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Return of Organization Exempt From Income Tax

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

OMB No 1545 0047

Department of the Treasury

Depa Inter	artment of nal Reven	the Treasury nue Service		► The organization may have to use	a copy of this return to sa	tisfy state report	ing requirem	nents	Ope	n to Pu	blic In:	spection
	For the	2009 calendar	year,	or tax year beginning Jul 1	, 200	9, and endin	g Jun	30		, 2010)	
В	Check if	applicable		C Name of organization				D Employ	er Identi	fication N	umber	
	Add	ress change IR	ase use S label	The Library Foundat	ion of Kanawl	na Count	У.		739			
	Nam	ne change o	r print r type	Number and street (or P O box if m	all is not delivered to street	addr) Room/s	uite	E Telepho	ne numb	per		
	Initia		See pecific	123 Capitol Street				(304	1) 3	43-46	46	
	Tern		istruc- ions.	City, town or country	Stat	e ZIP code + 4	İ	•				
	Ame	ended return		Charleston	WV	7 25301		G Gross re	ceipts \$	378	3,106	j
	Арр	lication pending F	Name a	and address of principal officer				a group retur		liates?	Yes	X No
				gelbert 123 Capitol St.		<u>1V 25301</u>		affiliates incl attach a list		tructions)	Yes	∐ No
<u>I</u>		exempt status	X 501	(c) (3) (insert no)	4947(a)(1) or	527						
<u>J</u>		site: ► N/A			· · · · · · · · · · · · · · · · · · ·		H(c) Group					
K			Corpora	ation Trust Association	Other ►	Year of Format	ion 1994	4 M s	tate of le	egal domi	ile WV	
Pa		Summary		ganization's mission or most sig	unificant activities. T	Ni roat lu	and T	291222	- 1		· · +	
				purposes of the Kan					rīA -	suppo	71.6	-ne
Governance	_	uncerons_	<u>a.i.a_</u>	Purposes or the Run	idwiid Codiicy 1		-2-2-7-					
Taa .	-											
o Ve	2 0	Check this box	· 🗂	if the organization discontinued	I its operations or dis	posed of mo	re than 25	% of its a	ssets			
				bers of the governing body (Pa						20		
es	ı			it voting members of the govern	ing body (Part VI, lin	ie Ib)				20 0		
Activities &	ı			yees (Part V, line 2a) eers (estimate if necessary)						0		
Act	l .			ousiness revenue from Part VIII	, Icolumn (C), ine 12				7a			0.
		_		taxable income from Form 990					7b			
							P	rior Year	1	Cu	rrent Y	ear
٥	8 0	Contributions an	d gran	its (Part VIII, line 1h)				246,0				,030.
enu		_		ue (Part VIII, line 2g)				29,8				,100.
Revenue			•	art VIII, column (A), lines 3, 4, a	•			48,7			130	<u>,651.</u>
_				III, column (A), lines 5, 6d, 8c, 9 nes 8 through 11 (must equal P		luno 12\		2,0 326,7			379	325. ,106.
		•		ounts paid (Part IX, column (A)		11110 12)		320,1	<u> </u>		370	,100.
				members (Part IX, column (A),								
				nsation, employee benefits (Par		s 5-10)						
ses		Professional fun		33,6	20.		19	,038.				
Expenses	1			nses (Part IX, column (D), line		69,745.						
ũ	l	-	•	, , , , , , , , , , , , , , , , , , , ,				116,8	22		146	,284.
	18 7	Total expenses	Add III	IX, column (A), lines 11a-11d, 1 nes 13-17 (must equal Part IX,	column RECREAT	FD		150,4				,322.
				s Subtract line 18 from line 12	(),			176,3				,784.
b 8		_			MAR 21 2	8	Begin	ning of Y		Fr	d of Ye	
Net Assets or Fund Balances	20 1	Total assets (Pa	rt X, lı		WAY 2 T S	RS-OS(,962,6				,515.
4 A	21 1	Total liabilities (F	⊃art X	, line 26)	OGBE] <u>ङ</u> ्घ		,299,4				,520.
25	22 N	Net assets or fur	nd bala	ances Subtract line 21 from line	OGDEN,	UT T	1	,663,2	13.	1	,875	,995.
Pa	irt II	Signature	Blo	ck								
		Under penalties of	perjury,	I declare that I have examined this return Declaration of preparer (other than office	i, including accompanying si	chedules and sta	tements, and	to the best o	f my kno	owledge a	nd belief,	ıt ıs
۵.		200,000,000)	Year Mil	., 15 20000 011 011 111 0111 211	on or more prope	1	\	10	0.51	\	
Sig He	gn	Signature of o	~~	· MANY			N	- Mirch	$\xrightarrow{(\cdot)}$	701	\	
пе	re						Da	le				
		Alan Er										
-		- Jes er print				Date	C	neck if	Pre	eparer's id	entifying	number
Pa	id						se		(se	eė instruct	ions)	
Pr	e-	Preparer's signature						proyeu	믜			
рa	rer's	Firm's name (or	LIB	RARY OF KANAWHA COU	NTY	·						
Only employed), 123 CAPITOL ST						EI	N ►					
Ur	ııy	address, and ZIP + 4		RLESTON	WV 253	01-2609		none no		 -		
Ma	y the IR			with the preparer shown above?						XY	es	No
				rwork Reduction Act Notice, se		ctions.		TEEA0101	07/20/		orm 99	0 (2009)

