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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)

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	A F	or the	2009 calendar year, or tax year beginning $JUL~1$, 2009 and ending	<u>JUN 30, 2010</u>	
İ	B C	neck if oplicable	Please use IRS	D Employer identifica	ation number
		Address change	s label or ROCKBRIDGE REGIONAL LIBRARY FOUNDATION		
		Name change	type Doing Business As	54-1 <u>6</u>	43261
		Initial return	See Number and street (or P 0 box if mail is not delivered to street address) Room/s		
		Termin- ated	Instruc-	(540)	463-4324
		Amende return	City or town, state or country, and ZIP + 4	G Gross receipts \$	239,631.
		Applica	ELAINGION, VA 24450	H(a) is this a group ret	
		pending	F Name and address of principal officer:	for affiliates?	Yes X No
				H(b) Are all affiliates inclu	
			mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		st. (see instructions)
			e: N/A	H(c) Group exemption /ear of formation 1992 M	
				ear of formation 1992 M	State of legal domicile VA
	T.	rt I	Summary Briefly describe the organization's mission or most significant activities: SUPPORT	THE ROCKBRIDGE	REGIONAL
	Governance	1 E	LIBRARY		
_	er		Check this box if the organization discontinued its operations or disposed of r		sets.
2010	Sov.		Number of voting members of the governing body (Part VI, line 1a)	. 3	<u>17</u> 17
	≪		Number of independent voting members of the governing body (Part VI, line 1b)	4	
©	Activities		Total number of employees (Part V, line 2a)	5	0
9	ţivi		Total number of volunteers (estimate if necessary)	6 7a	0.
DEC	Ac		Fotal gross unrelated business revenue from Part VIII, column (C), line 12	7b	0.
	—	D I	Net unrelated business taxable income from Form 990-T, line 34	Prior Year	Current Year
SCANNED	_	8 (Contributions and grants (Part VIII, line 1h)	33,171.	12,176.
Z	Revenue		Program service revenue (Part VIII, line 2g)	,	• -
\$	Ş		investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,370.	19,284.
Ø	ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
(92)			Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,541.	31,460.
			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,971.	24,736.
			Benefits paid to or for members (Part IX, column (A), line 4)		
	S	15 3	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	Expenses	16a	Professional fundralsing tees Part IX, column (A), line 11e)		
	×	8	otal fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	12 405	12 700
	ш			13,485.	13,799.
			Total expenses. Add lines 18417 (must equal Part IX, column (A), line 25)	23,456.	38,535. <7,075.
	<u> </u>	19	Revenue less experises Subtract line 18 from line 12	· · · · · · · · · · · · · · · · · · ·	
	ts o			Beginning of Current Year 806,663.	End of Year 871,114.
	Sse		Total assets (Part X, line 16)	000,003.	0/1/114.
	Net Assets or Fund Balances	l	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	806,663.	871,114.
		ert II	Signature Block	30070001	<u> </u>
			Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my knowledg	e and belief, it is true, correct,
			and complete Declaration of preparer (other than officer) is based on all information of which preparer has any know	edge . //	
	Sig	n	Touc () Caux	11/9/10	
	Her	е	Signature of officer	Da j é /	
			Type or print name and title		
	_		Preparer's Date		r's identifying number tructions)
	Paid		signature Wave Harring 7/28/10	self- employed	
		arer's	Firm's name (or RAETZ & HAWKINS PC CPAS yours if	EIN ►	
	use	Only	self-employed), 128 SOUTH RANDOLPH STREET		
			LEXINGTON, VIRGINIA 24450-0916	Phone no ► 5	40-463-7121
	May	the IF	RS discuss this return with the preparer shown above? (see instructions)		X Yes No

	1 图 Statement of Program Service Accomplishments	3201 Page Z
1	Briefly describe the organization's mission:	
	SUPPORT THE ROCKBRIDGE REGIONAL LIBRARY	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	res No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
_	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.	
4-	(Code:) (Expenses \$ 23,736 • Including grants of \$ 23,736 •) (Revenue \$	
4a	(Code:) (Expenses \$ 23,/36. including grants of \$ 23,/36.) (Revenue \$ GRANTS TO ROCKBRIDGE REGIONAL LIBRARY FOR OPERATING PURPOSES.	,
4b	(Code:) (Expenses \$ 1,000 • including grants of \$ 1,000 •) (Revenue \$)
	GRANTS TO ROCKBRIDGE REGIONAL LIBRARY USED FOR THE BUENA VISTA	A LIBRARY
	BUILDING.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services. (Describe in Schedule O.)	
4e	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ \$ 24,736.	
		Form 990 (2009)

