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Department of the Treasury Internal Revenue Service

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)

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

Open to Public Inspection

	OI LIN	2012 calendar year, or tax year beginning 00L 1, 2012 and end	iig U	<u>UN 30, 2013</u>	
B (Check if applicable	C Name of organization		D Employer identific	cation number
Г	_Addre _chang	FAIRFAX LIBRARY FOUNDATION			
X	Name			54-1	722709
	Initial return		n/suite	E Telephone number	
F	Termir	· · · · · · · · · · · · · · · · · · ·		(703	
	Amen		-	G Gross receipts \$	820,163.
	Application			H(a) Is this a group re	
	pendi	F Name and address of principal officer: SUSAN C. HARMAN		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1 7	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		list (see instructions)
		te: > WWW.FCPLFOUNDATION.ORG		H(c) Group exemption	n number
KF	orm of	organization: X Corporation Trust Association Other	L Year o	of formation: 1994 M	State of legal domicile: VA
	art I	Summary			
•	1	Briefly describe the organization's mission or most significant activities PROVIDI	SU	PPLEMENTARY	SUPPORT TO
CUIT Activities & Governance		THE FAIRFAX COUNTY PUBLIC LIBRARY.		· · · · · · · · · · · · · · · · · · ·	
ž.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	of more	than 25% of its net as	sets.
Š	3	Number of voting members of the governing body (Part VI, line 1a)	~] 3	<u> 18</u>
න	4	Number of independent voting members of the governing body (Part VI, line 16)	J_~\	6 】	18
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)		(9) 5	0
<u>×i</u>	6	Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	Afor	6	23
Act.	7 a	Total unrelated business revenue from Part VIII, column (C), lefe 12	. ro	. 7a	0.
<u> </u>	b	Net unrelated business taxable income from Form 990-T, line 34	- F	7b	<u> </u>
3		Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, line 34 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)	14.	Prior Year	Current Year
p ē	8	Contributions and grants (Part VIII, line 1h)	%	518,444.	455,509.
en	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	<43,220.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	<9,100.	
<u> </u>	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		466,124.	526,965.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	138,176.	282,151.
È	1	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	1	Professional fundraising fees (Part IX, column (A), line 11e)	_	0.	0.
X	1	Total fundraising expenses (Part IX, column (D), line 25) 33,926	•	185 208	100 200
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-	<u>175,327.</u>	198,328.
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	313,503.	480,479.
_ <u>_ s</u>	19	Revenue less expenses Subtract line 18 from line 12		152,621.	46,486.
its o		Total consts (Part V. line 16)	Re	ginning of Current Year	End of Year 4,351,357.
Asse Base	20	Total assets (Part X, line 16)	-	3,999,022. 30,376.	52,992.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26) Net assets or fund balances Subtract line 21 from line 20		3,968,646.	4,298,365.
P	22 art II	Signature Block		3,300,040.	4,230,303.
_		alties of perjury, I declare that I have examined this return, including accompanying schedules and	t etatem	ents, and to the hest of m	v knowledge and helief it is
	-	ot, and complete. Declaration of preparer (othe <u>r tha</u> n officer) is based on all information of which i		· · · · · · · · · · · · · · · · · · ·	y Kilowicage and belief, it is
1100	, 001100	M Thus Manue	propuror		
Sig	_	Signature of officer	<u> </u>	Date	
Her		KATHLEEN M. FLAHERTY, TREASURER			
1101	•	Type or print name and title		 	
		Print/Type preparer's name Preparer's signature)ate Check	PTIN
Paid	i	STEPHEN G TRAVIS, CPA		If self-employe	P00158766
	parer	Firm's name KOSITZKA, WICKS & COMPANY		Firm's EIN	54-1342298
	Only	Firm's address 5500 CHEROKEE AVENUE, SUITE 400			<u> </u>
	,	ALEXANDRIA, VA 22312		Phone no. (703) 642-2700
May	v the II	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110.	Yes No
	04 40	I HA For Panerwork Pediation Act Notice see the senarate instructions			Form 990 (2012)

232002 12-10-12 Form 990 (2012)

Form 990 (2012) FAIRFAX LIBRARY FOUNDATION
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)?	i		
	If "Yes," complete Schedule A	1	X	
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_		<u> X</u>
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		_X_
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			ĺ
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
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		•	
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	X	
þ	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			l
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			l
	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			l
	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	<u> </u>	X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a			٠	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	.,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			- v
	or more? 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	45		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	40		x
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	-	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-		v
4-	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17_		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	1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		├ ^
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	gan	(2012)
		1 0111	, 555	(2012)

Form **990** (2012)

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O

	Check if Schedule O contains a response to any question in this Part V			
	22 253daio o dornano a responso te arry question in ano i arc i		Yes	No No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	.110
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
•	(gambling) winnings to prize winners?	1c	Х	
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			
b	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 (see instructions)		!	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b_		
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)?	<u>4a</u>		<u>X</u>
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.	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C Fa	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	- 30		
Va	any contributions that were not tax deductible as charitable contributions?	6a		X
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	X	
С	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	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	N/	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	N/	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting N/A	711	14/	<u> </u>
8	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966? N/A	9a		1
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12 . N/A 10a	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		İ
11	Section 501(c)(12) organizations. Enter:			İ
а	Gross income from members or shareholders	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	-	\vdash
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	┨		
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? N/A	13a	 	\vdash
а		isa		\vdash
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the		1	'
b	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1	[
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
-	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
			1 990	(2012)

