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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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

benefit trust or private foundation) ▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Open to Public Inspection

AI	or the	2010 catendar year, or tax year beginning $JULLL_LZULU$ and ϵ	ending U	UN 30, 2011	
В	Check if applicable	C Name of organization		D Employer identifica	ation number
	Address	THE BRISTOL PUBLIC LIBRARY FOUNDATION			
	Name change	Doing Business As		20-04	46801
]initial return	Number and street (or P 0 box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Termin- ated	701 GOODE STREET		276-6	45-8785
	Amendo	City or town, state or country, and ZIP + 4		G Gross receipts \$	125,212.
〒	Applica			H(a) Is this a group ret	urn
_	pending	F Name and address of principal officer: ANITA FOSTER-MACHAD	00	for affiliates?	Yes X No
		701 GOODE STREET, BRISTOL, VA 24201		H(b) Are all affiliates inclu	
	Taveve	mpt status: X 501(c)(3)	or 527	7	st. (see instructions)
		e: ► N/A		H(c) Group exemption	
		organization X Corporation	I Vear	of tormation 2003 M	
		Summary	12 100	or to thindson — tel	otate of rogar dominate
	1 E	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$, $\overline{ ext{E}}$	BRISTO	L PUBLIC LIB	RARY
Activities & Governance	1	FOUNDATION WAS FORMED TO SERVE AS THE 501	Lecare	RECIPIENT	OF
ī.	-	Check this box If the organization discontinued its operations or dispos	- 1 11 O		ets.
Ş		Number of voting members of the governing body (Part VI, line 1a)		₩ 3	9
Ğ		Number of independent voting members of the governing body (Part VI, line 15)	JAN J		9
୬୪		Total number of individuals employed in calendar year 2010 (Part V, line 2a)	JAN	5	3
<u>≓</u>		Total number of volunteers (estimate if necessary)	1.		9 9 3 45
Ę		Fotal unrelated business revenue from Part VIII, column (C), line 12	で表記さ	6 7a	0.
Ž		Net unrelated business taxable income from Form 990-T, line 34		7b	0.
	"	ver unrelated business taxable income norm of office 950 1, line 54		Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		95,480.	108,048.
Ž	9 6	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		30,142.	17,164.
ď	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	1	Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		125,622.	125,212.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		181,988.	133,821.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	100	Fotal fundraising expenses (Part IX, column (D), line 25)	0.		
ŭ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	— <u> </u>	185,767.	208,140.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		367,755.	341,961.
	1	Revenue less expenses. Subtract line 18 from line 12		<242,133.	
20	3 	tevenue less expenses. Oubtract line 10 from line 12	R	eginning of Current Year	End of Year
Net Assets or	20	Fotal assets (Part X, line 16)	<u> </u>	1,392,814.	1,202,670.
ASS	21	Fotal liabilities (Part X, line 26)		33,160.	59,765.
E SE	22	Net assets or fund balances. Subtract line 21 from line 20		1,359,654.	1,142,905.
P	art II	Signature Block			
******		ties of perjury, I declare that I have examined this return, including accompanying schedules	s and stater	nents, and to the best of my	knowledge and belief it is
		i, and complete. Declaration of preparer (other than officer) is based on all information of wh			
<u></u>	1	Lituta Foster Machado	, , , , , , , , , , , , , , , , , , ,	(Ann	112 YU 23 201.
Sig	ın İ	Signature of officer		Date ()	7
ه الا		ANITA FOSTER-MACHADO, DIRECTOR		•	
,		Type or print name and title			
-1		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	KAREN C. MCMURRAY Saver McMura	4	01/19/12 self-employed	1
	parer	Firm's name BLACKBURN, CHILDERS & STEAGALL,	FLC	Firm's EIN	
	Only	Firm's address 801B SUNSET DRIVE			
<u>a_j</u>	•	JOHNSON CITY, TN 37604-3033		Phone no (4	123)282-4511
_ <u>M</u> a	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No
-3	001 02-22		ons.		Form 990 (2010)

3300	Form	990 (2010)
4e	Total program service expenses ► 264, 382.	
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services. (Describe in Schedule O.)	
4:	Others	
		
