SCANNED MAR 2 9 2022

Form **990**,

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 2019

Department of the Treasury

► Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

	nai Revenue		- 40 to www.ms.g						20 22			
<u> </u>			dar year, or tax year beginning	07/01	, 2019, and end		06/30		, 20 20			
В	Check if ap	plicable	C Name of organization LIBRARY	FOUNDATION OF	KANAWHA COUNTY	INC) Emplo	yer identifica	tion number		
	Address ch	nange	Doing business as						55-073965	59		
	Name char	nge	Number and street (or P O box if	mail is not delivered to	o street address)	Room/suit	te E	E Telepho	one number			
	Initial return	n	123 Capitol Street						304-343-46	46		
$\overline{\sqcap}$	Final return	/terminated	City or town, state or province, co	untry, and ZIP or fore	ign postal code							
$\overline{\Box}$	Amended r		Charleston, WV, 25301	-				G Gross receipts \$ 10,0				
Ξ.	Application		F Name and address of principal offi	cer Erika Connell	v 1	Hía) Is this a group	o return for	r subordinates?	Yes V No		
ш	Application	pending	123 Capitol Street, Charlestor	•	, , ,	7			_	Yes No		
	Tax-exemp	t etatue	✓ 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or [527		•		e instructions)			
<u>. </u>			(30 (c)(s)	/ Cinscretio	1047(0)(1) 01 [],027) Group exe					
J	Website:		о — — — — — — — — — — — — — — — — — — —		1 V					In 1807		
K			Corporation Trust Associa	tion	L Year of for	mation	1994	VI State t	of legal domici	le WV		
F		Summa			<u> </u>							
		-	cribe the organization's missi	_	icant activities: Direc	ctly and in	ndirectly s	upport	the function	ns and		
Governance	_E	ourposes o	of the Kanawha County Public	Library								
nag				· · · · · · · · · · · · · · · · · · ·								
ě	2 C	heck this	box ► ☐ if the organization	discontinued its o	operations or dispose	ed of mo	re than 25	5% of 1	its net asse	ets.		
ĝ	3 N	lumber of	voting members of the gove	rning body (Part \	√I, line 1a)			3		14		
જ	4 N	lumber of	independent voting member	s of the governing	g body (Part VI, line 1	1b)		4		14		
Activities &	5 T	otal numb	per of individuals employed in	calendar year 20	019 (Part V, line 2a)			5		0		
₹	6 T	otal numb	per of volunteers (estimate if i	necessary)				6		0		
ç	7a T	otal unrel	ated business revenue from f	Part VIII columnar	6) the de			7a		0		
•	b N	let unrelat	ted business taxable income	from Form 990-1	CEIRED L	·		7b				
	D 1	iet umeiai	ted business taxable income	10111	181	- 	Prior Year	' ' ' 	Curren	t Year		
		`antributio	ons and grants (Part VIII, line	<u> </u>		0 210						
ne				. 1631	0 4 2 021			9,310		9,144,427		
ē		-	ervice revenue (Part VIII, line	·) \	<u> </u>	-		4,500		20,925		
Revenue			t income (Part VIII, column (A		DEN UT		20	5,468		260,566		
_			nue (Part VIII, column (A), line					0		579,000		
			ue-add lines 8 through 11 (n				71	9,278		10,004,918		
	13 G	irants and	l sımılar amounts paid (Part I)	K, column (A), line	es 1-3)			0		0		
	14 B	enefits pa	ald to or for members (Part IX	, column (A), line	4)			0		0		
Ś	15 S	alaries, ot	her compensation, employee t		0	0						
Expenses	16a P	rofession	al fundraising fees (Part IX, c	olumn (A), line 11	le)			0		0		
ē	II.		aising expenses (Part IX, colu									
Щ	l.		enses (Part IX, column (A), line				30	5,779		337,316		
	i		nses. Add lines 13-17 (must					5,779		337,316		
	li		ess expenses Subtract line 1		2 (4,, 2.5,	<u> </u>		3,499		9,667,602		
		CVCITACIC	233 expenses Gubirdet inte 1	0 110111 1110 12		Beginnir	ng of Currer		End of			
Net Assets or Fund Balances	00 -		to (Bort V. June 16)			Degiiiiii	-					
Sse	20 T		ts (Part X, line 16) .	•			11,36			13,430,699		
글	21 T		ties (Part X, line 26)			ļ		5,176		20,930		
			or fund balances. Subtract li	ne 21 from line 2	<u> </u>	<u> </u>	3,74	2,167		13,409,769		
	artţII	 •	re Block									
Ur	ider penaltie	es of perjury,	, I declare that I have examined this repeater (other than	eturn, including accord	npanying schedules and st	tatements, a	and to the b	est of m	ıy knowledge	and belief, it is		
נוט	e, correct, a	and complete	e Declaration of preparer (other than	Officer) is based on an	prep	arer rias arr	y knowledg					
			Will Cornelly				<u> </u>	21/	2021			
Sig		Signati	ure of officer				Date					
He	re	Erika	Conelly, Secretary-Treasurer									
	1	Type o	r print name and title									
D٠	id	Print/Type	preparer's name	Preparer's signature		Date	1	Check] if PTIN			
								elf-empl	_			
	eparer	Firm's nan	ne b			·	Firm's F	IN Þ				
Us	e Only											
NA~	v the IDC	Firm's add	this return with the preparer s	hown ahove? (co	e instructions)		Phone r	i o		Yes 🗌 No		
							· · ·	• •		m 990 (2019)		
-0	Dananua	er Poduct	ion Act Notice, see the separat	a instructions	Ca	at No 1128	7		For	22U (2019)		