2012.05020

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			_		<u>LX</u>
<u>Sec</u>	tion A. Governing Body and Management			-		
		1	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a	18			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	18			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		_X_
3	Did the organization delegate control over management duties customarily performed by or under the	ne direc	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 wa	s filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	appoint	one or			
	more members of the governing body?			7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or			
-	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	 ear bv th	e following:			
а	The governing body?	, .,	9 -	8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	ached	 at the	<u> </u>		
•	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code)			
	Tell District (The occitor B requests information about pointed for the required by the information	1010/10	2 0000,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such	chanter	e affiliates	100		
b	and branches to ensure their operations are consistent with the organization's exempt purposes?		s, annatos,	10b		
110	Has the organization provided a complete copy of this Form 990 to all members of its governing bo		ore filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	dy beic	ite illing the form.	1 Ia		
10a				12a	X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	o to cor	· ·	12b	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	res, u	escribe	400	х	
40	In Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?		•	13	X	 -
14	Did the organization have a written document retention and destruction policy?	درونا است	adanandant	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approximately and described the deliberation of the deliberation and described the deliberation and delibera	_	idependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision.	•		45-		v
	The organization's CEO, Executive Director, or top management official	•		15a		X
b	Other officers or key employees of the organization	•	• •	15b		X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		usth o			
ıoa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement v	wiu i a	4.		v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation to evaluation of the organization of		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization	anızatıc	on's			
	exempt status with respect to such arrangements?			16b	<u>L </u>	L
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	· I (Sect	tion 501(c)(3)s only)	availab	ie	
	for public inspection. Indicate how you made these available. Check all that apply.	_				
	Own website Another's website X Upon request Other (explain		· ·			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, or	conflict	of interest policy, ar	nd finar	ncial	
	statements available to the public during the tax year.					
20	State the name, physical address, and telephone number of the person who possesses the books	and rec	ords of the organiza	tion:		
	THE FOUNDATION - (703)324-8313					
22205	12000 GOVERNMENT CENTER PARKWAY NO. 329, FAIRFAX,	<u>VA</u>	22035-005			
23200 12-10-				Forn	990	(2012)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

- 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		not cl		more	than		Reportable	Reportable	Estimated amount of
	hours per week					s boti r/trus		compensation from	compensation from related	other
	(list any	ector						the	organizations	compensation
	hours for	Individual trustee or director	a			Highest compensated employee		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		9	шреп		(W-2/1099-MISC)		organization and related
	below	id wat t	utona		Key employee	est co	e e			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) RICHARD T. BRADY	1.00									
CHAIR		X		X				0.	0.	0.
(2) SUSHMA SHENOY-SALUJA	1.00							_	_	_
VICE CHAIR		X		X	_			0.	0.	0.
(3) KATHY FLAHERTY	1.00									
TREASURER		X		Х				0.	0.	0.
(4) RICHARD W. PETERSON	5.00				ľ	'			•	_
SECRETARY	1 00	X		X	_	<u> </u>		0.	0.	0.
(5) BRUCE YORAN	1.00	3.5						0.	0.	0.
DIRECTOR	1.00	X	-					0.	U •	<u> </u>
(6) KAY B. SMITH	1.00	x					,	0.	0.	0.
DIRECTOR	1.00	^	_				<u> </u>	0.	0.	
(7) PAMELA MCCARTHY	1.00	x	ŀ	ŀ				0.	0.	0.
DIRECTOR (8) BRIAN ENGLER	1.00	^								
DIRECTOR	1.00	x						0.	0.	0.
(9) BROWNELL COMBS	1.00					 				
DIRECTOR		х						0.	0.	0.
(10) YONG KIM	1.00									
DIRECTOR		X			<u>.</u>			0.	0.	0.
(11) JUDY A. HUBKA	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(12) BINH T. NGUYEN, PHD	1.00						İ			
DIRECTOR		X		<u> </u>			_	0.	0.	0.
(13) CHARLES A. FEGAN	1.00								_	_
DIRECTOR		X		<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(14) ROBIN D. THURMAN	1.00				1					
DIRECTOR		X		_	_		<u> </u>	0.	0.	0.
(15) DUWAIN KETCH	1.00								_	
DIRECTOR		X		-	-	-	<u> </u>	0.	0.	0.
(16) MARY S. PETERSEN	2.50								_	
EX-OFFICIO DIRECTOR	1 00	X	-		-	-	-	0.	0.	0.
(17) WILL JASPER	1.00	x				-		0.	0.	
EX-OFFICIO DIRECTOR 232007 12-10-12			L	<u> </u>	Ь	Ь	I	<u>. U.</u>		0 . Form 990 (2012)

232007 12-10-12

Form **990** (2012)

(A) Name and title	(B) Average hours per	(do	not c	Pos	C) Itior	than	one	(D) Reportable	(E) Reportable	•		(F)	
	week (list any hours for related organizations below line)	itee or director				Highest compensated complexed carbon semployee	tee)	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	;	com fr orga	nount of other pensarion the anization i	tion e ion ed
(18) EDWIN S. CLAY, III	5.00	X						0.		0.			0.
EX-OFFICIO DIRECTOR (19) SUSAN C. HARMAN	40.00	Δ	╁╾			-		0.	-	٠.			<u> </u>
EXECUTIVE DIRECTOR				X				0.		0.			0.
													