	, , , , , , , , , , , , , , , , , , ,	
		·····
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4b	(Code) \/Evennes \$ Includes a seat of \$ \/Dayses \$	
	TOTAL	
	FURNISHINGS FOR THE BRISTOL PUBLIC LIBRARY	
	PROVIDE SPECIFIC FUNDS THROUGH THE NOBLE FUNDS AND TO PURCHASE	ע זט
4a	(Code:) (Expenses \$264,382. including grants of \$) (Revenue \$	<u>D TO</u>)
•	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	If "Yes," describe these changes on Schedule O.	
3		s X No
	If "Yes," describe these new services on Schedule O.	- 10
_		s X No
2	Did the organization undertake any significant program services during the year which were not listed on	<u>Or</u>
	CONSTRUCTION AND FURNISHING OF THE BRISTOL PUBLIC LIBRARY ON GOODE STREET IN BRISTOL, VIRGINIA. THE FOUNDATION WAS ALSO THE RECIPIENT	
	501(C)(3) RECIPIENT OF CONTRIBUTIONS TO BE USED FOR THE PLANNED	
	THE BRISTOL PUBLIC LIBRARY FOUNDATION WAS FORMED TO SERVE AS THE	
1	Briefly describe the organization's mission:	
	Check if Schedule O contains a response to any question in this Part III	X
	rt III Statement of Program Service Accomplishments	1 ago E
orm	1990 (2010) THE BRISTOL PUBLIC LIBRARY FOUNDATION 20-0446801	Page 2

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	le the ergonization described in section E01(c)(2) or 4047(c)(1) (other than a private foundation)?		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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
•	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? 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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8	ļ	Х
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?			
	If "Yes," complete Schedule D, Part V	10	-	Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
ь	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	11b		Х
c	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	11c		X
d	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			1
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ļ
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		İ	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			,
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			,,
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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			v
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	 	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	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,"			v
	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		^
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that			1
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		Ц

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the X United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, Х 22 column (A), line 27 If "Yes," complete Schedule I, Parts I and III 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 Х Schedule J 23 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 X Schedule K. If "No", go to line 25 24a 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 X disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 Х Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified Х person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 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 X 27 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): 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 Х If "Yes," complete Schedule N, Part I 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? X 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)? 35 a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of Yes X No section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 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

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L.ii.i	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	İ	ĺ
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 3			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	`	Х
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	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 instructions for 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?	5a		X
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?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	,		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	ļ	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		ļ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	. 8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.		•	
а	Did the organization make any taxable distributions under section 4966?	9a		Ь—
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	ļ		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	}		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1
_	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	}		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		-
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1
_	organization is licensed to issue qualified health plans [13b]	1		
140	Enter the amount of reserves on hand	14-		X
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	-	+ A
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_ i + U	1	

THE BRISTOL PUBLIC LIBRARY FOUNDATION 20-0446801 Form 990 (2010) 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. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a 9 **b** Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision Х 3 of officers, directors or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 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? 7a **b** Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. X a The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a 10a Does the organization have local chapters, branches, or affiliates? b 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? 10b X 11a 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶VA Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ANITA FOSTER-MACHADO - 276-821-6152 701 GOODE STREET, BRISTOL, VA

032006

Check if Schedule O contains a response to any question in this Part VII

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
- 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, if any. 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.

(A)	(B)			(0				(D)	(E)	(F)	
Name and Title	Average			Pos			L.A	Reportable	Reportable	Estimated	
	hours per week (describe hours for related organizations in Schedule O)	ustee or director	ec aatstut lenotuttstel	Officer		Highest compensated do employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations	
LOIS A CLARKE	0.20	Ţ,		v				_	0	0	
TREASURER	0.30	X		Х	_		<u> </u>	0.	0.	0	
ERIC W REECHER	0.20	l,		v				0.	0.	0	
SECRETARY	0.30	X		Х		├		U •	<u> </u>	0	
ROBERT BRIEN MEMBER	0.30	X						0.	0.	0	
THOMAS D MCGLOTHLIN	0.30	Λ					\vdash	0.	•		
MEMBER	0.30	X		<u> </u>				0.	0.	0	
WILLIAM BURRISS III			 -		_		-				
MEMBER	0.30	X	1					0.	0.	0	
JUD BARRY											
LIBRARY DIRECTOR	0.30	X						0.	0.	0	
CANDACE A SNODGRASS]									_	
PAST PRESIDENT	0.30	X		X			<u> </u>	0.	0.	0	
BILL SHANKS		1		l							
PRESIDENT	0.30	X	<u> </u>	X		 -		0.	0.	0	
K THOMAS SMITH	0.30	x						0.	0.	0	
MEMBER	0.30	A								J	
						-	_				
032007 12-21-10										Form 990 (201	

