trade or business | | 1 | 1 | | <u> </u> | |
| under section 513 4 Tax revenues levied for the | | | | | | |
| organization's benefit and | | | | | | |
| either paid to or expended on | | | | | | |
| its behalf The value of services or | | 1 | | / | | |
| facilities furnished by a | | - | | / | | |
| governmental unit to the organization without charge | | i | | / | | |
| | <u> </u> | | | / | | |
| 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, | ļ | | | | | |
| 2, 3 received from disqualified | | | | | | |
| persons | | | / | | | |
| b Amounts included on lines 2 and 3 received from other than | | | | | | |
| disqualified persons that | | ļ | / | | | |
| exceed the greater of 1% of the amount on line 13 for the | | | , | | | |
| year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line | | 13. | | | 7 ' | |
| 7c from line 6) | | 1 | | | | |
| ection B. Total Support | | | | | T | |
| alendar year (or fiscal yr beginning in) | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
| 9 Amounts from line 6 10a Gross income from interest, | | ļ, | | | | |
| dividends, payments received | | | | | | |
| on securities loans, rents, royalties and income form | , | | | | | |
| similar sources | | | | | | |
| b Unrelated business taxable | | | <u> </u> | | | |
| taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | - | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included inline 10b, whether or not the business is | | | | | | |
| regularly carried on | | | | | | |
| 12 Other income Do not include, gain or loss from the sale of | | | | |] | |
| čapital assets (Explain in | | | | | 1 | |
| Part IV) | | | | | | |
| Total support. (add ins 9, 10c, 11, and 12) | is for the arrange | ation's first | | - 4.64h- 4 | | · |
| 14 First five years. If the Form 990 organization, check this box and | d stop here | auon s ilist, seco | na, mira, tourth, | or mun tax year as | s a section 501(c)(| ³⁾ ► |
| ection C. Computation of Pu | | Percentage | | | | |
| 15 Public support percentage for 20 | 009 (line 8, colum | n (f) divided by li | ne 13, column (f) |) | 15 | |
| 16 Public support percentage from | 2008 Schedule A, | Part III, line 15 | | | 16 | · · · · · · · · · · · · · · · · · · · |
| ection D. Computation of Inv | estment Incor | me Percentag | e | | | |
| 17 Investment income percentage | for 2009 (line 10c, | column (f) divide | d by line 13, colu | mn (f)) | 17 | |
| 18 Investment income percentage | from 2008 Schedul | le A, Part III, line | 17 | | 18 | |
| 19a 33-1/3 support tests – 2009. If th | ne organization di | d_not check the b | oox on line 14, ar | id line 15 is more | than 33 1/3%, and | line 17 is not |
| more than 33 1/3%, check this t | oox andstop here. | . The organizatior | n qualifies as a pu | blicly supported o | organization | • |
| | | | | | | |
| b 33-1/3 support tests - 2008, If the | ne organization di | d not check a bo | x on line 14 or 19 | a, and line 16 is n | nore than 33-1/3% | , and line 18 _ |
| | ne organization die k this box and stop | here. The organ | ization qualifies a | s a publicly suppo | orted organization | , and line 18 |

| 2009 | Federal Statements | Page 1 |
|--|--|--|
| | LIBRARY FOUNDATION OF HANCOCK COUNTY | 58-2111069 |
| Statement 1 Form 990-EZ, Part I, Other Expenses ADMINSTRATIVE Depreciation INSURANCE MISC. PROFESSIONAL FEE SUPPORT FOR THE | \$ ES | 7,260. 4,746. 3,959. 381. 5,852. 156,578. 178,776. |
| Statement 2 Form 990-EZ, Part I, Other Changes In N | , Line 20 et Assets Or Fund Balances | |
| ADJUSTMENT TO CI | D BALANCES \$ Total \$ | -283,171. -283,171. |
| Statement 3 Form 990-EZ, Part II Other Assets | I, Line 24 | |
| Furniture and F | Beginning | Ending 75,116. 75,116. |
| 5 | nary Exempt Purpose | · |
| THE ORGANIZATION HANCOCK COUNTY. | N'S PRIMARY PURPOSE IS TO PROVIDE SUPPORT TO THE LOCAL LIBR | ARY IN |
| (a) Did the ord indirectly, to p (b) Did the ord | s Associated with Personal Benefit Contracts ganization, during the year, receive any funds, directly or pay premiums on a personal benefit contract? ganization, during the year, pay premiums, directly or a personal benefit contract? | No No |