1b Sub-total c Total from continuation sheets to Part Vd_Total (add lines 1b and 1c)	/II, Section A					* * *		0.		0. 0.			0.
Total number of individuals (including but compensation from the organization	not limited to th	nose	liste	ed al	bov	e) wh	no re	·),000 of reportable				C
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for			e, ke	ey er	nplo	oyee,	or l	highest compensated e	mployee on		3	Yes	No X
4 For any individual listed on line 1a, is the sand related organizations greater than \$15	um of reportab	le co						· ·	the organization		4		х
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor					-		elat	ed organization or indiv	idual for services		5		х
Section B. Independent Contractors 1 Complete this table for your five highest or	ompensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of com	pens	ation f	rom	
the organization. Report compensation for (A)	the calendar y	ear	endı	ng v	vith	or w	ıthır	the organization's tax (B)	year		(C	;)	
Name and business	s address	N	INC	Ξ		<u> </u>	-	Description of s	services	C	ompe		<u>n</u>
								<u> </u>	-				
						<u>-</u>							
						•							
Total number of independent contractors	(including but r	ot li	mıte	d to	tho	se lis	sted	above) who received n	nore than				
\$100,000 of compensation from the organ	ization >					0					Form	990 (2012

Part VIII Statement of Revenue Check if Schedule O contains a response to any question in this Part VIII (D)
Revenue excluded from tax under sections 512, 513, or 514 (C) (B) Unrelated Related or Total revenue business exempt function revenue revenue , Gifts, Grants | nilar Amounts 40,720. 1 a Federated campaigns 1a b Membership dues 1b 77,725 c Fundraising events 1c Contributions, Giff and Other Similar d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 337,064. similar amounts not included above 1f 19,714. g Noncash contributions included in lines 1a-1f \$_ 455,509 h Total. Add lines 1a-1f **Business Code** Program Service 2 a _____ f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 54,721. 54,721. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of 300,833. assets other than inventory **b** Less: cost or other basis 277,329 and sales expenses 23,504. c Gain or (loss) 23,504. 23,504. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ 77,725. of contributions reported on line 1c). See 9,100 Part IV. line 18 15,869. b Less direct expenses <6,769.b <6,769.> c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a d All other revenue e Total. Add lines 11a-11d 71,456. 526,965. Total revenue. See instructions. 232009 12-10-12 Form 990 (2012)

Form 990 (2012) FAIRFAX LIBRARY FOUNDATION Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A)	X
	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
/b,	8b, 9b, and 10b of Part VIII.	·	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	259,528.	259,528.		
2	Grants and other assistance to individuals in	00 600	00 600		
	the United States See Part IV, line 22	22,623.	22,623.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<u> </u>	_	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management .				
b	Legal				
С	Accounting	12,750.		12,750.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	28,920.	28,920.		
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	80,576.	69,222.	4,474.	<u>6,880.</u>
12	Advertising and promotion	5,573.	5,573.		
13	Office expenses	1,986.	365.	1,335.	286.
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel .	994.	557.	257.	180.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,325.	370.	840.	115.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	5,556.	1,852.	1,852.	1,852.
23	Insurance	2,362.	1,027.	1,335.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
a	GRAPHICS AND PRINTING	30,227.	15,600.	3,543.	11,084.
b	TRAINING	11,151.	4,931.	1,298.	4,922.
С	COMPUTER MAINTENANCE AN	7,487.	1,930.	<u>2,927.</u>	2,630.
d	POSTAGE	4,450.	15.	79.	4,356.
е	All other expenses	4,971.	236.	3,114.	1,621.
25	Total functional expenses. Add lines 1 through 24e	480,479.	412,749.	33,804.	33,926.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			İ	
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				
23201	0 12-10-12				Form 990 (2012)