19 3TA	(A) Section A. Officers, Directors, Tr	(B)	при	уее))	ngn	esi	(D)	(E)			(F)	
	Name and title	Average hours per	(c		Pos all i		app	lv)	Reportable compensation	Reportable compensation			imate	
	•	week (describe hours for related organizations in Schedule O)	stee or director	Institutional frustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	comp fro orga and	other bensa om the anizati I relati nizatio	tion e on ed
		-												
											-			
								-						
					_	<u>-</u>			_		-			
								_						
					-									
1b	Sub-total	1	1			1	•		0.) .			0.
	Total from continuation sheets to Part V	II, Section A							0.).).			0.
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (including but i	not limited to th	ose	liste	ed al	hove	e) wh	10 re	l		<u>, • </u>			0.
	compensation from the organization						o,							C
3	Did the supported by list and former officers	_144									г		Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s		Stee	e, ke	y en	ıpıo	yee,	or r	nignest compensated er	npioyee on		3		Х
4	For any individual listed on line 1a, is the s		le c	omp	ensa	atior	and	d otl	her compensation from	the organization				
_	and related organizations greater than \$15										-	4		X
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con							elat	ed organization or indivi	idual for services		5		х
Sec	tion B. Independent Contractors												•	
1	Complete this table for your five highest countered the organization. NONE	ompensated inc	depe	ende	nt c	onti	racto	ors t	hat received more than	\$100,000 of comp	ensa	tion fi	rom	
	(A)								(B)			(C)	
	Name and business	address						4	Description of s	ervices	Co	mper	satio	n
	·						_	\dashv						
								-						
						-								
	Total number of independent controls	inaludina hut -	a 1.			4 b -			Labour Villa manner d'in	acre then				
	Total number of independent contractors (\$100,000 in compensation from the organ		οι II	mite	u (0		se 115)	sied	above) who received m	iore man				
											F	orm 9	990 (2010

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Pa	rt V	111	Statement of Reve	nue				····		
			•				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1	a	Federated campaigns	1	а					
grar		b	Membership dues	1	ь					
ts, g		С	Fundraising events		С					
Contributions, gifts, grants and other similar amounts		d	Related organizations	1	d					
imi.		е	Government grants (contribute	tions) 1	е					
utio er s		f	All other contributions, gifts, gran	I .						
oth			similar amounts not included abo	ove 1	f	108,048.				
on			Noncash contributions included in lines	s 1a-1f \$			100 010			
OB		h	Total. Add lines 1a-1f			<u> </u>	108,048.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	_					Business Code				
ice	2									
že j		b								
m S		С								
gra		d								
Program Service Revenue		e •	All ather are are a series							
			All other program service reverse. Add lines 2a-2f	enue		-				
	3		Investment income (including	. dividends	Intere					
	Ū		other similar amounts)	, 0111001100	,	>501, GITG	17,164.			17,164.
	4		Income from investment of ta	x-exempt l	ond r	=				
	5		Royalties	-	,	>				
			· · · · , · · · · · ·	(i) Re	al	(II) Personal				
	6	а	Gross Rents			.,				
		b	Less: rental expenses			·				
		С	Rental income or (loss)							
		d	Net rental income or (loss)			•				
	7	а	Gross amount from sales of	(ı) Secu	rities	(II) Other				
			assets other than inventory							
		b	Less: cost or other basis							
			and sales expenses							
			Gain or (loss)	L		<u> </u>				
			Net gain or (loss)							
Other Revenue	8		Gross income from fundraisin including \$		not					
ě			contributions reported on line	1c). See						
ē			Part IV, line 18		а					
됩			Less: direct expenses		þ					
			Net income or (loss) from fund	-		_ _				
	9		Gross income from gaming ad	ctivities Se	e					
			Part IV, line 19		а					
			Less direct expenses		b					
i			Net income or (loss) from gan	_	les					
}	10		Gross sales of inventory, less	returns						
			and allowances		a					
			Less: cost of goods sold		b	•				
t		<u>c</u>	Net income or (loss) from sale Miscellaneous Revenu		ory	Business Code				
ŀ	11					Dusiness Code				İ
		b				-			 	
ļ		c								
ŀ			All other revenue							
			Total. Add lines 11a-11d							
	12		Total revenue. See instructions				125,212.	0.	0.	17,164.
03200	9 -10	_								Form 990 (2010)