Form 990 (2009) ROCKBRIDGE REGIONAL LIBRARY FOUNDATION
Part IV Checklist of Required Schedules

+ 441	tr Oleckist of Required Concustos	I	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
-	If "Yes," complete Schedule A	1	Х	
2	is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8_		<u>X</u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?		17	
	If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		v	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments • program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		}	
•				
	Part X, line 16? If "Yes," complete Schedule D, Part IX.		ŀ	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	Х	1
404	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	<u>-</u> -		
IZA	V V	1		
12	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	·	Х
13	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	formation than \$40,000 from another fine decision business		· · · -	
b	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization		"	1
.,	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
.0	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
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990	(2009)

Form 990 (2009) ROCKBRIDGE REGIONAL LIBRARY FOUNDATION

Part IV Checklist of Required Schedules (continued)

			res	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations 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 United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 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 line 25	24a		X
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 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		Х
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, (see Schedule L, Part IV			
	instructions for 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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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 direct or indirect 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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			İ
•	If "Yes," complete Schedule N, Part I	31		Х
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	į	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?		<u> </u>	
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	is any related organization a controlled entity within the meaning of section 512(b)(13)?	<u> </u>	-	
55	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	33		
50	If "Yes," complete Schedule R, Part V, line 2	36		X
27	, , , , , , , , , , , , , , , , , , ,	30	 	 ^
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		 ^ -
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	-	X	
	Note. All Form 990 filers are required to complete Schedule O.	38		(2009)
		rorm	33U (/UU91

009) ROCKBRIDGE REGIONAL LIBRARY FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance Part V

					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of								
	U.S. Information Returns. Enter -0- if not applicable	1a		<u></u>					
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b		2					
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eporta	ble gamıng		1				
	(gambling) winnings to prize winners?			1c					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return	2a		<u> </u>					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	ļ				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see								
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	d by t	his return?	3a	<u> </u>	X			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	├─	<u> </u>			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					١,,			
	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	nt)?	4a	 	X			
b	If "Yes," enter the name of the foreign country:								
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank a	and						
	Financial Accounts.					v			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	 	X			
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			<u>5</u> b	\vdash	<u> </u>			
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarders	arding	Prohibited	_					
	Tax Shelter Transaction?			<u>5c</u>	+	-			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	ne org	anization solicit			v			
	any contributions that were not tax deductible?	_	.0	6a	┼	<u> </u>			
b	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?			6b	 	 			
7	Organizations that may receive deductible contributions under section 170(c).				1	1			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods	and services	7a		X			
	provided to the payor?								
	 b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required 								
Ç	to file Form 8282?	100	Juli 00	7c		X			
d	If "Yes," Indicate the number of Forms 8282 filed during the year	7d			1	1			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a		nal						
Ĭ	benefit contract?			7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f					
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required			7g					
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-		equired?	7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting or								
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exc								
	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	4				
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9Ь	<u> </u>	ļ			
10	Section 501(c)(7) organizations. Enter:		1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		_					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	<u> </u>	_					
11	Section 501(c)(12) organizations. Enter:		I						
а	Gross income from members or shareholders	11a		_					
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1							
	amounts due or received from them.)	11b	<u> </u>	_					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	. 	. 			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1			1			
				For	n 990	(2009)			

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.