Form 990 (2012)
Part X Balance Sheet

<u>Pa</u>	t X	Balance Sheet				
		Check if Schedule O contains a response to any question	in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		377,165.	1	63,428.
	2	Savings and temporary cash investments	L	227,623.	2	529,554.
	3	Pledges and grants receivable, net	[9,598.	_3	7,897.
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former office	ers, directors,		ŀ	
		trustees, key employees, and highest compensated employees	yees Complete		ĺ	
		Part II of Schedule L			_5	
	6	Loans and other receivables from other disqualified person	ns (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 instr) Complete	Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
¥2	8	Inventories for sale or use .			8	
	9	Prepaid expenses and deferred charges		26,274.	9	8,291.
	10a	Land, buildings, and equipment cost or other				
	İ	basis. Complete Part VI of Schedule D . 10a	23,061.			
	b	Less: accumulated depreciation	19,001.	9,616.	10c	4,060. 3,665,338.
	11	Investments - publicly traded securities		3,275,393.	11	3,665,338
	12	Investments - other securities. See Part IV, line 11		72,789.	12	72,789
	13	Investments - program-related See Part IV, line 11		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		564.	15	0.
	16	Total assets. Add lines 1 through 15 (must equal line 34)		3,999,022.	16	4,351,357
	17	Accounts payable and accrued expenses .		30,376.	17	52,992.
	18	Grants payable .			18	
	19	Deferred revenue .			19	
	20	Tax-exempt bond liabilities .	-		20	
es	21	Escrow or custodial account liability. Complete Part IV of S			21	
Liabilities	22	Loans and other payables to current and former officers, of	i i			
<u> </u>		key employees, highest compensated employees, and dis	qualified persons			
_		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third			23	
	24	Unsecured notes and loans payable to unrelated third par		<u>.</u> .	24	
	25	Other liabilities (including federal income tax, payables to i				
		parties, and other liabilities not included on lines 17-24). C	omplete Part X of		0.5	
		Schedule D		30,376.	25	52,992
	26	Total liabilities, Add lines 17 through 25	V	30,370.	26	J4, 334 c
		Organizations that follow SFAS 117 (ASC 958), check h	iere			
Š		complete lines 27 through 29, and lines 33 and 34.		1,709,489.	27	1,916,211
Net Assets or Fund Balances	27	Unrestricted net assets	•	618,471.	28	612,298
Ba	28	Temporarily restricted net assets	•	1,640,686.		1,769,856
בַ	29	Permanently restricted net assets	abaak basa 🛌 📑	1,040,000.	25	1,100,000
Ę		Organizations that do not follow SFAS 117 (ASC 958), o	check here			
S O		and complete lines 30 through 34.			30	
Sel	30	Capital stock or trust principal, or current funds			31	
As	31	Paid-in or capital surplus, or land, building, or equipment f			32	
Š	32	Retained earnings, endowment, accumulated income, or o	Julier lurius [3,968,646.		4,298,365
	33	Total net assets or fund balances	• •	3,999,022.	34	4,351,357
_	34	Total liabilities and net assets/fund balances	<u> </u>	2,222,044.	<u> </u>	Form 990 (2012)

		54-172	2709	Pag	_{je} 12
Pa	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>65.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>79.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			86.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,968		
5	Net unrealized gains (losses) on investments	5	283	<u>3,2</u>	<u>33.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	4,298	3,3	65.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				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?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audıt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in Sched	lule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing				
Ju	Act and OMB Circular A-133?		За		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		-	
~	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2012)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

2012

Open to Public Inspection

Name of the organization

Employer identification number 54-1722709

				MDVIT						4 1/44	103	
Part I	Reason	tor Public Chai	rity Status (All organiz	ations mus	st complet	e this part) See inst	ructions.				
he orga	anization is not a	a private foundation	because it is: (For lines 1	through 1	11, check (only one b	ox)					
1 🛌	A church, co	nvention of churche	es, or association of churc	ches desci	ribed in se	ction 170	(b)(1)(A)(i)					
2	A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Scl	hedule E.)								
3 🖳	A hospital or	a cooperative hosp	ital service organization o	described i	n section	170(b)(1)	(A)(iii).					
4	A medical res	search organization	operated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospital	's nam	ie,
	city, and stat	e:										
5	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governr	mental uni	t describ	ed in		
_	section 170	(b)(1)(A)(iv). (Compl	lete Part II.)									
6	¬ '	•	nent or governmental unit									
7 LX	•	-	ceives a substantial part o	of its supp	ort from a	governme	ental unit o	r from the	general	public desc	nbed i	n
_	٦ - '	b)(1)(A)(vi). (Comple										
8 🛌	」 A community	trust described in	section 170(b)(1)(A)(vi). (Complete	Part II.)							
9	•	-	ceives: (1) more than 33 1						-	-	-	
	activities rela	ted to its exempt fu	inctions - subject to certa	ın exception	ons, and (2	2) no more	than 33 1	/3% of its	support	t from gross	invest	ment
	income and i	unrelated business t	taxable income (less sect	ion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon	after June 3	30, 197	' 5.
	See section	509(a)(2). (Complet	e Part III.)									
10 ⊨	¬	<u> </u>	perated exclusively to tes	•				•				
11		on organized and o	perated exclusively for th	e benefit d	of, to perfo	orm the fui	nctions of,	or to carr	y out the	purposes o	of one	or
	more publicly	supported organiz	ations described in section	on 509(a)(1	i) or section	on 509(a)(2	2). See se o	ction 509(a)(3). Ch	eck the box	that	
	describes the type of supporting organization and complete lines 11e through 11h.											
_	_ a	ы ы∟т	ype II c L Ty	/pe III - Fui	nctionally i	integrated	C	і — Тур	e III - No	n-functional	ly integ	grated
e	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
	foundation m	nanagers and other	than one or more publicly	/ supporte	d organıza	itions des	cribed ın s	ection 509	9(a)(1) or	section 509	9(a)(2).	
f	If the organiz	ation received a wr	itten determination from t	he IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting o	rganization, check t	his box								_	
g	Since Augus	t 17, 2006, has the	organization accepted an	y gift or co	ontribution	from any	of the follo	owing per	sons?			
	(i) A perso	n who directly or inc	directly controls, either ale	one or tog	ether with	persons o	described i	ın (ıı) and (iii) below	′,	Yes	No
	the gov	erning body of the s	supported organization?							11g(i)		
	(ii) A famıly	member of a perso	on described in (i) above?							11g(ii)		
	(iii) A 35% (controlled entity of a	a person described in (i) o	or (II) above	e?					11g(iii)		
h	Provide the f	ollowing information	n about the supported org	ganization((s)							
		_										
(i) Nar	ne of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Did yo	u notify the	(vi) ls	s the	(vii) Amoun	t of mo	netary
	rganization	(11) = 111	(described on lines 1-9	in col. (i) lis	sted in your	organizat	ion in col.	organizáti (i) organiz	on in col. red in the		port	
				governing	document?	(i) of you	r support?	U.S	3.7	·		
			(see instructions))	Yes	No	Yes	No	Yes	No			
									1			
					j		ļ,	1				
		:										
												_
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	 ·	-					-	-	 	-		
otal						!						