	990 (2009) The Library Foundation of Kanawna County	55-0/3965	9	-	age 2
Pa	t∖III Statement of Program Service Accomplishments				
_ 1	Briefly describe the organization's mission				
•	Directly and Indirectly support the functions of the Kanawha Count	у			
	Public Library including programs, services, and planned building				
	and related capital expenditures				
					-
	Did the expenses on undertake any constraint average converse during the year which were not listed on the				
2	Did the organization undertake any significant program services during the year which were not listed on the	e prior	1		
	Form 990 or 990-EZ?		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	es?	Yes	X	No
	If 'Yes,' describe these changes on Schedule O	_		_	
4	· · · · · · · · · · · · · · · · · · ·	AVDADOR SAC	tion 50	1601	37
•	Describe the exempt purpose achievements for each of the organization's three largest program services by and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and a	llocations to oth	ers, the	tota	ĭ
	expenses, and revenue, if any, for each program service reported				
		_			
	42.040		4.5		
48	a (Code:) (Expenses \$ 43,942. including grants of \$ 0.) (Re	venue \$	45), T	<u>)().</u>)
	Book Festival - free two day event for public to attend programs,				
	workshops, and activities focusing on the importance of books and				
	reading. Program revenue is from sponsorships				
					-
				-	
					-
41	(Code) (Expenses \$ 14,219. including grants of \$ 0.) (Re	venue \$			0.)
	Summer Library Club - direct services and materials for the				
		- -			
Α.	(Code) (Expenses \$1,542. including grants of \$0.) (Re	venue ¢			0 ,
	Code. (Code. (Co	venue y			<u>U.</u>)
	Directly and Indirectly support the functions and purposes of the				
	County Public Library				
					_
		· 			
		 -			
		. 			
4	Other program services (Describe in Schedule O)				
7,	(Expenses \$ including grants of \$) (Revenue \$		`		
	e Total program service expenses ► 79,703.				

Part IV **Checklist of Required Schedules** 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 X 2 Х Is the organization required to complete Schedule B. Schedule of Contributors? 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 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Х 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 5 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I 6 Х 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 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes.' 8 complete Schedule D. Part III 8 Х 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 9 Schedule D, Part IV Х Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 10 Х 'Yes.' complete Schedule D. Part V Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or 11 Х X as applicable • 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 • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16° If 'Yes,' complete Schedule D, Part IX 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 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х Yes No 12AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 Х 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 Х 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х 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 Х

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

X

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Yes No 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 21 Х 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 Х 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 23 Schedule J Х 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, and 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 Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 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 Х 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 X 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a 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 c 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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, 35 Part V, line 2 35 Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2 Х 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38

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Part IV

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance 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 0 1 b **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? (gambling) winnings to prize winners? 1 c 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 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a X b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3ь 4a 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) 4a Х **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 and Financial Accounts 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a Х b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 82827 7с Х d If 'Yes,' indicate the number of Forms 8282 filed during the year 74 e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e X f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7 f X g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a **b** Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Entera 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 11 Section 501(c)(12) organizations. Enter a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b

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Form 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.

<u>Sec</u>	tion A. G	verning Body and Management					
				1		Yes	No
1 a	Enter the nu	nber of voting members of the governing body	y	1a 20			
t	Enter the nu	nber of voting members that are independent	Į	1b 20			
2	Did any offic officer, direc	r, director, trustee, or key employee have a fa or, trustee or key employee?	amily relationship or a business rel	ationship with any other	2		Х
3	Did the orga of officers, d	ization delegate control over management du rectors or trustees, or key employees to a ma	ities customarily performed by or ui inagement company or other perso	nder the direct supervision	3		х
4	Did the orga	ization make any significant changes to its or	rganizational documents		4		Х
	since the pri	r Form 990 was filed?					
5	Did the orga	ization become aware during the year of a ma	aterial diversion of the organization	n's assets?	5 6		X
6 Does the organization have members or stockholders?							
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
ŀ	b Are any dec	ions of the governing body subject to approve	al by members, stockholders, or otl	her persons?	7b		X
8	Did the orga the following	ization contemporaneously document the med	etings held or written actions under	rtaken during the year by			
á	a The governing	g body?			8a	Х	
ŀ	b Each commi	ee with authority to act on behalf of the gove	rning body?		8b	Х	
9	Is there any organization	ifficer, director or trustee, or key employee lis mailing address? <i>If 'Yes,' provide the name</i> s	sted in Part VII, Section A, who car s and addresses in Schedule O	nnot be reached at the	9		х
Sec	tion B. P			required by the Internal			
Reve	enue Code.)						
						Yes	No
10 a	a Does the org	anization have local chapters, branches, or af	filiates?		10a		X
ŀ	b If 'Yes,' does and branche	the organization have written policies and pro to ensure their operations are consistent with	ocedures governing the activities of h those of the organization?	f such chapters, affiliates,	10b		
11	Has the orga	nization provided a copy of this Form 990 to a	all members of its governing body b	efore filing the form?	11	Х	
11/	A Describe in S	chedule O the process, if any, used by the or	ganization to review this Form 990				
	•	anization have a written conflict of interest po			12a	X	
	to conflicts?	directors or trustees, and key employees requ			12b	х	
•	c Does the org Schedule O	anization regularly and consistently monitor a now this is done	nd enforce compliance with the pol	licy? If 'Yes,' describe in	12c	х	
	•	anization have a written whistleblower policy?			13		
	-	anization have a written document retention a			14	_X	
		ss for determining compensation of the follow parability data, and contemporaneous substa		approval by independent cision?			
		tion's CEO, Executive Director, or top manage		r is not employed	15a		
1		of key employees of the organization	by Foundat	LION	15b		
		e 15a or 15b, describe the process in Schedul	•				
16	a Did the orga entity during	ization invest in, contribute assets to, or part the year?	icipate in a joint venture or similar	arrangement with a taxable	16a		<u>x</u>
١	in joint venti	he organization adopted a written policy or pr re arrangements under applicable federal tax spect to such arrangements?	rocedure requiring the organization law, and taken steps to safeguard	to evaluate its participation the organization's exempt	16b		
Sec	ction C. D	sclosures					
17	List the state	s with which a copy of this Form 990 is require	ed to be filed - West Virgin	nia			
18	Section 610 inspection	requires an organization to make its Forms 1 dicate how you make these available. Check	023 (or 1024 if applicable), 990, ar all that apply	nd 990-T (501(c)(3)s only) av	aılable	for p	ublic
	Own we	site Another's website	X Upon request				
19		chedule O whether (and if so, how) the organ vailable to the public	nization makes its governing docum	nents, conflict of interest police	cy, and	d finar	ncıal
20	State the na	ne, physical address, and telephone number o	of the person who possesses the b	ooks and records of the orga	nızatıc	n	
	-Account	ng Department 123 Capitol St	creet Charleston W	V _ 25301 (3	04) 3	<u>843-4</u>	4646