Sertier the number of voting members of the governing body 1e 17 1b 17 1b 17 1c 15 17 1c 16 17 1c 17 1c 16 17 17 1c 17	Sec	tion A. Governing Body and Management								
b Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management content by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Does the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 Did the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 10 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 11 The governing body? 12 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 12 The governing body? 13 The governing body? 14 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 15 The governing body? 16 Each committee with authority to act on behalf of the governing body? 17 Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization make any addresses in Schedule Q. 18 Section B. Pollicles (The Section B requests information about policies not required by the Internal Revenue Code) 18 If Yes, 10 Did the processes of the Yes, 2 Did the processes of any, used by the organization to review this Form 990. 19 Did the processes for determining compensation or the rest policy? 10 Did the processes for determining						Yes	No_			
Did any officer, director, trustes, or key employee have a family relationship or a business relationship with any other officer, director, trustles, or key employees to a management duties customanly performed by or under the direct supervision of officers, directors or trustless, or key employees to a management company or other person? 3	1a	Enter the number of voting members of the governing body	1a							
officer, director, fustee, or key employees to a management dulies customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization makes any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 A Ya any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X 7c Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 The governing body? 8 The governing body? 9 Section B. Policies (**This Section B.** growled the names and addressess in Schedule O.** 9 Section B. Policies (**This Section B.** growled the names and addressess in Schedule O.** 100 Does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 11 Has the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization. 11 Has the organization have a written official the form 90. 12 Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O the process, if any, used by the organization to review this Form 90. 12 Does the organization have a written official the organization of the deliberation and destruction policy? 13 Describe in organization have a written organization of the deliberation and destruction in policy p	b	Enter the number of voting members that are independent	1b		<u>L 7</u>					
3 Dict the organization delegate control over management duties customantly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 5 Did the organization have members and stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Poss the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 5 Poss the organization have members, stockholders, or other persons? 6 N X 7 Poss the any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Poss the governing body? 8 Did the organization centemporaneously document the meetings held or written actions undertaken during the year by the following: 9 Is there any officer, director, frustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization familing address! If "Yes," growing the names and addresses in Schedule O 9 SECTION B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) 10 Does the organization have local chapters, branches, or attiliates? 10 If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 11 Als the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 A Describe in Schedule Ot the process, if any, used by the organization to rewest with so from 990. 12 Does the organization have a written conflict of interest policy? If "No.," go to line 13 13 A Y 14 Does the organization have a written document retention and destruction policy? 15 In the organization have	2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with	any other						
of officers, directors or trustees, or key employees to a management company or other person? 5 Did the organization have make any significant changes to its organizational documents since the pinor Form 990 was filed? 5 Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? 7 Does the organization have members or stockholders? 7 Does the organization have members or stockholders, or other persons who may elect one or more members of the governing body? 8 Ara any decisions of the governing body subject to approval by members, stockholders, or other persons? 7 Does the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8 Each committee with authority to act on behalf of the governing body? 9 Section B. Policies (This Section B requests information about policies in the programization is making address? If Yes, provide the names and addresses in Schedule O 10 Dees the organization have local chapters, branches, or affiliates? 10 Dees the organization have local chapters, branches, or affiliates? 11 Has the organization have local chapters, branches or affiliates? 12 Dees the organization have a written operations are consistent with those of the organization? 13 Ar officers, directors or trustees, and key employees required to decisions and provide in Schedule O the process, if any, used by the organization to review this Form 990. 12 Dees the organization have a written opticity of interest policy? If You's to like 13 13 Ar Other officers or key employees of the organization of decisions and provide of decision and provide of decision and provide of decision and provide and provi		officer, director, trustee, or key employee?			2		<u>X</u>			
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STEVEN DRASYE - (540)463-4324	20	•	nd re	ords of the organ	nization: l	>				
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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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not co	ompensate an	у си	rren	t of	ficer	, dire	ecto	r, or trustee.		
(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Pos				Reportable	Reportable	Estimated
	hours	(c	heck	(all	that	app	ly)	compensation	compensation	amount of
	per week	ğ			ļ			from the	from related organizations	other compensation
	WEEK	l ig				ated		organization	(W-2/1099-MISC)	from the
		uste	age a		8	gens		(W-2/1099-MISC)		organization
		를	Egg Egg	١.	흏	15 ag	_			and related
		Individual trustae or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former			organizations
JOYCE DAVIS	·		-							_
VICE PRESIDENT	0.00	Х		X	1			0.	0.	0.
SUE ANN HUGER						 -				
DIRECTOR	0.00	X	ł	ľ	ł	l		0.	0.	0.
TOM DAVIS										
DIRECTOR	0.00	X						0.	0.	0.
KATE BUFORD									 -	
DIRECTOR	0.00	X				L.,		0.	0.	0.
JULIE HAMMOND										
TREASURER	0.00	X		X	L			0.	0.	0.
TERRY C. KERSHNER				ļ	ŀ					
DIRECTOR	0.00	X		L.				0.	0.	0.
SCOTT E. BELLIVEAU				l		1				_
REP. LIBRARY BOARD	0.00	X		_	L	<u> </u>	_	0.	0.	0.
MARGO CLEGG		1								
DIRECTOR	0.00	X	_	<u> </u>	-	<u> </u>		0.	0.	0.
J. LAWRENCE MINETREE III			}							
PRESIDENT	0.00	X		X	ļ	├-	_	0.	0.	0.
DON SAMDAHL	0 00								_	•
DIRECTOR	0.00	X	<u> </u>	├	⊢	┼-		0.	0.	0.
PEGGY RIETHMILLER	0 00	.,	l		l	1			^	^
DIRECTOR	0.00	X		┝	├	┿-		0.	0.	0.
JANE SAILER DIRECTOR	0 00	J	ļ					0.	0.	0.
JULIE CAMPBELL	0.00	X	 —		┼-	┼	-	<u> </u>	0.	<u> </u>
REP. FRIENDS OF LIBRARY	0.00	X	l					0.	0.	0.
MARY NEWMAN	0.00	┢	├	\vdash	┼	┼				
REP. LIBRARY BOARD	0.00	x						0.	0.	0.
DAVID GRIST		 ••	├		t	 				
DIRECTOR	0.00	x						0.	0.	0.
LINDA WILDER		1			1	\vdash	T	1		
DIRECTOR	0.00	X						0.	0.	0.
SHARON KNICK				1	1					
DIRECTOR	0.00	X						0.	0.	0.