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for

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.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	311,444.	470,167.	427,404.	518,444.	455,509.	2,182,968,
2	Tax revenues levied for the organ-						
	ızatıon'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	274,961.			228,120.		1,099,519,
	Total. Add lines 1 through 3	586,405.	694,675.	562,686.	746,564.	692,157.	3,282,487.
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		į				
	amount shown on line 11,					i	000 004
_	column (f)						278,871.
	Public support. Subtract line 5 from line 4	<u> </u>					3 003 616
-	ction B. Total Support	() 0000	# > 0000	4 > 0040	4 13 0044	() 0040	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
_	Amounts from line 4	586,405.	694,675.	562,686.	746,564.	692,157.	3,282,487,
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	63,756.	52,918.	60,418.	60,128.	54,721.	291,941.
_	and income from similar sources	03,/30.	34,910.	00,410.	00,120.	34,/41.	291,941.
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital						
	•						
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10						3 574 429
	Gross receipts from related activities,	etc (see instruction	ne)			12	3,574,428.
	First five years. If the Form 990 is for	•	•	d fourth or fifth ta	v vear as a sectio		
	organization, check this box and stor	-	, mat, 3000m a , time	a, roarar, or mar te	in your as a scotto	11 00 1(0)(0)	
Sec	ction C. Computation of Publ	ic Support Per	rcentage				<u> </u>
	Public support percentage for 2012 (olumn (f))	· ·	14	84.03 %
	Public support percentage from 2011		•		•	15	86.84 %
16a	33 1/3% support test - 2012. If the	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or п	nore, check this bo	
	stop here. The organization qualifies	=					> X
b	33 1/3% support test - 2011. If the	organization did no	t check a box on I	ne 13 or 16a, and		or more, check th	ns box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation .			ightharpoons
17a	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-			▶□
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the "facts-and-circ				•		▶□
18	Private foundation. If the organization		_	•		•	s •
_	- -				Sche	edule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990 EZ) 2012 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	ction A. Public Support	sion, picade com	pioto i are ir j	. <u>-</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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-						
	ization's benefit and either paid to						
	or expended on its behalf				<u> </u>		<u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	,					
6	Total. Add lines 1 through 5				<u> </u>	<u> </u>	
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	ction B. Total Support			·		'	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Amounts from line 6	(4)	(2)		(4)	(5/=5-=	
	Gross income from interest,			1			
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources		!				r
	· · · · · ·				 		
•	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975			-	 		
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is				ļ		
	regularly carned on .		_				
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
	check this box and stop here				-		ightharpoons
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
15	Public support percentage for 2012 (li	ine 8, column (f) d	ivided by line 13,	column (f))		15	%
	Public support percentage from 2011		-			16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from 2			-, <i>\(\mathreal{\mathreal}\)</i>	• • • •	18	%
	33 1/3% support tests - 2012. If the			on line 14, and line	e 15 is more than		
.50	more than 33 1/3%, check this box ar						S
1-			=	•			and .
0	33 1/3% support tests - 2011. If the	-			•		
00	line 18 is not more than 33 1/3%, che			•		•	·
20	Private foundation. If the organization	n ala not check a	pox on line 14, 19	a. or 19b. check t	nis box and see ii	nstructions	▶ ∟.l