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 organizations'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 employees'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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

(A)	(B)	(c)				(D)	(E)	(F)		
Name and Title	Average hours per week	Po advict of traces	nstitutional trustee	Offi 1	a Key emphyee	ap High est conmensated employee	y) Forner	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
Tom Heywood President	2.00			х				0.	0.	0.
Mrs. Nelle R Chilton Vice President	2.00			х				0.	0.	0.
Ms. Ginny George 2nd Vice President	2.00			x				0.	0.	0.
Alan Engelbert Secretary/Tresurer	4.00			х				0.	0.	0.
Mike Albert Member/KCPL President	2.00			х				0.	0.	0.
Kathy Becker	1.00	х						0.	0.	0.
Mary Kay Bond Member	1.00	х						0.	0.	0.
William Maxwell Davis Member	1.00	х						0.	0.	0.
Jennie Ferretti Member	1.00	х						0.	0.	0.
Carole Glasser	1.00	х						0.	0.	0.
Steven Jubelirer	1.00	x						0.	0.	0.
Otis Laury Member	1.00	х						0.	0.	0.
Jeri Matheney Member	1.00	х						0.	0.	0.
Paige Payne	1.00	х						0.	0.	0.
John L Ray Member	1.00	x						0.	0.	0.
Ned Rose Member	1.00	x						0.	0.	0.
Larry Rowe	1.00	х						0.	0.	0.

(A)	(B)				c)			(D)	(E)		(F)	
Name and Title	Average hours per week			Officer	_	Highest compensated employee	ply) Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W-2/1099 MISC)	amo cor or a	stimated bunt of of impensation from the ganization ind relate ganization	her on in d
Virginia Rugeley Member	1.00	х						0.	0.			0.
James Smith Member	1.00	х						0.	0.			0.
Steven Wehrle Member	1.00	x						0.	0.			0.
Ann Guidarini Member	1.00							0.	0.			0.
William C Porth	1.00							0.	0.		_	0.
											_	
1 b Total							▶	0.	0.			0.
2 Total number of individuals (including but not limited from the organization ►	I to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	5100,000 in reporta	ole com	pensa	tion
									-		Yes	No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste dividual	e, k	еу е	empl	loye	e, o	r hig	hest compensated	d employee	3		х
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	oortable an \$150	com 0,000	1per 0? /:	ısatı f 'Ye	on a	and comp	othe olete	r compensation fr Schedule J for su	om <i>ich</i>	4		Х
5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch	ompensa edule J	ation for s	fro such	m a i pei	ny ι rson	ınrel	lated	l organization for	services	5		Х
Section B. Independent Contractors												
Complete this table for your five highest compensate compensation from the organization	ed indep	end	ent	cont	ract	tors	that	received more that	an \$100,000 of			
(A) Name and business address	s							(B) Description o	f Services	Compe	C) ensatio	<u>n</u>
												
		-								_		
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out not l	imite	ed to	o the	ose	liste	ed ab	oove) who received	d more than			
RΔΔ								-	TEE A0109 01/20/10	Earm	gan (3000

<u>,, a,</u>	TVIII Statement of Nevenue	(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			exempt function revenue	business revenue	excluded from tax under sections 512, 513, or 514
9.0	1a Federated campaigns 1a		10101120		0.2, 0.0, 0. 0. 1
AN	b Membership dues 1 b				
R Š	c Fundraising events 1c 95,135.				
R A	d Related organizations 1 d				
S, ₹	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above 1f 106, 895.				
E 0	Noncash contribus included in lns 1a-1f				
Š₹	h Total. Add lines 1a-1f	202,030.			
Щ	Business Code	202,000.			
Ē.	2a Book Festival 900099	45,100.	45,100.	0.	0.
ě	b				
Ž	c				
FB	d				
S E	e				
8	f All other program service revenue				
8	g Total. Add lines 2a-2f	45,100.			
_	3 Investment income (including dividends, interest and	,			
	other similar amounts)	130,651.	0.	0.	130,651.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ▶			· - · · ·	
Ì	(ı) Real (ıı) Personal				
	6a Gross Rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	(i) Securities (ii) Other				
	7 a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
NUE	8a Gross income from fundraising events (not including \$ 95,135.				
EVE	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18				
표	b Less direct expenses b				
0	c Net income or (loss) from fundraising events ▶				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances				
	b Less cost of goods sold b				
	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a Miscellaneous 900099	325.	325.	0.	٥.
	b	<u> </u>	323.		j .
	_			 	
	d All other revenue				
	e Total. Add lines 11a-11d	325.		· -	
	12 Total revenue. See instructions	378,106.	45,425.	0.	130,651.
	IE IOMITEVENIOLOGG INSTRUCTIONS	J/U, 100.	1 30,340.	υ.	1 TOO, OOL.

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 no	ot required to complete columns (B), (C), and (D).
---	--

Do .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		охранзез	general expenses	САРСПЗСЗ
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 5	Benefits paid to or for members 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)				
á	a Management				
ŀ	Legal [_		
(Accounting				
(Lobbying				
	Prof fundraising svcs. See Part IV, In 17 Investment management fees	19,038.			19,038.
	1 Other	1,000.	1,000.	0.	0.
	Advertising and promotion	20,264.	10,046.	0.	10,218.
13	Office expenses	2,318.	0.	2,318.	0.
14	Information technology			-/	
15	Royalties				
16	Occupancy				
17	Travel	4,463.	4,463.	0.	0.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	2, 222	1,100		<u> </u>
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	21,542.	21,542.	0.	0.
22	Depreciation, depletion, and amortization				
	Insurance 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)				
á	Program Incentives	12,706.	12,706.	0.	0.
ı	Honorariums	28,477.	28,477.	0.	0.
•	: Catering	3,646.	3,646.	0.	0.
(Campaign Expenses	40,489.	0.	0.	40,489.
	Equipment Rental	290.	290.	0.	0.
1	All other expenses	11,089.	7,754.	3,335.	0.
25	Total functional expenses. Add lines 1 through 24f	165,322.	89,924.	5,653.	69,745.
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		1		1	Form 990 (2009)