Part IX Statement of Functional Expenses

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

	not include amounts reported on lines 6b, 8b, 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				
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	75,000.	52,500.	22,500.	
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	50,872.	20,349.	30,523.	
8	Pension plan contributions (include section 401(k)	1			
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	7,949.	4,372.	3,577.	
11	Fees for services (non-employees):	1			
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				·
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other	10,860.		10,860.	
12	Advertising and promotion				
13	Office expenses	6,160.	1,848.	4,312.	
14	Information technology				
15	Royalties				
16	Occupancy	1,355.		1,355.	
17	Travel	7,168.	3,281.	3,887.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				<u></u>
21	Payments to affiliates				, .
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A)				
	amount, list line 24f expenses on Schedule 0)	105 400	105 400		
a	PROGRAMS	105,499.	105,499.		
þ	NOBLE PROGRAM EXPENSES	37,286.	37,286.		
C	MISCELLANEOUS	29,755.	29,755.		<u> </u>
d	PRINTING EDUCATION	9,204.	9,204.	F 2 2	
e	CONTINUING EDUCATION	533.	200	533.	
	All other expenses	320.	288.	32.	
25	Total functional expenses. Add lines 1 through 24f	341,961.	264,382.	77,579.	
26	Joint costs. Check here If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising				

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Part X Balance Sheet (A) Beginning of year End of year 92,377. 1,264,678. 69,689. Cash - non-interest-bearing 1,075,467. 2 Savings and temporary cash investments 28,216. 51,822. 3 Pledges and grants receivable, net 3 7,543. 5,692. 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 10ь b Less accumulated depreciation 10c 11 Investments - publicly traded securities 11 12 Investments · other securities See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets, See Part IV, line 11 15 1,392,814. 1,202,670. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 4,944. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 28,216. 54,111. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 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 33,160.59,765. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here $oldsymbol{ol{ol{ol}}}}}}}}}}}}}}}}}}$ lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here

X
and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 1,359,654. 1,142,905. 32 32 Retained earnings, endowment, accumulated income, or other funds 1,359,654. 1,142,905. 33 33 Total net assets or fund balances 1,392,814. 1,202,670. Total liabilities and net assets/fund balances

Form 99	0 (2010) THE BRISTOL PUBLIC LIBRARY FOUNDATION	20-044	6801	Pag	ge 12
Part	Reconciliation of Net Assets	· · · · · ·			
	Check if Schedule O contains a response to any question in this Part XI				
1 To	tal revenue (must equal Part VIII, column (A), line 12)	1	12	5,2	12.
2 To	tal expenses (must equal Part IX, column (A), line 25)	2	34	1,9	61.
3 R	evenue less expenses. Subtract line 2 from line 1	3	<21	6,7	49.
4 N	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,35	9,6	54.
5 O	her changes in net assets or fund balances (explain in Schedule O)	5			0.
6 N	et assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,14	2,9	05.
Part	Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1 A	counting method used to prepare the Form 990: Cash X Accrual Other			<i>"</i>	
lf	the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a W	ere the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
b W	ere the organization's financial statements audited by an independent accountant?		2b	X	
c If	'Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
re	view, or compilation of its financial statements and selection of an independent accountant?		2c	X	
lf	he organization changed either its oversight process or selection process during the tax year, explain in Sche	edule O.			
d If	Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued	d on a			
se	parate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
3a As	a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audıt			
Ad	t and OMB Circular A-133?		3a		_X_
b If	Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
~	audito, evaluis why is Cahadula O and denouls any stars tales to underso such such		ایما		