232023 12-04-12

Schedule A (Form 990 or 990-EZ) 2012

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization

FAIRFAX LIBRARY FOUNDATION

Employer identification number 5.4...1722709

Dor	Part I Organizations Maintaining Donor Advised Funds or Othe	r Similar Funds or /	Accounts Complete of the
Pai		i Silillai Fullus Oi P	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6	and finds	(h) Funda and other accounts
	(a) Donor adv	sea funas	(b) Funds and other accounts
1	• • • • • • • • • • • • • • • • • • • •		
2	· · · · · · · · · · · · · · · · · · ·		
3	3 Aggregate grants from (during year)		
4			
5	5 Did the organization inform all donors and donor advisors in writing that the assets	held in donor advised fur	
	are the organization's property, subject to the organization's exclusive legal control		L_ Yes
6			
	for charitable purposes and not for the benefit of the donor or donor advisor, or fo	any other purpose confe	
_	impermissible private benefit?	 	Yes No
Par	Part II Conservation Easements. Complete if the organization answered "		, line 7.
1			
		reservation of an historica	
		reservation of a certified h	nistoric structure
	Preservation of open space		
2	2 Complete lines 2a through 2d if the organization held a qualified conservation con	ribution in the form of a co	onservation easement on the last
	day of the tax year		
			Held at the End of the Tax Year
а	a Total number of conservation easements	•	2a
b	b Total acreage restricted by conservation easements		2b
C	c Number of conservation easements on a certified historic structure included in (a)		2c
d	• • • • • • • • • • • • • • • • • • • •	on a historic structure	
	listed in the National Register		2d
3		or terminated by the orga	inization during the tax
	year ▶		
4			
5	. , , , , ,	ection, handling of	<u></u>
	violations, and enforcement of the conservation easements it holds?		Yes No
6	- · · · · · · · · · · · · · · · · · · ·		
7			
8		ients of section 170(n)(4)(
	and section 170(h)(4)(B)(ii)?		Yes No
9	•		
	include, if applicable, the text of the footnote to the organization's financial statem	ents that describes the or	rganization's accounting for
Dai	Part III Organizations Maintaining Collections of Art, Historical	Freasures or Other	Similar Assets
I u	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ricusuros, or ourior	ommai 7,000to.
	1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report	in ite revenue statement :	and halance sheet works of art
ıa	historical treasures, or other similar assets held for public exhibition, education, or		
		research in furtherance o	n public service, provide, in race Am,
	the text of the footnote to its financial statements that describes these items.	e revenue statement and	halance sheet works of art, historical
D	b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in it		
	treasures, or other similar assets held for public exhibition, education, or research	in furtherance of public se	ervice, provide the following amounts
	relating to these items:		▶ ¢
	(i) Revenues included in Form 990, Part VIII, line 1		S
_	(ii) Assets included in Form 990, Part X		> \$
2	•		i, provide
	the following amounts required to be reported under SFAS 116 (ASC 958) relating	to these items:	▶ ¢
	a Revenues included in Form 990, Part VIII, line 1		S
b	b Assets included in Form 990, Part X	••	> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

		LIBRARY F		<u>_</u>				09 Page 2
	rt III Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other record	s, check any of the	following tha	t are a si	gnificant use o	of its collect	ion items
	(check all that apply)	_	<u> </u>					
a	Public exhibition	d		hange progra	ams			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co			_			n Part XIII	
5	During the year, did the organization solicit or				er sımılar	assets		r
Dai	to be sold to raise funds rather than to be ma						Yes	No_
Pai	rt IV Escrow and Custodial Arrang		te if the organizatio	n answered '	'Yes" to F	Form 990, Par	t IV, line 9, d	or
	reported an amount on Form 990, Par							
та	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other as	sets not	included		
	on Form 990, Part X?				-		└── Yes	L No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table.					
							Amou	int
	Beginning balance	•				1c		
	Additions during the year		• •		•	1d		
_	Distributions during the year					1e		
f	Ending balance					1f	Г	
	Did the organization include an amount on Fo	•	• • •	·		•	L Yes	⊢ No
Pai	If "Yes," explain the arrangement in Part XIII.							
rai	rt V Endowment Funds. Complete if	1					h	······································
	Parameter of the state of the s	(a) Current year	(b) Prior year	(c) Two year		d) Three years		ur years back
	Beginning of year balance	3,275,393.	3,003,364.		8,657.	2,119,	ĺ	2,555,800.
	Contributions	130,422.	310,373.		289.	230,0		16,603.
	Net investment earnings, gains, and losses	330,923.	33,256,	425	5,968.	180,	716.	<u><387,537.</u> >
	Grants or scholarships			. 				
е	Other expenditures for facilities				_			
_	and programs	71,400.	71,600	7:	1,550.	71,	784.	65,773.
T	Administrative expenses							
g	End of year balance	3,665,338,	3,275,393,		3,364.	2,458,	657,	2,119,093,
2	Provide the estimated percentage of the curr	=	•	i)) held as:				
	Board designated or quasi-endowment	36.21	_%					
	Permanent endowment 48.29	% = = 0						
С		5.50 %						
_	The percentages in lines 2a, 2b, and 2c shou	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	na aaministe	rea for tr	ie organizatior	1	
	by.						- ·	Yes No
	(i) unrelated organizations (ii) related organizations		÷			•	3a(i	1 1
L.			- Cabadula DO				<u>3a(ii</u>	<u>X</u>
	If "Yes" to 3a(ii), are the related organizations	•	•	• •			. <u>3b</u>	
4 Par	T VI Land, Buildings, and Equipm				·· -			
	Description of property			or other	(=) (=	loted	(-1) D-	
	Description of property	(a) Cost or of basis (investing	, , ,			cumulated reciation	(a) BC	ok value
4-	Land	Dasis (HIVESTII	ionity basis (ouiei/	uep			
	Land							
	Buildings	<u> </u>						
	Leasehold improvements		1	3 030		12 020		
	Equipment	 		3,828. 9,233.	•	13,828. 5,173.		0.
	Other I. Add lines 1a through 1e. (Column (d) must ed	ruol Form 000 P				<u> </u>	-	4,060. 4,060.
uld	<u></u>	<u> μαι Γυππ 330,</u> Ράπ .	<u> ~, coluititi (D), l</u> ine T	<u> ∪(∪)./</u>		·····		- 4 0 0 0 •