Par	<u> </u>	Balance Sneet	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	415,689.	1	361,114.
	2	Savings and temporary cash investments	3,546,960.	2	5,221,401.
		Pledges and grants receivable, net	-	3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		.	
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
SETS	7	Notes and loans receivable, net		7	
Ē	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis 10a			
		Complete Part VI of Schedule D			
	þ	Less accumulated depreciation 10b		10 c	
	11	Investments — publicly-traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
- 1	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
l	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	3,962,649.	16	5,582,515.
	17	Accounts payable and accrued expenses	1,211.	17	0.
	18	Grants payable		18	
	19	Deferred revenue	2,298,225.	19	3,706,520.
,	20	Tax-exempt bond liabilities		20	
A	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ABILITIES	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
<u>į</u>		of Schedule L		22	
ร	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	2,299,436.	26	3,706,520.
N E T		Organizations that follow SFAS 117, check here and complete lines			
- 1		27 through 29 and lines 33 and 34.			
SS	27	Unrestricted net assets		27	
튀	28	Temporarily restricted net assets		28	
· t	29	Permanently restricted net assets		29	
R		Organizations that do not follow SFAS 117, check here ► X and complete			
FUZD		lines 30 through 34.			
Ď	30	Capital stock or trust principal, or current funds		30	
B	31	Paid-in or capital surplus, or land, building, and equipment fund		31	<u> </u>
L N	32	Retained earnings, endowment, accumulated income, or other funds	1,663,213.	32	1,875,995.
BALAZCES	33	Total net assets or fund balances	1,663,213.	33	1,875,995.
Š	34	Total liabilities and net assets/fund balances.	3,962,649.	34	5,582,515.

TEEA0111 01/30/10

Form 990 (2009) The Library Foundation of Kanawha County	55-0739659	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2:	a	_ X
b Were the organization's financial statements audited by an independent accountant? Audit in	process 21	5	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for over review, or compilation of its financial statements and selection of an independent accountant?	rsight of the audit,	c	
If the organization changed either its oversight process or selection process during the tax year, exp in Schedule O.	plain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year consolidated basis, separate basis, or both.	were issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			
3a As a result of a federal award, was the organization required to undergo an audit or audits as set for Audit Act and OMB Circular A-133?	rth in the Single	a	×

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

BAA

Form 990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

nen to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

lame of the organization						Employe	r identifica	tion number				
The Library Foundation of Kanav							739659					
Part I Reason for Public Charity Statu	is (All organizations	must (comple	ete this	part.) See i	nstruct	ions				
he organization is not a private foundation becau	ise it is. (For lines 1 throi	ugh 11, (check or	nly one b	oox)							
1 A church, convention of churches or ass	ociation of churches desc	cribed in	section	170(b)(1)(A)(i).							
2 A school described in section 170(b)(1)(a	A)(ii). (Attach Schedule E	Ξ)										
3 A hospital or cooperative hospital service	e organization described	ın secti o	on 170(b)(1)(A)(i	ii).							
4 A medical research organization operate	ed in conjunction with a h	ospital c	describe	d in sect	ion 170	(b)(1)(A	Xiii). Ent	ter the hospit	al's			
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												
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)												
A federal, state, or local government or												
in section 170(b)(1)(A)(vi). (Complete P	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			•									
An organization that normally receives of from activities related to its exempt function investment income and unrelated busine June 30, 1975. See section 509(a)(2). (Co.)	tions — subject to certain ess taxable income (less s	ı excepti	ons, and	1 (2) no	more th	ıan 33.1	/3 % of i	its sunnart fri	nm aross			
10 An organization organized and operated	exclusively to test for pu	blic safe	ety See	section	509(a)(4).						
11 X An organization organized and operated more publicly supported organizations describes the type of supporting organizations.	lescribed in section 509(a	a)(1) or s	section 5	509(a)(2	tions o	f, or car section !	ry out the 5 09(a)(3)	e purposes o . Check the	f one or box that			
a X Type I b ☐ Type II	c Type III		•		ed		аП	Type III— O	ther			
e X By checking this box, I certify that the or			-	_		or more	disqualifi					
than foundation managers and other than 509(a)(2)	n one or more publicly su	upported	l organiz	ations d	escribe	d in sec	tion 509((a)(1) or sect	ion			
f If the organization received a written det check this box	ermination from the IRS	that is a	Туре I,	Type II	or Type	III supp	orting or	ganızatıon,	X			
g Since August 17, 2006, has the organiza	tion accepted any gift or	r contrib	ution fro	m any o	f the fo	llowing _i	persons?	•				
								\[\bar{\gamma}\]	es No			
(i) a person who directly or indirectly of below, the governing body of the si	controls, either alone or t upported organization?	ogether	with per	sons de	scribed	ın (II) a	nd (III)	11 g (i)	Х			
(ii) a family member of a person desc	ribed in (i) above?							11 g (ii)	Х			
(iii) a 35% controlled entity of a person	described in (i) or (ii) ab	oove?						11 g (iii)	X			
h Provide the following information about t	he supported organization	ns						, 3,,,,,				
(i) Name of Supported (ii) EIN Organization	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat	Is the tion in cold in your erning ment?	(v) Did ye the organ col (your su	ization in	(vi) I organizat (i) organi U	s the ion in col zed in the S ?	(vii) Amount o	f Support			
		Yes	No	Yes	No	Yes	No					
							_					
Kanawha County Public Lib 55-0739659	8	х		х		х		2	1,542.			
												
otal		L,						2	1,542.			