	O (2019) Page 2
Part I	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: Directly and indirectly support the functions and purposes of the Kanawha County Public Library
	Directly and indirectly support the functions and purposes of the Kanawna County Public Library
	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others
	the total expenses, and revenue, if any, for each program service reported.
	(O) (D) (D)
4a	(Code.) (Expenses \$ 12,327 including grants of \$) (Revenue \$ 1,750) Summer Library Club - direct services and materials for the summer reading program at KCPL including the purchase of books for
	the children reaching certain goals. Program revenue is from sponsorships.
	the Children reaching certain goals. Program revenue is from sponsorsings.
	······
4b	(Code.) (Expenses \$ 68,837 including grants of \$ 0) (Revenue \$ 31,425)
	Book Festival - Free two day event for the public to attend programs, workshops, and activities focusing on the importance of
	books and reading Program revenue is from sponsorships
4c	(Code:) (Expenses \$ 180,946 including grants of \$) (Revenue \$ 62,993)
4c	(Code:) (Expenses \$180,946 including grants of \$) (Revenue \$
4c	
4c	
4c	

 4d
 Other program services (Describe on Schedule O)

 (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

 4e
 Total program service expenses ▶ 262,110

Part	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	1	
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		✓
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? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
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		1
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		✓
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		 ✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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? <i>If "Yes," complete Schedule D, Part IV</i>	9_		1
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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		✓
b	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		1
С	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		1
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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
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		1
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	✓	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		✓
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		\
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		✓
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		√

Part I	V Checklist of Required Schedules (continued)			
-			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.	23		 ✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		√
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? 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		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		√
	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		✓_
38	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	38	✓	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V		· -	
			Yes	No
b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 0	<u> </u>		
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)		<u>, , </u>	!
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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)?	4a		✓
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			لنب ـ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	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 as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		ļ.,
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		ļ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		
_	required to file Form 8282?	7c	3.	1,
d		 7е		۳
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		. 1	4
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		.,	- 1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		į.	!
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 . [10b]	,		;
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b]	•	•	*
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		A
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a		
	· 1 1			,
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		,	'.
С	Enter the amount of reserves on hand	. 5		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		· ,
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> .	14b		-
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		1
	If "Yes," see instructions and file Form 4720, Schedule N.	,		<u> </u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		-
	If "Yes," complete Form 4720, Schedule O.	17 m 7	,	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Schedule O contains a response or note to any line in this Part VI	See in	struc	tions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14	•		3 1
	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 on Schedule O.			,
b	Enter the number of voting members included on line 1a, above, who are independent . 1b 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	_	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.			
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	ļ
9	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 on Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	<u>ue C</u>	ode.)	
		لــــا	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		/
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓	ļ.,,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		ئـــا
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	V	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1	
13 14	Did the organization have a written whistleblower policy?	13 14	1	-
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?			
а	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).			1
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			Ė
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			<u> </u>
17	Late the state with the base of the Form 000 to required to be filed by the			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website. Another's website. Upon request. Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o and financial statements available to the public during the tax year.			юнсу,
20	State the name, address, and telephone number of the person who possesses the organization's books and recognition Parastrant 100 Capital Street Charleston WW 35201 (2001) 4.45	cords		
	Accounting Department 123 Capitol Street Charleston WV 25301, (304)343-4646			

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Page	•

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

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above.