232053 12-10-12

Schedule D (Form 990) 2012 FAIRFAX LIBRARY FOUNDATION	<u>54-17227(</u>	9 Page 5
Schedule D (Form 990) 2012 FAIRFAX LIBRARY FOUNDATION Part XIII Supplemental Information (continued)		
Cappiernerital information (continued)		
	DD 0117 GT 011G	TAT
OF THE INTERNAL REVENUE CODE. THE FOUNDATION ADOPTED THE	PROVISIONS	<u>TN</u>
FASB ASC 740-10.		
		_
	<u> </u>	
	-	
		

SCHEDULE G

Department of the Treasury

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

Inspection

Internal Revenue Service

Name of the organization **Employer identification number** 54-1722709 FAIRFAX LIBRARY FOUNDATION Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or □ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

232081 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

 9 Enter the state(s) in which the organization operates gaming activities. a is the organization licensed to operate gaming activities in each of these states? b if "No," explain: 		Yes	No No
10a Were any of the organization's gaming licenses revoked, suspended or terminated b If "Yes," explain:	•	Yes	□ No
232082 01-07-13	Schedu	le G (Form 990 or 990	0-EZ) 2012

<u>Sch</u>	edule G (Form 990 or 990 EZ) 2012 FAIRFAX LIBRARY FOUNDATION 54-1	<u> 1722</u>	<u>709</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	إلاا	Yes	∟ No
13	Indicate the percentage of gaming activity operated in			
а	The organization's facility	13a		%
	An outside facility	13b	L	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
	olf "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
C	c If "Yes," enter name and address of the third party.			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			· · · · · ·
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	a is the organization required under state law to make charitable distributions from the gaming proceeds to			<u> </u>
	retain the state gaming license?	.Ш	Yes	☐ No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
Da	organization's own exempt activities during the tax year \$\bigseleft\ \ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$ \\$	3 and 6	·\	Dort III
<u> </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information		-	
				-
_				

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

OMB No 1545-0047	2012	Open to Public

Inspection

Employer identification number 54-1722709FATERAX LITERARY FOUNDATION Department of the Treasury Internal Revenue Service Name of the organization

LAINFAA LIDNANI	TDRAKI FO	FOUNDALION					CO18817 FC
Part I General Information on Grants and Assistance	and Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	to substantiate the	amount of the grants	s or assistance, the	grantees' eligibility	for the grants or as	sistance, and the select	[
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monif	coring the use of grant	funds in the United	States			
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	inization answered "	res" to Form 990, Part	V, line 21, for any
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	\$5,000 Part II can	be duplicated if addit	nonal space is need	led.			
1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAIRFAX COUNTY PUBLIC LIBRARIES 12000 GOVERNMENT CENTER PARKWAY, SU PATRPAX VA 22035	U 54-0787833		259 528	0			TO SUPPORT LIBRARY OPERATIONS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	and government or	ganizations listed in the table	he line 1 table	•			A A

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

Schedule I (Form 990) (2012)

28

(f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed THE ORGANIZATION REQUESTS DOCUMENTATION FROM THE GRANTEE TO ENSURE THE FUNDS WERE USED FOR (d) Amount of non-cash assistance LINE 2: FOR GRANTS TO OTHER ENTITIES, 22,623, (c) Amount of cash grant (b) Number of recipients THEIR DESIGNATED PURPOSE, IF APPLICABLE. (a) Type of grant or assistance SCHEDULE I, PART I, SCHOLARSHIPS

Schedule I (Form 990) (2012)

SCHEDULE O

(Form 990 or 990-EZ)

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-FZ

2012
Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Employer identification number