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

	(Complete only if you checke	ed the box on line	<u>: 5, 7, or 8 of Part</u>	1)					
Sec	tion A. Public Support								
Cale begi	ndar year (or fiscal year nning 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 ')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	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 the public 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)								
6	Public support. Subtract line 5 from line 4								
Sec	tion B. Total Support		1	T	 				
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4					·			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on								
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
11	Total support. Add lines 7 through 10								
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12			
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3)	▶ □		
Sec	tion C. Computation of Pul	blic Support F	Percentage						
14	Public support percentage for 20	•	``	e 11, column (f)		14	<u></u> %		
15	Public support percentage from 2	2008 Schedule A,	Part II, line 14			15	%_		
16 a	33-1/3 support test – 2009. If the and stop here. The organization				the line 14 is 33-	1/3 % or more, che	ck this box		
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box oblicly supported or	on line 13, or 16a ganization.	, and line 15 is 33	-1/3% or more, che	eck this box		
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop here	. Explain in Part IV	′ how		
t	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 and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
18	Private foundation. If the organiz	zation did not che	ck a box on line,	13, 16a, 16b, 17a	, or 17b, check thi	s box and see instr	uctions -		

Schedule A (Form 990 or 990-EZ) 2009 The Library Foundation of Kanawha County 55-0739659 Part III Support Schedule for Organizations Described in Section 509(a)(2)

$\overline{}$	(Complete only if you chec		•				
	tion A. Public Support		Г		1	-	
	ndar 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.')						
2	Gross receipts from admissions, merchandise sold 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 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						
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line						
	7c from line 6)	·					1
Sec	tion B. Total Support						<u>. </u>
	ndar year (or fiscal yr beginning in) >	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	- · · · · · · · · · · · · · · · · · · ·	(0) = 000	(3) 2000	(0, 200)			
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	(2)	(8) 2000	(-)			
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	(7-0)	(8) 2000	ζ,			
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses	(7-00)	(6) 2000	(7,			
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is		(6) 2000				
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in	s for the organiz					
10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990	s for the organiza	ation's first, secon				
10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Put	s for the organizatop here	ation's first, secon	d, third, fourth, d	or fifth tax year as		
10 a b c 11 12 13 14 Sec 15	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Put	s for the organizatop here olic Support F	ation's first, secon	d, third, fourth, d	or fifth tax year as	a section 501(c)	(3)
10 a b c 11 12 13 14 Sec 15 16	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lins 9, 10c, 11, and 12) First five years. If the Form 990 i organization, check this box and tion C. Computation of Pul Public support percentage from 200 Public support percentage from 200	s for the organizatop here Stop here Solic Support F Og (line 8, columity CO8 Schedule A,	etion's first, secon Percentage n (f) divided by lin Part III, line 15	d, third, fourth, o	or fifth tax year as	a section 501(c)	(3) > [
10 a b c 11 12 13 14 Sec 15 16 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Invettion D. Computation of Invettion D. Computation of Invettion 10 to 10 t	s for the organization here blic Support F 09 (line 8, column 2008 Schedule A,	etion's first, secon Percentage In (f) divided by lin Part III, line 15 Ime Percentage	d, third, fourth, o	or fifth tax year as	a section 501(c)	(3) \rightarrow \bigg\{ \partial \chi_{\partial \chi_{\chi_{\partial \chi_{\partial \chi_{\chi_{\partial \chi_{\partial \chi_{\partial \chi_{\partial \chi_
10 a b c 11 12 13 14 Sec 15 16 Sec 17	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Invitivestment income percentage for	s for the organization here blic Support F 09 (line 8, column 2008 Schedule A, estment Incol or 2009 (line 10c,	etion's first, secon Percentage In (f) divided by lin Part III, line 15 Ime Percentage column (f) divided	d, third, fourth, of the 13, column (f))	or fifth tax year as	a section 501(c) 15 16	(3) \[\bigcirc \frac{\pi}{\pi} \\ \pi \\ \
10 a b 11 12 13 14 Sec 15 16 Sec 17 18	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Put Public support percentage from 2 tion D. Computation of Invettion D. Computation of Invettion D. Computation of Invettion 10 to 10 t	s for the organization the street of the str	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided le A, Part III, line d not check the b	d, third, fourth, of the table of tabl	or fifth tax year as mn (f))	a section 501(c) 15 16 17 18 than 33-1/3%, ar	(3)
10 a b 11 12 13 14 Sec 15 16 Sec 17 18 19 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 in organization, check this box and tion C. Computation of Public support percentage for 200. Public support percentage from 2 tion D. Computation of Invitivestment income percentage for 133-1/3 support tests — 2009. If the	s for the organization dispands stop here Dic Support F D9 (line 8, columnation of the co	Percentage (f) divided by line Part III, line 15 me Percentage column (f) divided le A, Part III, line d not check the book The organization d not check a book	d, third, fourth, of the transfer of the trans	or fifth tax year as mn (f)) nd line 15 is more ublicly supported of a, and line 16 is more	a section 501(c) 15 16 17 18 than 33-1/3%, arrganization nore than 33-1/39	(3)

Part IV	(Form 990 Supple i Part II) or 990-1 nental line 17a	=2) 2009 Informa a or 17	ation. Co	<u>пргат</u> omplete Part III	this pa	ndatio irt to pro Provide	n or h	<u>Kanawna</u> ne explai ther add	a Coun nations itional ii	required	by Part	II, line 10 nstruction	Page 4); as
	- urt ii,			<u> </u>	urt m, i			any o	inor ada	- CONCIN	- Individual	311. 000 1		
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Öpento Public Inspection Employer Identification number