Name and title Average hours per week Page 1	7 41	VII Section A. Officers, Directors, T (A)	rustees, Key Ei	mpic	oyee		<u>na i</u> C)	nign	est	(D)	ees (continuea) (E)		(F)		
per week Part Par		, ,	Average						L V				Estimated		
SECRETARY ALAN BOBOWSKI EXECUTIVE DIRECTOR 0.00 0.00 1b Total 1c Total			per	H						from the organization	from related organizations		other	tion e on ed	
ALAN BOBOWSKI EXECUTIVE DIRECTOR 0.00 0.00 1.00 1.00 1.00 1.00 2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 2. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 3. Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4. For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5. Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization of If "Yes," complete Schedule J for such person Section B. Independent Contractors 1. Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)			0.00			v				0				0.	
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) (B) (C)	5	Did any person listed on line 1a receive of	or accrue compe	nsa	tion						rices rendered to		5	х	
the organization. NONE (A) (B) (C)	Sec	tion B. Independent Contractors													
	1		compensated in	dep	end	ent o	cont	tract	ors	that received more than	\$100,000 of comp	ensa	tion from		
										services	Co	(C) Compensation			
					_		_								
							_				-			<u>-</u>	
Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization 0	2			not I	limite	ed to	o the	^	ıste	l d above) who received r	nore than				

54-1643261 ROCKBRIDGE REGIONAL LIBRARY FOUNDATION Page 9 Form 990 (2009) Statement of Revenue Part VIII Revenue excluded from tax under sections 512, (C) (A) Unrelated Related or Total revenue exempt function business revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1a 1 a Federated campaigns 1b b Membership dues 1c c Fundraising events 1d d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and 12,176. 1f similar amounts not included above Q Noncash contributions included in lines 1a-1f \$ 12,176. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest, and 19,963. 19,963. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross Rents **b** Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other 207,492. assets other than inventory b Less: cost or other basis 208,171. and sales expenses <679.> c Gain or (loss) <679.> <679.b d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses \blacktriangleright c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 0. 19,284. 31,460. 0. Total revenue. See instructions

Form 990 (2009)

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).											
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and											
	organizations in the U.S. See Part IV, line 21	24,736.	24,736.									
2	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 U.S.											
	See Part IV, lines 15 and 16			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
4	Benefits paid to or for members											
5	Compensation of current officers, directors,											
	trustees, and key employees .											
6	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	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees):											
а	Management											
ь	Legal	2 520		2 5 2 0								
C	Accounting	2,520.		2,520.								
d	Lobbying											
е	Professional fundraising services See Part IV, line 17											
f	Investment management fees	276		276.	<u></u>							
9	Other	276.		270.								
12	Advertising and promotion	700	-	189.	610.							
13	Office expenses	799.		109.	010.							
14	Information technology											
15	Royalties											
16	Occupancy		<u> </u>									
17	Travel		··									
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	10,000.		7,000.	3,000.							
21	Payments to affiliates	10,000.	<u> </u>	7,000.	3,000.							
22	Depreciation, depletion, and amortization	204.		204.								
23	Insurance	204.		201.								
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)											
а					· · · - · · - · · - · · · - · · · · · ·							
b												
c												
d				-								
е					·							
f	All other expenses	20 525	24,736.	10,189.	3,610.							
25	Total functional expenses. Add lines 1 through 24f	38,535.	24,/36.	10,189.	3,010.							
26	Joint costs. Check here											
	SOP 98-2 Complete this line only if the organization											
	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation	<u> </u>			L							

Part X Balance Sheet (A) Beginning of year End of year 20,588. 22,651. Cash - non-interest-bearing 40,328. 42,719. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net Assets 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D 10b 10c b Less: accumulated depreciation 11 investments · publicly traded securities 11 741,293. 810,198. 12 12 Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 806,663. 871,114 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities. Complete Part X of Schedule D 0. 0. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 204,615. 143,532. 27 Unrestricted net assets 138,119. 135,191. 28 28 Temporarily restricted net assets 527,940. 528,380. 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here

and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 806,663. 871,114. 33 Total net assets or fund balances 33 871,114. 806,663. 34 Total liabilities and net assets/fund balances