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

1 He 12 H			STOL PUBLIC						20	<u>-0446</u>	<u>801</u>	
Part I	Reason	tor Public Char	ity Status (All organiz	ations mu	st complet	e this par	t.) See inst	tructions.				
The organ	ization is not	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	oox.)					
1 🖳	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)).				
2 🖳	A school des	scribed in section 17	' 0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
3 🖳	A hospital or	a cooperative hospi	tal service organization o	described	ın section	170(b)(1)	(A)(iii).					
4 📙	A medical re	search organization	operated in conjunction	with a hos	spital desci	ribed in se	ection 170	(b)(1)(A)(iii	i). Enter th	e hospital'	s nam	e,
	city, and stat	te:										
5	An organizat	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental unit	described	nı t		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6 🖳	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(1	1)(A)(v).					
7 X	An organizat	ion that normally rec	eives a substantial part	of its supp	oort from a	governme	ental unit c	or from the	general pu	ublic desci	ribed i	n
_	section 170	(b)(1)(A)(vi). (Comple	te Part II)									
8 🖳	A community	y trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)							
9 📖	An organizat	ion that normally rec	eives: (1) more than 33 1	1/3% of its	s support f	rom contri	ibutions, n	nembershij	o fees, and	i gross rec	:elpts	from
	activities rela	ated to its exempt fur	nctions - subject to certa	an excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support fr	om gross	invest	ment
	income and	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	nızatıon af	ter June 3	0, 197	5
	See section	509(a)(2). (Complete	Part III)									
10	An organizat	ion organized and or	perated exclusively to te	st for publ	lic safety. S	See sectic	on 509(a)(4	4).				
11	An organizat	ion organized and or	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to carry	out the p	urposes o	f one o	or
	more publicly	y supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a	a)(3). Chec	k the box	that	
			organization and comple	ete lines 1	1e through	11h.						
	a Type	I b ∟	ا Type اا و	Тур	e III · Func	tionally in	tegrated		d	Type III - C)ther	
e 📖	By checking	this box, I certify that	it the organization is not	controlled	d directly o	r indirectly	by one o	r more disc	qualified pe	ersons oth	er tha	n
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	tions des	cribed in s	ection 509	(a)(1) or se	ection 509	(a)(2).	
f			ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check th	nis box									
9	Since Augus	t 17, 2006, has the c	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing pers	sons?			
	(i) A perso	n who directly or ind	irectly controls, either al	one or tog	ether with	persons o	described	ın (II) and (I	ıı) below,		Yes	No
	the gov	erning body of the si	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?	ı						11g(ii)	 	ļ
	(iii) A 35%	controlled entity of a	person described in (i) of	or (II) abov	e?					11g(iii)	لــــــا	l <u>.</u>
h	Provide the f	following information	about the supported or	ganızatıon	(s).							
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·		····		
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization		u notify the	(vi) is organization		(vii) Am	ount o	f
orga	anization		(described on lines 1-9		sted in your			(i) organiz	ed in the	sup	port	
			above or IRC section	<u> </u>	document?	ļ. <u> </u>	r support?					
		<u> </u>	(see instructions))	Yes	No	Yes	No	Yes	No			
								}				
	<u>.</u>											
					ļ			ļ				
				<u> </u>	<u> </u>							
							1					
	_			ļ	<u> </u>		<u> </u>	ļ				
				1								
<u>Total</u>		L		1		L	<u> </u>	1	LL			
LHA For F	Paperwork Re	eduction Act Notice	, see the Instructions fo	or				Schedule	e A (Form	990 or 99	0-EZ)	2010

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Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010 THE BRISTOL PUBLIC LIBRARY FOUNDATION 20-0446801 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received (Do not						
	include any "unusual grants ")	1275415.	162,458.	183,253.	95,480.	108,048.	1824654.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1275415.	162,458.	183,253.	95,480.	108,048.	1824654.
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)						28,962.
6	Public support. Subtract line 5 from line 4						1795692.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1275415.	162,458.	183,253.	95,480.	108,048.	1824654.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	43,192.	75,331.	61,412.	30,142.	17,164.	227,241.
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						2051895.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	r the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2010 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	87.51 %
	Public support percentage from 2009	•	•			15	82.72 %
16a	33 1/3% support test - 2010.If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		•				$\triangleright X$
b	33 1/3% support test - 2009. If the o				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	•					▶ []
17a	10% -facts-and-circumstances tes	t - 2010. If the orga	anization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10%	or more,
	and if the organization meets the "fac					t IV how the organ	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes	t - 2009. If the orga	anization did not ch	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or
	more, and if the organization meets the				•		· —
	organization meets the "facts-and-circ			•			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17t	•		
					Sche	dule A (Form 990	or 990-EZ) 2010