✓ Check this box if neither the organization no	any relate	d org	aniz	atio	on c	ompe	nsa	ted any current	officer, director,	or trustee.
		(C)								
(A)	(B)	(40.5	ot ch		ition		one	(D)	(E)	(F)
Name and title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated amount
	hours per week	officer and a director/trustee)					- '-	compensation from the	compensation from related	of other compensation
	(list any	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	organization	organizations	from the
	hours for related	reci	<u>Ĕ</u>	ĕ	em	loye] @	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
	organizations	altn	nal		ğ	e com				Ĭ
	dotted line)	ste	trus		8	Pen				
		e	ee			Highest compensated employee				
Erıka Connelly	4 00									
Secretary-Treasurer	33.50		ļ	✓			<u> </u>	0	71,905	0
Monika Jaensson	2.00									•
Member/KCPL President	5 00	✓	<u> </u>	<u> </u>	<u> </u>		ļ	0	0	0
Bryan Cokeley	2 00				ŀ					
Vice President	0 00	✓	╙	_	ļ	ļ	ļ	0	0	0
Jeri Matheney	2.00									
2nd Vice President	0.00	✓	<u> </u>		<u> </u>		<u> </u>	0	0	0
Mary Kay Bond	1.00	١.	l .			1				
Member	0 00	/		_	<u> </u>		├-	0	0	0
Michelle Marlowe	1.00						1		_	_
Member	0 00	✓	├_	<u> </u>	⊢	ļ	ļ	0_	0	0
Steve Wehrle	1 00								_	_
Member	0 00	/	<u> </u>					0	0	0
Nellie R Chilton	1 00	١,						_	_	
Member	0 00	/	<u> </u>		-		-	0	0	0
William Maxwell Davis	0 00	,					ĺ			_
Member	0 00	✓	ļ	-	-	_		0	0	0
Steven Jubelirer	1 00	,						}		
Member	0.00	✓	\vdash	_	-		<u> </u>	0	0	0
William C Porth	1.00	,							_	_
Member	0 00	✓		_		ļ		0	0	0
Virginia Rugeley	1.00	,						_	_	_
Member	0 00	✓		_	-			0	0	0
Mary Catherine Tuckwiler	1 00	,								_
Member		✓		ļ	-	-	 	0	0	0
Tom Heywood	2.00			,				_		_
President	0.00	<u> </u>	<u> </u>	✓.	<u>L</u>		Щ	0	0	0

Part	VII Section A. Officers, Directors,	Trustees,	Key I	Emj	plo	yee	s, an	d F	lighest Compe	nsated En	nplo	yees (continued
	(A) (B) Name and title Averag hours per wee					rson	e than o is both or/trus	an	(D) Reportable compensation	(E) Reportab compensat	non	(F) Estimated amount of other
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from relate organizatio (W-2/1099-N	ons	compensation from the organization and related organizations
											-	
					_							
												·····
1b								>	0	71	,905	
d	Total from continuation sheets to Part Total (add lines 1b and 1c)						•	>	0	71	,905	0
2	Total number of individuals (including but reportable compensation from the organi	t not limited					above	e) w	ho received mor	e than \$100	0,000	of
3	Did the organization list any former of	officer, dire							oyee, or highes		sated	Yes No
4	employee on line 1a? If "Yes," complete some for any individual listed on line 1a, is the organization and related organizations individual	e sum of re greater th	portal an \$1	ble (150,	000	npei	nsatic f "Ye	n a s,"	nd other comper complete Sched	nsation fron		
5	Did any person listed on line 1a receive of for services rendered to the organization?	or accrue co	ompe	nsat	tion	froi	m any	un un	related organizat		ridual	5 🗸
Secti	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo											
	(A) Name and business add	ress							(B) Description of serv	rices		(C) Compensation
None												
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abov	e) who		