The	Library Foundation of Kanawh	na County		55.	-0739659	
Par			er Similar Funds o			. ıf
	the organization answered 'Yes' t	o Form 990, Part IV, line	e 6.	n Account	ts complete	. 11
		(a) Donor advised		(h) Funds	and other acc	
1	Total number at end of year	(4)		(2)	and other doc	
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 dor funds are the organization's property, subject	to the organization's exclusive	assets held in donor a legal control?	dvised	Yes	☐ No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for t purpose conferring impermissible private bene	the benefit of the donor or don	ng that grant funds ma or advisor or for any o	y be ther	Yes	☐ No
Par	t II Conservation Easements Comple	ete if the organization an	swered 'Yes' to Fo	orm 990, F	Part IV, line	7.
	Purpose(s) of conservation easements held by					
	Preservation of land for public use (e.g., r	ecreation or pleasure)	Preservation of an	historically in	mportant land	area
	Protection of natural habitat	, ,	Preservation of cer	•	•	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization last day of the tax year	on held a qualified conservation	n contribution in the fo	rm of a cons	servation ease	ment on the
				Hel	d at the End o	f the Year
ā	Total number of conservation easements			2a		
t	Total acreage restricted by conservation easer	ments		2b		
•	: Number of conservation easements on a certif	fied historic structure included	ın (a)	2c		
C	Number of conservation easements included in	n (c) acquired after 8/17/06		2d		
3	Number of conservation easements modified,	transferred, released, extinguis	shed, or terminated by	the organiza	ation during the	e tax
	year ▶					
4	Number of states where property subject to co	nservation easement is located	d ►			
5	Does the organization have a written policy reand enforcement of the conservation easemer	garding the periodic monitoring it it holds?	g, inspection, handling	of violations	Yes	□ No
	Staff and volunteer hours devoted to monitoring the year ►					
7	Amount of expenses incurred in monitoring, in during the year ►	specting, and enforcing conse	rvation easements	\$	_	_
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the red	quirements of section		Yes	No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote to conservation easements	oorts conservation easements i o the organization's financial s	n its revenue and expe tatements that describ	ense stateme es the organ	ent, and baland sization's accou	ce sheet, and unting for
Par	t III Organizations Maintaining Colle	ections of Art Historical	Treacures or Oth	or Similar	· Accotc	
. ui	Complete if the organization ans	wered 'Yes' to Form 990	, Part IV, line 8.		Assets	
1 <i>a</i>	If the organization elected, as permitted under treasures, or other similar assets held for publ the text of the footnote to its financial stateme	lic exhibition, education, or res				
ł	b If the organization elected, as permitted under treasures, or other similar assets held for publi amounts relating to these items	SFAS 116, to report in its revice exhibition, education, or res	enue statement and ba earch in furtherance o	alance sheet f public servi	works of art, h	nistorical e following
	(i) Revenues included in Form 990, Part VIII,	line 1			► \$	
	(ii) Assets included in Form 990, Part X				► \$	
2	If the organization received or held works of a amounts required to be reported under SFAS		r sımılar assets for fına	incial gain, p	provide the follo	owing
ā	Revenues included in Form 990, Part VIII, line	:1			►\$	
t	Assets included in Form 990, Part X				► \$	

Schedule D (Form 990) 2009 The						55-073			Page 2
Part III Organizations Mainta	ining Colle	ections	of Art, Histo	orical	Treasures, or	Other Similar As	sets (c	ontınu	ed)
3 Using the organization's acquisiting (check all that apply)	on accession	and oth	er records, ched	ck any	of the following th	at are a significant us	e of its	collectio	n
a Public exhibition			d Loan	or exch	nange programs				
b Scholarly research			e 💹 Other						
c Preservation for future gener									
4 Provide a description of the orga Part XIV.							se in		
5 During the year, did the organiza assets to be sold to raise funds r	ather than to	be mair	donations of an Itained as part o	t, nistor of the o	ricai treasures, or rganization's colle	other similar ection?	Yes	. [No
Part IV Escrow and Custodia 9, or reported an amo	I Arranger	nents (Complete if c	rgani			90, Pa	art IV,	line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	ın, or oth	ner intermediary	for cor	ntributions or othe	r assets not	Yes	. [No
b If 'Yes,' explain the arrangement	ın Part XIV a	and com	plete the follows	ng table	е				
							Amour	<u>it</u>	
c Beginning balance						1c			
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance		000	D. I.V. I 013			1f			\lnot
2a Did the organization include an a		rm 990,	Part X, line 217				∐ Yes	· L	No
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		raaniz	ation answer	od 'V	es' to Form 99	0 Part IV June 10			
Part V Elidowillent Funds Co	(a) Current		(b) Prior yea		(c) Two years back			Four year	e back
1 a Beginning of year balance	(a) Curren	t year	(b) Thoryea	"	(c) Iwo years back	(u) Thiee years back	(6)	Tour year	3 Dack
b Contributions							1		
	-						-		
 c Net Investment earnings, gains, and losses 									
d Grants or scholarships	· ··· - · · · · · · · · · · · · · · · ·						4		
 Other expenditures for facilities and programs 									
f Administrative expenses							1		
g End of year balance	<u></u>		<u> </u>		-		ļ		
2 Provide the estimated percentage	-	end bala							
a Board designated or quasi-endov			—— €						
b Permanent endowment ►		5							
c Term endowment	 &								
3a Are there endowment funds not organization by	n the posses	sion of t	he organization	that are	e held and admını	stered for the		Yes	No
(i) unrelated organizations							3a(i)		
(ii) related organizations							3a(ii)		<u> </u>
b If 'Yes' to 3a(II), are the related of	organizations	listed as	s required on Sc	hedule	R?		3b		<u> </u>
4 Describe in Part XIV the intended									
Part VI Investments-Land, B		T							
Description of investmen	<u> </u>		t or other basis evestment)		Cost or other asis (other)	(c) Accumulated Depreciation	(d)	Book Va	alue ———
1a Land		-							
b Buildings						· • • · ·			
c Leasehold improvements		<u> </u>							
d Equipment		-				.			
e Other	n (d) must s	ual Farr	n 000 Part V a	oluma	(R) line 10(a))				
Total. Add lines 1a through 1e (Columbia)	ri (u) must ec	_l uai FUII	ii 330, Fail A, C	Juilli	(D), IIIIe TU(C))	Saha	dule D (Form 00	2009
DATE:						Julie	uuio 🗗 (01111 23	~~, <u>~</u> 003