FAIRFAX LIBRARY FOUNDATION	54-1722709
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
FOUNDATIONS TO ENHANCE LIBRARY SERVICES FOR OUR COMMUNITY	•
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHME	NTS:
POPULAR BOOKS.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHME	NTS:
CAREGIVERS TO VISIT THE LIBRARY. IT HELPS TO FOSTER SKIL	LS AND
EMPHASIZE CONCEPTS NEEDED FOR SCHOOL READINESS WHICH THEY	MAY OTHERWISE
LACK WHEN ATTENDING SCHOOL FOR THE FIRST TIME.	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:	
CHANGING LIVES THROUGH LITERATURE	
CHANGING LIVES THROUGH LITERATURE (CLTL) IS AN ALTERNATIVE	E TO FORMAL
COURT ACTION FOR FIRST TIME JUVENILE OFFENDERS AND IS USE	D IN
CONJUNCTION WITH PROBATION AND PAROLE. THE PROGRAM USES	THE POWER OF
LITERATURE TO TRANSFORM LIVES BY HELPING PARTICIPANTS LEAD	RN ABOUT
THEMSELVES, GAINING INSIGHT ABOUT THEIR OWN LIVES AND BEH	AVIOR.
THROUGH READING AND GROUP DISCUSSIONS, THE PROGRAM REHABI	LITATES
OFFENDERS BY BUILDING SELF-ESTEEM, ENCOURAGING CRITICAL T	HINKING,
FACILITATING AN UNDERSTANDING OF HOW ONE'S ACTIONS IMPACT	OTHERS, AND
TEACHING OFFENDERS THAT THEY ARE NOT ALONE WITH THEIR TRO	UBLES.
EXPENSES \$ 19,455. INCLUDING GRANTS OF \$ 13,299. REVE	NUE \$ 0.

Employer identification number 54-1722709

SCHOLARSHIPS

THE FAIRFAX LIBRARY FOUNDATION IS PROUD TO FUND ACADEMIC SCHOLARSHIPS

(UNDERGRADUATE AND GRADUATE) AND CONTINUING EDUCATION SCHOLARSHIPS.

THESE SCHOLARSHIPS ARE OPEN TO EMPLOYEES AND VOLUNTEERS OF FAIRFAX

COUNTY PUBLIC LIBRARY.

CONTINUING EDUCATION SCHOLARSHIPS ARE AWARDED SEMIANNUALLY AND PROVIDE
OPPORTUNITIES FOR CURRENT LIBRARY EMPLOYEES OR VOLUNTEERS THAT ARE NOT
ENROLLED IN A FORMAL DEGREE PROGRAM TO CONTINUE THEIR EDUCATION
(THROUGH CLASSES, CONFERENCES, AND OTHER PROFESSIONAL ENHANCEMENT
COURSES) TO FOSTER THE PROFESSIONAL DEVELOPMENT OF THE FAIRFAX COUNTY
PUBLIC LIBRARY TEAM. MASTERS OF LIBRARY SCIENCE SCHOLARSHIPS ARE
MERIT-BASED AND AVAILABLE TO INDIVIDUALS PURSUING A MASTER'S DEGREE IN
LIBRARY SCIENCE AT AN AMERICAN LIBRARY ASSOCIATION (ALA) ACCREDITED
SCHOOL. ELIGIBLE APPLICANTS MUST BE ENROLLED OR HAVE BEEN ACCEPTED FOR
ENROLLMENT BY AN ALA ACCREDITED SCHOOL. UNDERGRADUATE ACADEMIC
SCHOLARSHIPS ARE MERIT-BASED AWARDS AVAILABLE TO ANY CURRENT EMPLOYEE
OR VOLUNTEER WITH FAIRFAX COUNTY PUBLIC LIBRARY. IN ORDER TO BE
ELIGIBLE, AN AWARDEE MAY BE ASKED TO COMPLETE UP TO A MAXIMUM OF 60
VOLUNTEER HOURS WITHIN A TWELVE-MONTH PERIOD.

EXPENSES \$ 33,094. INCLUDING GRANTS OF \$ 22,623. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: A DRAFT COPY OF THE FORM 990 WAS
RECEIVED BY MANAGEMENT AND THE TREASURER. THEN THE DRAFT WAS EMAILED TO
THE BOARD OF DIRECTORS. DIRECTORS HAD ONE WEEK TO REVIEW THE DOCUMENTS AND
RESPOND WITH ANY QUESTIONS OR COMMENTS. AFTER ALL REVIEWS WERE COMPLETED,

THE 990 WAS FILED.

Schedule O (Form 990 or 990-EZ) (2012)

Schedule O (Form 990 or 990-EZ) (2012)	Page 2
Name of the organization FAIRFAX LIBRARY FOUNDATION	Employer identification number 54-1722709
FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTO	DRS, AND KEY
EMPLOYEES ARE REQUIRED TO ANNUALLY DISCLOSE INTEREST THAT	COULD GIVE RISE
TO CONFLICT IN ACCORDANCE WITH THE FOUNDATION'S CONFLICT	OF INTEREST
POLICIIES. THE ANNUAL DISCLOSURES ARE REVIEWED TO ENSURE	NO CONFLICTS OF
INTEREST EXIST.	
FORM 990, PART VI, SECTION C, LINE 19: THE FOUNDATION'S G	GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STA	ATEMENTS ARE
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
CONTRACTED STAFF:	<u></u>
PROGRAM SERVICE EXPENSES	69,222.
MANAGEMENT AND GENERAL EXPENSES	4,474.
FUNDRAISING EXPENSES	6,880.
TOTAL EXPENSES	80,576.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	80,576.
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR AND FINANCE MANAGER'S SALARY ARE I	
COUNTY AS IN-KIND CONTRIBUTIONS. THE SALARIES ARE REVIEW	NED AND
APPROVED ACCORDING TO FAIRFAX COUNTY GUIDELINES BY TWO SU	