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 or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support					_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(4	e) 2010	(f) Total
1	Gifts, grants, contributions, and					1		
	membership fees received. (Do not							
	include any "unusual grants ")							
2	Gross receipts from admissions, merchandise sold or services per- formed, 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 bus- iness under section 513							
4	Tax revenues levied for the organ-	, -		 	 	1		
·	ization's benefit and either paid to		İ					
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to the organization without charge						:	
	Total. Add lines 1 through 5				<u> </u>			
	Amounts included on lines 1, 2, and	<u>.</u>		<u> </u>	1			
	3 received from disqualified persons		İ					
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						i	
С	Add lines 7a and 7b			<u> </u>				
	Public support (Subtract line 7c from line 6)			11 1111 11111 11111		· ····		
	ction B. Total Support	i	·	<u> </u>	1			
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	1	e) 2010	(f) Total
	Amounts from line 6	(4) 2000	(5) 2001	10/2000	10/200	 	97 20 10	(7 : 5 (4)
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
ь	Unrelated business taxable income					 		
_	(less section 511 taxes) from businesses	1	1	•		1		
	acquired after June 30, 1975	I						
c	Add lines 10a and 10b							
-	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)			<u></u>				
14	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501	(c)(3) organiz	ation,
	check this box and stop here							▶
Sec	tion C. Computation of Publ	ic Support Pe	rcentage	=				
	Public support percentage for 2010 (I			column (f))		15		
	Public support percentage from 2009					16		
Sec	tion D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 20	10 (line 10c, colur	nn (f) divided by li	ne 13, column (f))		17		
	Investment income percentage from 2		**	.,,		18		
	33 1/3% support tests - 2010. If the			on line 14, and lin	e 15 is more than:		%, and line 1	
	more than 33 1/3%, check this box as 33 1/3% support tests - 2009. If the	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	zation		▶□
_	line 18 is not more than 33 1/3%, che	•						▶ [
20	Private foundation. If the organization		· •	·			-	▶
	3 12-21-10	z.zot offoon a		, coo, oncok (0 or 990-EZ) 20

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.

2010 Open to Public Inspection

Name of the organization

THE BRISTOL PUBLIC LIBRARY FOUNDATION

Employer identification number

	**************************************	LIBRARY FOUNDATION	20-0446801
Pa			is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	,	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	<u></u>	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	_	be used only
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?	,,	Yes No
Pa	Tt Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990.	
1	Purpose(s) of conservation easements held by the organizat		
-	Preservation of land for public use (e.g., recreation or e		nistorically important land area
	Protection of natural habitat	· -	ertified historic structure
	Preservation of open space	i reservation of a ce	stilled historic structure
2	Complete lines 2a through 2d if the organization held a quali	find conceniation contribution in the form	of a accessisting appropriate on the last
~		ned conservation contribution in the forf	n or a conservation easement on the last
	day of the tax year		Hold at the Fad of the Tay Year
_	Total number of conservation easements		Held at the End of the Tax Year
a L			2a
b	Total acreage restricted by conservation easements	2b	
C	Number of conservation easements on a certified historic str		2c
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ł I
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the tax
_	year ▶	_	
4	Number of states where property subject to conservation ea	— · ·	_
5	Does the organization have a written policy regarding the pe	• • •	
_	violations, and enforcement of the conservation easements		└ Yes
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
- ·	conservation easements.		
Pa	TILL Organizations Maintaining Collections o		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue state	ement and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	hibition, education, or research in furthe	rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descr	ibes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue stateme	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items	·	·
	(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 art, historical tre	asures, or other similar assets for finance	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		▶ s
	Assets included in Form 990, Part X		► \$ ► \$
~			· · ·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-20-10

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

032053

	dule D (Form 990) 2010 THE BRISTOL PUBLIC LIBRARY				446801	Page 4
Pa	1 XI Reconciliation of Change in Net Assets from Form 990 to	o Audited	Financial Sta	tements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			,212.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			<u>,961.</u>
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		<216,	<u>,749.</u>
4	Net unrealized gains (losses) on investments		4			
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		-016	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 are		10	Datima	<216,	,749.
	t XII Reconciliation of Revenue per Audited Financial Stateme	ents with	Revenue per	1	125	,212.
1	Total revenue, gains, and other support per audited financial statements			1	125,	, 212.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مو ا				
a	Net unrealized gains on investments Donated services and use of facilities	2a		\dashv \mid		
ь		2b		\dashv \mid		
ç	Recoveries of prior year grants Other (Describe in Part XIV)	2c 2d		\dashv \mid		
d e	Add lines 2a through 2d	_20		ا ہے ا		0.
3	Subtract line 2e from line 1			2e	125	,212.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			3	125	, 212 •
_	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
ь	Other (Describe in Part XIV.)	4b		\dashv \vdash		
	Add lines 4a and 4b	40]		4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	125	,212.
	t XIII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses pe			
1	Total expenses and losses per audited financial statements			1		,961.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					<u></u>
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		7		
С	Other losses	2c		\neg		
d	Other (Describe in Part XIV)	2d				
е	Add lines 2a through 2d			2e		0.
3	Subtract line 2e from line 1			3	341,	,961.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
C	Add lines 4a and 4b			4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	341	,961.
Pai	t XIV Supplemental Information					
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I					4; Part
X, lin	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also com	plete this par	t to provide any a	additional ii	nformation.	
		 .				
						
