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Short Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2010

Open to Public
Inspection

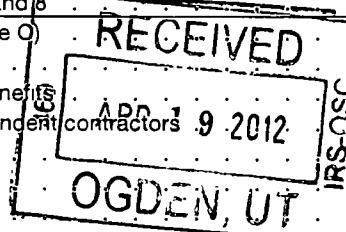
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form

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

A For the 2010 calendar year, or tax year beginning		December 01	, 2010, and ending	November 30	, 2011
<input type="checkbox"/> Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization West Virginia Library Association Number and street (or P O. box, if mail is not delivered to street address) 3100 Emerson Ave City or town, state or country and ZIP + 4 Parkersburg, WV 26104-2414		D Employer identification number 55-6062061 E Telephone number 304-420-4587 F Group Exemption Number ►	
G Accounting Method ► <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ► _____		H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
I Website ► www.wvla.org					
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (6) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return					
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$					
Part I. Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) Check if the organization used Schedule O to respond to any question in this Part I <input checked="" type="checkbox"/>					
SCANNED MAY 08 2012 Revenue	1	Contributions, gifts, grants, and similar amounts received	5a	1	2,622
	2	Program service revenue including government fees and contracts	5b	2	
	3	Membership dues and assessments	5c	3	17,537
	4	Investment income	6a	4	484
	5a	Gross amount from sale of assets other than inventory	6b		
	b	Less: cost or other basis and sales expenses	6c		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	6d		
	6	Gaming and fundraising events	6a		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6b		
	b	Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c		
	c	Less: direct expenses from gaming and fundraising events	6d		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a		
	7a	Gross sales of inventory, less returns and allowances	7b		
	b	Less: cost of goods sold	7c		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8		
	8	Other revenue (describe in Schedule O)	9		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	10		
10	Grants and similar amounts paid (list in Schedule O)	11			
11	Benefits paid to or for members	12			
12	Salaries, other compensation, and employee benefits	13			
13	Professional fees and other payments to independent contractors	14			
14	Occupancy, rent, utilities, and maintenance	15			
15	Printing, publications, postage, and shipping	16			
16	Other expenses (describe in Schedule O)	17			
17	Total expenses. Add lines 10 through 16 ►	18			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	19			
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20			
20	Other changes in net assets or fund balances (explain in Schedule O)	21			
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►				



Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	87,895	22 83,743
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	87,895	25 83,743
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	87,895	27 83,743

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

What is the organization's primary exempt purpose? Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28				
29				
30				
31				
32				

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Monica Brooks	President (1)	0	0	0
306 Drinko Library, Huntington, WV 25755				
Crystal Hamrick	Vice President (1)	0	0	0
1200 Johnson Ave , Bridgeport, WV 26330				
Barbara LaGodna	Secretary (0)	0	0	0
PO Box 6105, Morgantown, WV 26506-6105				
Beth Royall	Treasurer (1)	0	0	0
PO Box 6105, Morgantown, WV 26506-6105				
	</td			

Part V Other Information (Note the statement requirements in the instructions for Part V.)
 Check if the organization used Schedule O to respond to any question in this Part V.

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T 35

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 35a

b If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)? 35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a

b Did the organization file **Form 1120-POL** for this year? 37b

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 39a

b Gross receipts, included on line 9, for public use of club facilities 39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40a , section 4955 ► 40a

b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d

e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. 40e

41 List the states with which a copy of this return is filed. ► 41

42a The organization's books are in care of ► Brian E Raitz Telephone no. ► 304-420-4587
 Located at ► 3100 Emerson Ave, Parkersburg, WV ZIP + 4 ► 26104-2414

b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b

If "Yes," enter the name of the foreign country: ► 42b

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts**. 42b

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► 42c

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b

c Did the organization receive any payments for indoor tanning services during the year? 44c

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d

	Yes	No
33		✓
34		✓
35a		✓
35b		
36		✓
37a		
37b		✓
38a		✓
38b		
39a		
39b		
40a		
40b		
40c		
40d		
40e		✓

	Yes	No
42b		✓
42c		✓

	Yes	No
44a		✓
44b		✓
44c		✓
44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."		

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ►

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer	14/16/12 Date
	Brian E. Raitz, Treasurer Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►		Firm's EIN ►		
	Firm's address ►		Phone no.		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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.

OMB No. 1545-0047

2011

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Name of the organization
West Virginia Library Association

Employer identification number
55-6062061

Line 1 - Various donations and gifts totalling \$2,622

Line 3 - Membership dues totalling \$17,537

Line 4 - Interest totalling \$484

Line 6b - Annual Conference, Legislative Day and Spring Fling totalling \$57,837 (\$660 already accounted in line 1 for donations)

Line 6c - Conference expenses totalling \$54,994

Line 7a - Marketing Sales \$2,560

Line 7b - Marketing goods \$2,077

Line 8 - Subscriptions and advertising in WVLA newsletter \$165

Line 10 - ALA Dues, ALA Washington Office, Continuing Ed. Scholarships, & Federal Coordinator expenses totalling \$1,250

Line 13 - Webmaster Honoraria, Legislative Consultant, Membership Database mgr, & Newsletter Editor honoraria totalling \$6,882

Line 15 - publication printing costs totalling \$7,580

Line 16 - Travel, postage, printing, bank fees, contributions, PO Box Rent, office supplies, awards, resolutions,

& web hosting totalling \$12,585

Line 18 - deficit of -\$4,163

Line 20 - Adjustments to 2009 receivables