Form	90 (2009) ROCKBRIDGE REGIONAL LIBRARY FOUNDATION 54-1643261	Pa	ge 12
Par	XI Financial Statements and Reporting		
		Yes	No
1	ccounting method used to prepare the Form 990: Cash X Accrual Other		
	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Vere the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Vere the organization's financial statements audited by an independent accountant?	Х	
C	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	ŀ	j
	eview, or compilation of its financial statements and selection of an independent accountant?	X	
	the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		
	onsolidated basis, separate basis, or both:		
	X Separate basis Consolidated basis Both consolidated and separate basis		
3a	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		
	ct and OMB Circular A-133?		X
b	"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		
	r audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

-01111 990 01 990-67

Department of the Treasury Internal Revenue Service 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.

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

OMB No 1545-0047

ZUU9Open to Public

Inspection

Name of the organization

Employer identification number

		ROCKBRII	GE REGIONAL	LIBR	ARY FO	DUNDA	TION		54	-1 <u>643261</u>		
Part I	Reason f		ty Status (All organiza					ructions.				
<u></u>	ızatıon ıs not a	private foundation b	ecause it is: (For lines 1	through 1	1, check o	nly one b	ox.)					
1 🔲			, or association of churc									
2 🗔)(b)(1)(A)(ii). (Attach Sch									
3 🗔			al service organization o		n section '	170(ь)(1)(A)(iii).					
<u> </u>	A medical res	earch organization o	perated in conjunction	with a hosi	oital descri	bed in se	ction 170(ь)(1)(A)(iii	. Enter the	e hospital's name,		
- _	city, and state		,				•			·		
5			enefit of a college or un	iversity ov	vned or op	erated by	a governm	nental unit	described	d in		
•		b)(1)(A)(iv). (Comple		•	,	·						
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
7	A rederal, state, or local government of governmental unit described in described in described in described in a governmental unit or from the general public described in											
• —	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🔲			ection 170(b)(1)(A)(vi). (Complete	Part II.)							
9 🗔			eives: (1) more than 33 1			om contri	butions. m	embership	fees, and	gross receipts from		
•	activities relat	ed to its exempt fun	ctions - subject to certa	ın exceptio	ons, and (2) no more	than 33 1.	/3% of its	support fr	om gross investment		
	income and ii	nrelated business ta	xable income (less sect	ion 511 ta	x) from bus	inesses a	acquired by	v the orga	nization af	ter June 30, 1975.		
		509(a)(2). (Complete			,							
10 🔲			erated exclusively to te	st for publi	c safetv. S	ee sectio	n 509(a)(4).				
11 🗓	An organization	on organized and op	erated exclusively for th	ne benefit o	of, to perfo	rm the fu	nctions of.	or to carry	out the p	urposes of one or		
			tions described in section									
			organization and comple				•	_				
	a Type I		Type II	Typ	e III • Funct	tionally in	tegrated		dХ	Type III - Other		
e X			t the organization is not					more disc	ualified p	ersons other than		
6 [22]	foundation m	anagers and other th	nan one or more publicly	v supporte	d organiza	tions des	cribed in s	ection 509	(a)(1) or se	ection 509(a)(2).		
			en determination from						(-/(-/	(,,,		
f		ganization, check th				, , , , , ,	, , , , ,					
_			rganization accepted ar	ay aift or c	ontribution	from any	of the follo	owing pers	ons?			
9	6 A name	17, 2000, Has the O	rectly controls, either al	one or too	other with	nersons (described i	n (II) and (I	ıı) below.	Yes No		
			rectly controls, entier all ported organization?	one or tog	011101 111111	po. 000 v		() (.	,,	11g(i) X		
				,						11g(ii) X		
			i described in (i) above? person described in (i) (a?					11g(iii) X		
_		-	about the supported or									
h	Provide the R	bilowing information	about the supported or	garnzation	(3).							
			(iii) Type of	(iv) is the (organization	(v) Did vo	u notify the	(vi) Is	the	(vii) Amount of		
• •	of supported	(ii) EIN	organization		sted in your	organiza	tion in col	organization (i) organiz	on in col	support		
uiy	anization		(described on lines 1-9 above or IRC section	governing	document?	(i) of you	r support?	\',''s us	?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
	RIDGE		· · · · · · · · · · · · · · · · · · ·									
REGIO	NAL LIB	54-6001156	6	Х		X		X		24,736.		
									1			
								ļ				
									1			
							 		 			