						
-					-	
				Schedu	le D (Form 9	90) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2010 Open to Public Inspection

Internal Revenue Service

Name of the organization

THE BRISTOL PUBLIC LIBRARY FOUNDATION

Employer identification number 20-0446801

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CONTRIBUTIONS TO BE USED FOR THE PLANNED CONSTRUCTION AND FURNISHING OF
THE BRISTOL PUBLIC LIBRARY ON GOODE STREET IN BRISTOL, VIRGINIA. THE
FOUNDATION HAS ALSO BEEN THE RECEIPIENT OF FUNDS TO BE USED FOR
SPECIFIC PROGRAMS FOR THE LIBRARY-THE NOBLE FUNDS.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
FUNDS TO BE USED FOR SPECIFIC PROGRAMS-THE NOBLE FUNDS.
FORM 990, PART VI, SECTION B, LINE 11: THE BOARD IS PRESENTED WITH A COPY
OF THE 990 AT A BOARD MEETING AND VOTE BEFORE IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS, CONFLICT
OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

2010 Open to Public Inspection

OMB No 1545-0047

Employer identification number 20-0446801

Name of the organization

Part

Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) THE BRISTOL PUBLIC LIBRARY FOUNDATION

Direct controlling Identification of Related Tax-Exempt Organizations (Complete if 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.) End-of-year assets Total Income চ Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part #

(g) Section 512(b)(13) ž × × controlled entity? Yes Direct controlling entity ε status (if section Public charity 501(c)(3)) e Exempt Code section ত্ত Legal domicile (state or foreign country) VIRGINIA VIRGINIA Primary activity COCAL GOVERNMENT PUBLIC LIBRARY Name, address, and EIN of related organization THE BRISTOL PUBLIC LIBRARY THE CITY OF BRISTOL, VA BRISTOL, VA 24201 BRISTOL, VA 24201 300 LEE STREET 701 GOODE ST.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2010

20-0446801

Page 2

Schedule R (Form 990) 2010 THE BRISTOL PUBLIC LIBRARY FOUNDATION

Identification of Related Organizations Taxable as a Partnership (Complete if 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.) Part III

Schedule R (Form 990) 2010	R (Forn	Schedule				27				032162 12-21-10
	-									
					:					
Percentage ownership	e of year its	end Sh	Share of total Income	Type of entity (C corp, S corp, or trust)	Direct e	Legal (s) fr	Primary activity		N. c	Name, address, and EIN of related organization
3		(a)	€	(9)	(6)	9	4	,	-	(4)
re related	le or mo	cause it had on		to Form 990, Part	on answered "Yes"	plete if the organizative	Dration or Trust (Com	as a Corpo	ganizations Taxable	Dark the Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related
			-							
	Yes No	-1 (Form 1065)	Yes No K			sections 512-514)		country)		
General or Percentage managing ownership partner?	General or managing partner?	Code V-UBI amount in box	Disproportion-	Share of Di	Share of total income	Predominant income (related, unrelated, excluded from tax under	Direct controlling entity	Legal domicile (state or	Primary activity	Name, address, and EIN of related organization
æ	6	(i)	ε	(6)	E	(e)	(Q)	(2)	(q)	(a)

Page 3

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	٥
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?	is with one or more re	lated organizations listed	ın Parts II-IV?		
				19	× ×
 b Gift, grant, or capital contribution to other organization(s) 				1 p	<u>ح </u> :
c Gift, grant, or capital contribution from other organization(s)				10	×
d Loans or loan guarantees to or for other organization(s)				1d	×
e Loans or loan guarantees by other organization(s)				16	×
					>
f Sale of assets to other organization(s)				-	« :
g Purchase of assets from other organization(s)				19	× :
h Exchange of assets				÷	×
i Lease of facilities, equipment, or other assets to other organization(s)				=	×
j Lease of facilities, equipment, or other assets from other organization(s)				į	×
k Performance of services or membership or fundraising solicitations for other organization(s)	ızation(s)			¥	×
	ıızatıon(s)			= ;	× ×
_				E,	د >
n Sharing of paid employees				-	<
 Reimbursement paid to other organization for expenses 				10	×
p Reimbursement paid by other organization for expenses				10	×
 Qther transfer of cash or property to other organization(s) 				19 1	××
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	who must complete the	is line, including covered	relationships and transaction thresholds		
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved		
(1)					
(i)					
(3)					
(4)		•			
(5)					
(9)					
032163 12-21-10	28		Schedule	Schedule R (Form 990) 2010	2010