Schedule D (Form 990) 2009 The Library Found	ation of Kanawh	a County	55-0739659	Page 3
Part VII Investments-Other Securities See Fo	· · · · · · · · · · · · · · · · · · ·			
(a) Description of security or category (including name of security)	(b) Book value	(c) Cost or e	Method of valuation end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
		· · · · · · · · · · · · · · · · · · ·		
		<u> </u>		
Total (Column (b) must equal Form 990 Part X, col (B) line 12)				
Part VIII Investments-Program Related (See F	orm 990, Part X, lii	ne 13)		
(a) Description of investment type	(b) Book value		Method of valuation	
	, ,		end-of-year market value	<u> </u>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)				
Part IX Other Assets (See Form 990, Part X,	•		· · · · · · · · · · · · · · · · · · ·	
(a) De	scription		(b) Book	value
Total. (Column (b) must equal Form 990, Part X, col (B), life			•	
Part X Other Liabilities (See Form 990, Part	X, line 25)			
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
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 for uncertain tax positions under FIN 48	note to the organization's	financial statements t	hat reports the organization's	liability

		1-0/39639	Page 4
	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1			378,106.
2			165,322.
3	, , ,		212,784.
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	· · · · ·		
8	Other (Describe in Part XIV)		
9	Total adjustments (net) Add lines 4 through 8	-	
10			212,784.
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per R		
1		1	378,106.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	a Net unrealized gains on investments 2a 130,651.	4	
	b Donated services and use of facilities 2b	-	
	c Recoveries of prior year grants	4	
	d Other (Describe in Part XIV)	_	
	e Add lines 2a through 2d	2e	130,651.
_	Subtract line 2e from line 1	3	<u> 247,455.</u>
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	a Investments expenses not included on Form 990, Part VIII, line 7b	4	
	b Other (Describe in Part XIV)	_	
	c Add lines 4a and 4b	4c	<u></u>
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	247,455.
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per	<u>Return</u>	
1	Total expenses and losses per audited financial statements	1	165,322.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
	a Donated services and use of facilities	<u> </u>	
	b Prior year adjustments 2b		
	c Other losses 2c		
	d Other (Describe in Part XIV)		
	e Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	165,322.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	a Investments expenses not included on Form 990, Part VIII, line 7b		
	b Other (Describe in Part XIV)	_	
	c Add lines 4a and 4b	4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5	165,322.
Pa	rt XIV Supplemental Information		
line	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this par rmation		
BA	TEEA3304 02/02/10	Schedule D (F	Form 990) 2009

Schedule D	(Form 990) 2009	The Library	Foundation of	Kanawha Cour	nty	55-0739659	Page 5
Part XIV	Supplemental	Information (co	Foundation of ntinued)				
							
							
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization					Employer identifica	
The Library Foundation of	f Kanaw <u>ha</u>	County	7		55-073965	9
Part I Fundraising Activities. Complement I Form 990EZ filers are not required.	ete if the organ uired to comple	ıızatıon an te thıs par	iswered 'Yo	es' to Form 990, Part IV	, line 17	
1 Indicate whether the organization i	aised funds thr	ough any	of the folio	wing activities. Check a	III that apply.	
X Mail solicitations		-		X Solicitation of non-g	government grants	
Internet and email solicitations				Solicitation of gover	_	
	•					
Phone solicitations				X Special fundraising	events	
X In-person solicitations						
2a Did the organization have written of employees listed in Form 990, Par	or oral agreeme t VII) or entity i	nt with an n connect	y individua ion with pr	al (including officers, dire ofessional fundraising s	ectors, trustees or key services?	X Yes No
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by the	dividuals or ent e organization	ities (fund	raisers) pu	rsuant to agreements u	inder which the fundrais	ser is to be
(i) Name of Individual or entity (fundraiser)	(ii) Activity	have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Emily Papadopoulus	Capitol Campaid		x	1,510,713.	19,038.	1,491,675.
Emily rapadopoulus	Capitol Campaig			1,310,713.	19,030.	1,491,075.
		 	 			
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					ı	
		<u> </u>				
			 			
	ļ 					
		ļ				
	•		,			
Total			▶	1.510.713	19.038	1,491,675.
Total 3 List all states in which the organiz	ation is register	ed or licer	nsed to sol	licit funds or has been n	notified it is exempt from	n registration
or licensing	ation to register	ou ooo.				
West Virginia						
						
		- -				
						
				-		
				. – – – – – – – – –		

		G (Form 990 or 990-EZ) 2009 The Lib						Page 2
Par	t II	Fundraising Events. Complete if reported more than \$15,000 on F	the organization at orm 990-EZ, line 6	nswered 'Yes' to Fo a. List events with	orm 990, Part IV, la gross receipts gre	ne 18, c ater tha	or n \$5,0	00.
æE			(a) Event #1 Auction (event type)	(b) Event #2 Gala (event type)	(c) Other Events NONE (total number)	(Add col	otal Ever l (a) throol (c))	nts ough
ボーンボンル	1	Gross receipts	31,330.	63,805.			95,1	135.
E	2	Less. Charitable contributions						
	3	Gross income (line 1 minus line 2)	31,330.	63,805.			95,1	135.
	4	Cash prizes					_	
D	5	Noncash prizes						
D-RECT	6	Rent/facility costs		700.				700.
	7	Food and beverages	2,700.	11,864.			14,5	564.
E X P	8	Entertainment		2,000.			2,0	000.
EXPENSES	9	Other direct expenses	7,190.	4,985.			12,1	175.
S	10	Direct expense summary Add lines 4- th	•		>		29,4	
Par	11 t III	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pa	rt IV, line 19, or re	ported r	65,6 nore th	
REVENUE		<u> </u>	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(Add col	tal gamı I (a) thre ol (c))	ing ough
Ü	1	Gross revenue						
E D X	2	Cash prizes						
DIRECT S	3	Non-cash prizes				<u> </u>		
S	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes %	Yes%	Yes %			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		•			
	8	Net gaming income summary Combine I	ines 1, column (d) and	line 7	•			
		er the state(s) in which the organization op					YES	NO
		ne organızatıon licensed to operate gamınç lo,' explaın	gactivities in each of the	ese states?		9)a	
		e any of the organization's gaming license es,' explain	s revoked, suspended o	or terminated during the	tax year?	10	a	
			on with normal trans			 		
	ls tl	es the organization operate gaming activitience organization a grantor, beneficiary or true.		mber of a partnership o	r other entity formed to	11		-
	adn	ninister charitable gaming?		n h m n energende e		12	.	