						_						

Total

Schedule A	(Form 990 or 990-EZ) 2009				
Part II	Support Schedule for	Organizations	Described in Sections	170(b)(1)(A)(iv) an	d 170(b)(1)(A)(vi)

Page 2

	(Complete only if you checked	_					
	tion A. Public Support	,		1	T	, , , , , , , , , , , , , , , , , , , 	
	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 organ-						
	ization's benefit and either paid to						
_	or expended on its behalf			1			
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 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 etion B. Total Support	<u> </u>		<u> </u>	.1	.1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	(8) 2000	(0) 2000	(0) 2007	(4) 2000	(6) 2000	(i) rotal
8	Gross income from interest,					 	-
Ü	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business				-		
3	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 instructi	ons)	<u>. †</u>		12	
13	First five years. If the Form 990 is for	•	•	rd. fourth, or fifth	tax vear as a section		<u> </u>
	organization, check this box and stop	-	,,	,	,		▶□
Se	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2009 (line 6, column (f) d	livided by line 11,	column (f))	_	14	
15	Public support percentage from 2008	Schedule A, Part	II, line 14			15	
16a	33 1/3% support test - 2009.If the o	rganization did no	t check the box o	n line 13, and line	14 is 33 1/3% or r	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organizatio	n			▶□
ł	33 1/3% support test - 2008.If the o	organization did no	t check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization qual	lifies as a publicly	supported organi	zation			▶□
17a	10% -facts-and-circumstances tes	t - 2009. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	nces" test, check	this box and stop	here. Explain in Pa	art IV how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	ation qualifies as a	a publicly supporte	ed organization	_	▶
ı	10% -facts-and-circumstances tes	-	•		-	17a, and line 15 is	10% or
	more, and if the organization meets t	-					
	organization meets the "facts-and-cire						▶□
18	Private foundation. If the organization		-	•	• • • •	='	ıs ▶□
						edule A (Form 990	-

Schedule A (Form 990 or 990-EZ) 2009 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 20079 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly 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) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 % 18 Investment income percentage from 2008 Schedule A, Part III, line 17 19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	
b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and	
line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number
5.4-1.6.4.3.2.6.1

	ROCKBRIDGE REGIONAL				54-1643261
Par	=======================================		or Other Similar Fund	is or Acc	OUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6				
		(a) Do	onor advised funds	(b) F	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 wri	iting that th	ne assets held in donor adv	used funds	
	are the organization's property, subject to the organization's ex	clusive leg	al control?		Yes N
6	Did the organization inform all grantees, donors, and donor adv	isors in wri	iting that grant funds can b	e used only	•
	for charitable purposes and not for the benefit of the donor or o	donor advis	sor, or for any other purpos	e conferring	
	impermissible private benefit?				Yes N
Pa	TIL Conservation Easements. Complete if the organ	nization and	swered "Yes" to Form 990,	Part IV, line	e 7
1	Purpose(s) of conservation easements held by the organization	ı (check all	that apply).		
	Preservation of land for public use (e.g., recreation or plea	asure)	Preservation of an h	nstorically in	nportant land area
	Protection of natural habitat		Preservation of a ce	rtified histo	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualified	d conserva	ition contribution in the form	n of a conse	ervation easement on the last
	day of the tax year.				
	•				Held at the End of the Tax Ye
а	Total number of conservation easements			2	a
ь	Total acreage restricted by conservation easements			2	ь
С	Number of conservation easements on a certified historic struc	ture includ	led in (a)	2	e
d	Number of conservation easements included in (c) acquired aft	ter 8/17/06		2	d
3	Number of conservation easements modified, transferred, release	ased, exting	guished, or terminated by ti	he organiza	tion during the tax
	year >		-		-
4	Number of states where property subject to conservation ease	ment is loc	ated >		
5	Does the organization have a written policy regarding the period			- f	
	violations, and enforcement of the conservation easements it h				Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, ar		g conservation easements	during the	year ▶
7	Amount of expenses incurred in monitoring, inspecting, and en				
8	Does each conservation easement reported on line 2(d) above				
	and section 170(h)(4)(B)(ii)?		•	- ()()()()	☐ Yes ☐ N
9	In Part XIV, describe how the organization reports conservation	n easemen	ts in its revenue and expen-	se stateme	nt, and balance sheet, and
	include, if applicable, the text of the footnote to the organizatio				
	conservation easements.				<u> </u>
Pa	rt III Organizations Maintaining Collections of	Art, Hist	orical Treasures, or	Other Sir	milar Assets.
	Complete if the organization answered "Yes" to Form 99	-			
1a	If the organization elected, as permitted under SFAS 116, not t	to report in	its revenue statement and	balance sh	eet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	•			
	the footnote to its financial statements that describes these ite		•		
ь	If the organization elected, as permitted under SFAS 116, to re		revenue statement and bala	ance sheet	works of art, historical treasure
_	or other similar assets held for public exhibition, education, or i	•			
	these items:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, randing or passing out it.	, p. c	
	(i) Revenues included in Form 990, Part VIII, line 1			l	▶ \$
	(ii) Assets included in Form 990, Part X			ì	> \$ > \$
2	If the organization received or held works of art, historical treas	sures or of	her similar assets for financ		
_	the following amounts required to be reported under SFAS 116			Jan gant, pre	J.1.23
а	Revenues included in Form 990, Part VIII, line 1	, relating to	o mode nome.	ì	> \$
	Assets included in Form 990, Part X			ï	> \$
O	Assets included in Form 330, Far A			•	Ψ