Page 4

Schedule R (Form 990) 2010 THE BRISTOL PUBLIC LIBRARY FOUNDATION

Part Vi Unrelated Organizations Taxable as a Partnership (Complete if 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 five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(q)	(c)	Ð	(e)	3	(6)	£
Name, address, and EIN of entity	Primary activity	micile oreign	Are all partners section 501(c)(3)	Share yea	e .e	Code V-UBI amount in box 20	General or managing
			Yes No		1 1	(Form 1065)	1 1
					-		
			-				
			_				
	•						
					_		
						i	
					-		
					_		
						Schedule R (Form 990) 2010	n 990) 2010

032164 12-21-10

Schedule R	(Form 990) 2010	THE	BRISTOL	PUBLIC	LIBRARY	FOUNDATION	20-0446801	Page 5
Part VII	(Form 990) 2010 Supplemental I	nformation						
	Complete this part to	o provide addit	ional information	on for response	es to questions o	on Schedule R (see instr	ructions)	
	- Strikers a strike beggg to							
<u>-</u>					····			
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Form **8868**

(Rev. January 2011)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

If you :	are filing for an Automatic 3-Month Extension, complet	te only Pa	rt I and check this box		>	X		
If you :	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).				
Do not c	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	rm 8868.			
Electron	ic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a corpo	oration		
required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	xtension		
of time to	ofile any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Cei	rtaın		
Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on t	he elec	tronic filing of this f	orm,		
visit www	v irs.gov/efile and click on e-file for Chanties & Nonprofits							
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			<u>.</u>		
A corpor	ation required to file Form 990-T and requesting an autor	natic 6⋅mc	onth extension - check this box and con	nplete				
Part I onl	ly				>			
	corporations (including 1120-C filers), partnerships, REM ome tax returns.	IICs, and t	rusts must use Form 7004 to request ar	exten	ision of time			
Type or Name of exempt organization Employer identification print								
-	THE BRISTOL PUBLIC LIBRARY FOUNDATION 20-044680							
due date for filing your return See	Number, street, and room or suite no if a P.O box, s 701 GOODE STREET	ee instruc	tions.					
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BRISTOL, VA 24201							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
And the state of t								
Applicat	ion	Return	Application			Return		
Is For	^	Code	Is For			Code		
Form 990		01	Form 990-T (corporation)			07		
Form 990		02	Form 1041-A			08		
Form 990		03	Form 4720		<u> </u>	09		
Form 990		04	Form 5227		., =	10		
	O-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990	O-T (trust other than above) ANITA FOSTER-M	06	Form 8870			12		
• That	ooks are in the care of > 701 GOODE STRE							
	cooks are in the care of $\nearrow 701$ GOODE STRET hone No. $\triangleright 276-821-6152$	<u> </u>						
•		Ab - 11.	FAX No. D					
	organization does not have an office or place of business is for a Group Return, enter the organization's four digit			6-	e dha wa ala aya wa			
		, '	· · · · · · · · · · · · · · · · · · ·		• • •			
box ▶	L lf it is for part of the group, check this box ► L equest an automatic 3-month (6 months for a corporation		-		ers the extension is	i jur.		
1 110	FEBRUARY 15, 2012, to file the exemp				The extension			
ıe f	for the organization's return for:	it Organiza	non return for the organization named a	above.	THE EXCENSION			
>	calendar year or							
		an	dending JUN 30, 2011					
-	tak your boginning	, an	a driding		<u> </u>			
2 f t	he tax year entered in line 1 is for less than 12 months, c	heck reas	on: Initial return Fina	al retur	'n			
	Change in accounting period				.,			
-				T				
	his application is for Form 990-BL, 990-PF, 990-T, 4720, nrefundable credits. See instructions.	or 6069, e	nter the tentative tax, less any	3a	\$	0.		
	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	1	_			
	timated tax payments made. Include any prior year overg	_		3b	s	0.		
	lance due. Subtract line 3b from line 3a. Include your page			100	- 			
	using EFTPS (Electronic Federal Tax Payment System).	-	•	3c	\$	0.		
Caution.	If you are going to make an electronic fund withdrawal	with this F	orm 8868, see Form 8453-EO and Form	8879-	EO for payment ins	tructions.		
I HA	or Panerwork Reduction Act Notice, see Instructions				Form 8868 (R	ev 1-2011)		