Pari	VIII	Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII											
		Official in Confederate	0.00	Trumo a re	<u> </u>	ide of frote to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
S S	1a	Federated campaig	ns .		1a		0						
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b		0						
ع ۾	С	Fundraising events		•	1c	15,10	8						
ffs	d	Related organizatio	ns .		1d		0		ļ				
يَّ نَّةٍ ا	е	Government grants	(cont	ributions)	1e		0	,					
Sin	f	All other contribution	ns, gii	fts, grants,									
e të		and similar amounts no	ot incli	uded above	1f	9,129,31	9						
<u>ē</u> \$	g	Noncash contribution	ons in	icluded in				į					
달		lines 1a-1f.			1g	\$ 100,00	<u>o</u>						
O 4	h	Total. Add lines 1a-	-1f .	<u></u>		<u>, , , , . ▶</u>	9,144,427						
4)						Business Code							
į	2a	Book Festival				900099	20,925	20,925	0	0			
Le e	b									-			
en S	C .												
gram Ser Revenue	d	•••••					. 	· · · · ·		 			
Program Service Revenue	e	All other program of											
۵.	f g	All other program se Total. Add lines 2a-		revenue			20,925		0	0			
	3	Investment income		luding divi	dende		20,020			1			
	3	other similar amoun		•			260,566	0	0	260,566			
	4	Income from investr	•			-			0	· · · · · · · · · · · · · · · · · · ·			
	5	5 "				•	. 0	 	0	 			
			<u> </u>	(i) Rea	ıl .	(II) Personal		_					
	6a	Gross rents .	6a										
	b	Less rental expenses	6b										
	С				o	l							
	d	Net rental income o	r (los	s)		>	•						
	7a	Gross amount from		(i) Securi	ties	(II) Other							
		sales of assets								!			
		other than inventory	7a							}			
Revenue	b	Less cost or other basis	<u>.</u>							}			
Ven		and sales expenses	7b				_						
æ		Gain or (loss)	7c	l	0		0						
ēr	d o-	Net gain or (loss)	•			<u> </u>							
Other	ва	Gross income from events (not including											
		of contributions rej			1								
		1c). See Part IV, line			8a								
	ь	Less direct expens			8b								
		Net income or (loss)				nts >	•						
		Gross income f											
		activities. See Part I			9a					Ì			
	b	Less direct expense	es .		9b								
	С	Net income or (loss)	from	gaming a	<u>çtıvıtı</u>	es 🕨							
	10a	Gross sales of in		ory, less				_		l			
		returns and allowan			10a								
	b	Less: cost of goods			10b								
	С	Net income or (loss)	from	sales of in	vento		·						
Si						Business Code							
e a	11a	Payments from affilia	ates			900099	579,000	579,000	0	0			
scellaneo Revenue	b						 	 					
e Se	C	All athor recent					+						
Miscellaneous Revenue		All other revenue	5_11d	• • • •		•	570,000	0	0	0			
	<u>e</u>	Total royanua Saa			· ·	· ·	579,000	500.025		260 566			

D 111/	 of Functional	

Section	on 501(c)(3) and 501(c)(4) organizations must comp				
	Check if Schedule O contains a response	e or note to any line	e in this Part IX .		
	nt include amounts reported on lines 6b, 7b, o, 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 domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages .				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			. ,	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17	0		, , , , , ,	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	38,000		38,000	
12	Advertising and promotion	29,540	638	00,000	28,902
13	Office expenses	2,845		1,966	879
14	Information technology	2,0.0		.,,,,,	<u> </u>
15	Royalties				
16	Occupancy				
17	Travel	874	874		
18	Payments of travel or entertainment expenses	<u> </u>			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest		-		<u> </u>
21	Payments to affiliates	120,856	120,856	0	0
22	Depreciation, depletion, and amortization .		-		
23	Insurance				
24	Other expenses Itemize expenses not covered			, -	
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Honorarium	65,125	65,125	0	0
b	Programing	8,618	8,618	0	0
С	Financing expense	50,000	50,000	0	0
đ	Programing Incentives	8,079	8,079	0	0
е	All other expenses	13,379	7,920	1,016	4,443
25	Total functional expenses. Add lines 1 through 24e	337,316	262,110	40,982	34,224
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and		 		
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720) .				