_				FOUNDATIO		<u>54-1643261</u>	
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	easures, or Oth	er Simila	ar Assets (continu	ued)
3	Using the organization's acquisition, accessi	on, and other record	ls, check any of the	following that are a s	significant i	use of its collection i	items
	(check all that apply):						
а	Public exhibition	d	Loan or excl	hange programs			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's exe	empt purpo	se in Part XIV.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simila	ar assets		
	to be sold to raise funds rather than to be ma					Yes	☐ No
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if organization ar	swered "Yes" to Fo	rm 990, Pa	rt IV, line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.			_		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contribution	s or other assets no	t included		
	on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:				
	•	·				Amount	
C	Beginning balance				1c		
d	Additions during the year				1d		
	Distributions during the year				1e		
f	Ending balance				1f		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?			Yes	☐ No
	If "Yes," explain the arrangement in Part XIV.						
Par			swered "Yes" to Fo	rm 990, Part IV, line	10.		
		(a) Current year	(b) Pnor year	(c) Two years back	(d) Three y	ears back (e) Four y	ears back
1a	Beginning of year balance	784,012.	981,060.				•
b	Contributions	440.	19,031.				
С	Net investment earnings, gains, and losses	90,810.	<155,553.	>			
d	Grants or scholarships	24,736.	60,526.				
е	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
a	End of year balance	850,526.	784,012.				
2	Provide the estimated percentage of the year	r end balance held a	as:				
а	Board designated or quasi-endowment	22.00	%				
b	Permanent endowment ► 62.00	%					
	1.00	%					
	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administered for	the organiz	zation	
	by:	-					Yes No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?			3b	
4	Describe in Part XIV the intended uses of the	•					
Pa	t VI Investments - Land, Building	gs, and Equipm	ent. See Form 990	, Part X, line 10.			
	Description of investment	(a) Cost or o	-		Accumulate	ed (d) Book	value
		basis (investi	ment) basis	(other) d	epreciation	1	
1a	Land				***************************************		
	Buildings						
	Leasehold improvements						
	Equipment						
	Other						
	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c).)		>	0.

Schedule D (Form 990) 2009

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

	dule D (Form 990) 2009 ROCKBRIDGE REGIONAL LIBRAR						543261 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	tea Fin	anciai Ş	taten	<u>nents</u>	21 460
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1			31,460.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			38,535.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3	_		<7,075.
4	Net unrealized gains (losses) on investments			4			71,526.
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9			71,526.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	id 9		10			64,451.
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents W	Vith Re	venue p	er Re	turn	
1	Total revenue, gains, and other support per audited financial statements					1	102,986.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:						
а	Net unrealized gains on investments	2a		71,52	26.		
b	Donated services and use of facilities	2b					
С	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d					
	Add lines 2a through 2d		· · · · · · · · · · · · · · · · · · ·			2e	71,526.
3	Subtract line 2e from line 1					3	31,460.
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	4a	1				
b	Other (Describe in Part XIV.)	4b	 			- 1	
	Add lines 4a and 4b				\neg	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				F	5	31,460.
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With E	kpenses	per F		
1	Total expenses and losses per audited financial statements		VII. C. I	пропосо	 	1	38,535.
_	Amounts included on line 1 but not on Form 990, Part IX, line 25:				<u> </u>		
2		2a	1				
a	Donated services and use of facilities		 		\dashv	ļ	
b	Prior year adjustments	2b	 				
c	Other losses	_2c	 				
d	Other (Describe in Part XIV.)	2d				0-	0.
_	Add lines 2a through 2d				-	2e 3	38,535.
3	Subtract line 2e from line 1				F	3.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	1				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	 -		-		
	Other (Describe in Part XIV.)	_4b			\dashv		0.
	Add lines 4a and 4b					4c	38,535.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					5	30,333.
*111111111	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I						
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com						
PAI	RT V, LINE 4: INVESTMENT INCOME FROM PERMA	NEN	r END	OMMEN.	T. An	ID B	OARD
DE	SIGNATED TO MAKE GRANTS TO ROCKBRIDGE REGI	IANO	<u>ттв</u>	RARY.	<u>'T'E</u>	MPO.	RARY
INC	CLUDES \$124,000 FOR BUENA VISTA BRANCH.						
							· ··—————
					_		