Schedule G (Form 990 or 990-EZ) 2009 The Library Foundation of Kanawha Count	y 55-0739659		Page 3
	13a %	YES	NO
14 Enter the name and address of the person who prepares the organization's gaming/special events Name Address	books and records		-
15a Does the organization have a contact with a third party from whom the organization receives gamin b If 'Yes,' enter the amount of gaming revenue received by the organization \$ of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party:	· -	5a	_
Address • Address • 16 Gaming manager information		:	
Name: ►			
 Mandatory distributions a Is the organization required under state law to make charitable distributions from the gaming proce state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organization's own exempt activities during the tax year 	<u> </u>	7a	
BAA TEEA3703 02/05/10	Schedule G (Form 990 o	r 990-EZ)	2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

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

► Attach to Form 990. Department of the Treasury Internal Revenue Service

Open to Public Inspection

Name of the organization The Library Foundation of Kanawha County	Employer identification number 55-0739659
Pt VI-B, Line 11A A copy of the 990 is presented to the Founda	tion Board President,
Kanawha County Public Library Board of Direc	tors President and
the Treasurer who review it and present it t	o the Board.
Pt VI-B, Line 12c There is a conflict of interest policy in th	e Foundation's
bylaws that are reviewed with all board memb	ers. We are
careful when bringing in new members to avoi	d_asking_people
to join who would have potential conflict of	interest; and
those with any potential conflicts of intere	st_are_required
to excuise themselves from discussion of and	voting on issues.
Foundation funds are expended based on progr	ams, services and
building projects approved by the Kanawh Cou	nty Public Library
Board of Directors, further reducing the pot	ential for instances
of conflict of interest on the part of Found	ation_Board
members to arise.	
Pt VI-C, Line 19 Governing documents are available to the pub	lic upon request.
	
	
	-
	

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

Employer identification number 55-0739659 Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) The Library Foundation of Kanawha County Name of the organization

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	ons (Complete of the orgring the tax year.)	ganization answere	d 'Yes' to Form 990	, Part IV, line 34 be	ecause it had
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501 (c)(3))	(F) Direct controlling entity
Kanawha County Public Library 55-6000337 123 Capitol St., Charleston WV 25301	Public Library	WV	170(c)		
BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	structions for Form 990.	TEI	TEEA5001 02/05/10	Schedul	Schedule R (Form 990) (2009)

Page 2 55-0739659

Schedule R (Form 990) 2009 The Library Foundation of Kanawha County

(J) General or managing partner? Ŷ Yes Identification of Related Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? å Yes (F) (G)
Share of total income Share of end-of-year assets Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or foreign country) (B) Primary Activity (A)
Name, address, and EIN of related organization Part III

Dan IV Identification of Related Organizations Ta	axable as a Cor	poration or Trust	(Complete If	the organizati	on answered 'Ye	as a Corporation or Trust (Complete if the organization answered 'Yes' to Form 990, Part IV,	,
Ine 34 because it had one or more related	organi	zations treated as a corporation or trust during the tax year.	oration or tru	st during the t	ax year.)		
(4)	(8)	()	6	(E)	(5)	(5)	Ξ

I

1 1 1

Fart IV line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ed organizations	treated as a c	corporation or	rust during the	e tax year.)		
(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal domicile (state or foreign country)	(b) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	Primary Activity (B) (Corp., Sorp., country) (B) (Corp., Sorp., country) (Corp., Sorp., corp., sorp., country) (Corp., Sorp., corp., sorp., country) (Corp., Sorp., corp., sorp., corp., sorp., country) (Corp., Sorp., corp., corp., sorp., corp., corp., sorp., corp., sorp., corp., sorp., corp., sorp., corp., sorp., corp., sorp., cor	(G) Share of end-of-year assets	(H) Percentage ownership
	1						
	_						
ВАА		TEEA5002 02/05/10	2/05/10			Schedule R (Form 990) (2009)	990) (2009)

55-0739659

Part V Transactions With Related Organizations (Complete of the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		_	Yes	٩
1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV.				
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		1a		×
b Gift, grant, or capital contribution to other organization(s)		1 b		×
c Gift, grant, or capital contribution from other organization(s)		1c		×
d Loans or loan guarantees to or for other organization(s)		19		×
e Loans or loan guarantees by other organization(s)		Je		×
f Sale of assets to other organization(s)		=		×
g Purchase of assets from other organization(s)		1g		×
h Exchange of assets		1 h		×
i Lease of facilities, equipment, or other assets to other organization(s)		1i		×
Lease of facilities, equipment, or other assets from other organizati		;= ;	 	×
Teriorinance of services of membership or findencial collections by other organization(s)		¥ -	<	;
		- [>	<
Sharing of paid amplayabe			< >	
ii gianng of para emproyees		=	<	
o Reimbursement paid to other organization for expenses		10	_	×
p Reimbursement paid by other organization for expenses		9	Ì	×
			<u> </u>	:
q Other transfer of cash or property to other organization(s)		10	×	
r Other transfer of cash or property from other organization(s)		-	╁	×
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	and transaction thresholds.			
(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved	volved	73
(1) Kanawha County Public Library	Ж	2	21,542	2.
(2) Kanawha County Public Library	0	.2	21,542	2
(3) Kanawha County Public Library - No cash transfer involved				
(4) Kanawha County Public Library - No cash transfer involved				
(5)	-			
(9)				
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55-0739659

Schedule R (Form 990) 2009 The Library Foundation of Kanawha County

Part VI Unrelated Organizations Taxable as a Partnership (Complete of the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than tive percent of its activities (measured by total asset of gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.	hip through which tr ding exclusion for ce	ne organization condu ertain investment par	cted more the nerships.	an tive percent of its aci	ivities (meas	ured by total asset or	gross	
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount In box 20 of Schedule K-1 Form (1065)	(H) General or managing partner?	rogus 7-2
			Yes No		Yes No		Yes	ş
							_	
					<u> </u>			
							,	
					_			
							-	
ВАА		TEEA5004 02/05/10	-		_	Schedule R (Form 990) (2009)	n 990) (2((600