SCHEDULE!								OMB No 1545-0047
Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	to Organizations in the United Stat	es.		2003
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	answered "Yes" on Fo ▶ Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.		Open to Public Inspection
ization	ROCKBRIDGE REGIONAL	REGIONAL	LIBRARY	FOUNDATION				Employer identification númber $54-1643261$
Part i General Informa	General Information on Grants and Assistance	Assistance						
1 Does the organization	maintain records to	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	the grants or assista	ance?	•	;				X Yes No
》	e organization's proc	edures for monito	ring the use of grant f	unds in the United	States.			
Part # Grants and Oth	ner Assistance to Go	overnments and	Organizations in the	United States. Co	omplete if the orga	nization answered 'Y	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than 1 (a) Name and address of organization or government	ceived more than \$5 s of organization tent	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant received more than \$5,000. Check this box is a constant r	(h) Purpose of grant or assistance
ROCKBRIDGE REGIONAL LIBRARY	IBRARY							
EXINGTON, VA 24450		54-6001156		23,736.	0			ANNUAL OPERATING SUPPORT
	IBRARY				c			BUZNA VISTA BRANCH
LEXINGTON, VA 24450		54-6001156		1,000.	ò			BUILDING
	section 501(c)(3) and	d government org	anizations					A A
LHA For Privacy Act and Paperwork Reduc	Paperwork Reduct	lion Act Notice, s	Enter rotal number of other organizations. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	or Form 990.				Schedule I (Form 990) 2009

932102 02-02-10

54-1643261

ROCKBRIDGE REGIONAL LIBRARY FOUNDATION

Schedule I (Form 990) 2009

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ROCKBRIDGE REGIONAL LIBRARY FOUNDATION

Employer identification number 54-1643261

FORM 990, PART VI, SECTION A, LINE 4: THE FOUNDATION ADDED PARAGRAPH 4. PURPOSE TO ARTICLE I - IDENTIFICATION. ARTICLE II - BOARD OF DIRECTORS, VARIOUS CHANGES WERE MADE TO PARAGRAPH 1. POWERS AND PARAGRAPH 2. NUMBER, TENURE, QUALIFICATIONS. ARTICLE III - OFFICERS HAD VARIOUS CHANGES. "MEETINGS OF THE BOARD OF DIRECTORS" WAS ADDED AS ARTICLE IV. "FUNDS MANAGEMENT" WAS RENUMBERED ARTICLE V AND NOW READS "ALL FUNDS ARE TO BE MANAGED IN A MANNER CONSISTENT WITH THE PROVISIONS OF THE ROCKBRIDGE REGIONAL LIBRARY BOARD OF TRUSTEES, THE INVESTMENT POLICY OF THE ROCKBRIDGE REGIONAL LIBRARY FOUNDATION, AND THESE BYLAWS". "COMMITTEES" WAS RENUMBERED ARTICLE VI AND VARIOUS CHANGES MADE, INCLUDING ESTABLISHING THE INVESTMENT COMMITTEE AS A PERMANENT COMMITTEE. "AMENDMENTS" WAS RENUMBERED ARTICLE VII WITH "MAY BE" BEING REPLACED WITH "REQUIRE" IN BOTH PARAGRAPHS. "DISSOLUTION" WAS RENUMBERED ARTICLE VIII, CHANGING THE REQUIRED VOTE FOR DISSOLUTION TO TWO-THIRDS OF THE BOARD OF DIRECTORS FROM A MAJORITY OF THE BOARD OF DIRECTORS. THE "VIRGINIA NONSTOCK CORPORATION ACT" ARTICLE WAS RENUMBERED ARTICLE IX. FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR ASSURING EFFECTIVE SUPERVISION AND REVIEW. FORM 990, PART VI, SECTION C, LINE 19: HARD COPY IS MADE AVAILABLE AT THE ROCKBRIDGE REGIONAL LIBRARY HEADQUARTERS IN LEXINGTON, VIRGINIA UPON REOUEST.