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash-non-interest-bearing 1 1 794,118 1,839,812 2 2 Savings and temporary cash investments . . . 10,573,225 11,590,887 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net . . . 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 Notes and loans receivable, net . 7 8 Inventories for sale or use Prepaid expenses and deferred charges . . 9 Land, buildings, and equipment: cost or other 10a basis. Complete Part VI of Schedule D . . . 10a 10b 10c b Less, accumulated depreciation Investments - publicly traded securities 11 11 12 12 Investments—other securities See Part IV, line 11 . 13 Investments - program-related. See Part IV, line 11. 13 14 14 Intangible assets 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . 16 11,367,343 13,430,699 17 17 Accounts payable and accrued expenses . . . 20,930 18 Grants payable 18 19 Deferred revenue 19 7,625,176 0 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. . . 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 . 26 7,625,176 20,930 **Net Assets or Fund Balances** Organizations that follow FASB ASC 958, check here ▶ □ and complete lines 27, 28, 32, and 33. 27 27 Net assets without donor restrictions . . . 28 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ ☑ and complete lines 29 through 33. 29 29 0 0 30 Paid-in or capital surplus, or land, building, or equipment fund . . . 0 30 0 31 31 Retained earnings, endowment, accumulated income, or other funds . 3,742,167 13,409,769 32 Total net assets or fund balances 32 3,742,167 13,409,769 Total liabilities and net assets/fund balances . 33 33 11,367,343 13,430,699

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Page	ı	4

-orm 9	90 (2019)			٢	age 12	
Parl	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI				. \square	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10,0	04,918	
2	Total expenses (must equal Part IX, column (A), line 25)	2		337,3		
3	Revenue less expenses. Subtract line 2 from line 1	3		9,60	57,602	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		3,74	42,167	
5	Net unrealized gains (losses) on investments	5			0	
6	Donated services and use of facilities	6			0	
7	Investment expenses	7			. 0	
8	Prior period adjustments	8			0	
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0	
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		13,40	09,769	
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>		<u>. 🗆</u>	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın	ľ		
	Schedule O.]	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2 a	1	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both				1 1	
	Separate basis Consolidated basis Both consolidated and separate basis				لـــــا	
b	Were the organization's financial statements audited by an independent accountant?		. 2b	<u> </u>	<u> </u>	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	ı a		.]	
	separate basis, consolidated basis, or both:				1	
	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 over	_			١.	
	the audit, review, or compilation of its financial statements and selection of an independent accounta				├ ✓_,	
	If the organization changed either its oversight process or selection process during the tax year, ex	kplaın	on			
	Schedule O.			_	.	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in t			1	
	Single Audit Act and OMB Circular A-133?		3a		↓ ✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits	3b		1 (2010)	

Form **990** (2019)

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization LIBRARY FOUNDATION OF KANAWHA COUNTY INC 55-0739659 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is, (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ith). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives: (f) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g ✓ Type I A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. ☐ Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations . . Provide the following information about the supported organization(s). (i) Name of supported organization (iv) is the organization (v) Amount of monetary (n) EIN (iii) Type of organization (vi) Amount of listed in your governing (described on lines 1-10 support (see other support (see document? above (see instructions)) instructions) instructions) Yes No Kanawha County Public Library (A) 31-1072777 20,856 0 (B) (C) (D) (E)

Total

0

20,856

	(Complete only if you checked the Part III. If the organization fails to						qualify under
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization'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					1	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	·					
6	Public support. Subtract line 5 from line 4	_		/			
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on	,					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	i, or fifth tax ye	ear as a sec	tion 501(c)(3)
	organization, check this box and stop he	re					🕨 🗀
Secti	on C. Computation of Public Suppor	t Percentag	е				
14	Public support percentage for 2019 (line 6	6, column (f) di	vided by line 1	1, column (f))		14	%
15	Public support percentage from 2018 Sch					15	%
16a	331/3% support test—2019. If the organi box and stop here. The organization qua	lifies as a publ	icly supported	organization			▶ 🗆
b	331/3% support test—2018. If the organithis box and stop here. The organization					ıs 33 ¹ /3% or 	more, check ► □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization".	ets the "facts	-and-circumsta	ances" test, ci	neck this box a	and stop he	re. Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	ition meets th	e "facts-and-c	arcumstances	" test, check t	this box and	stop here.
18/	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	a, or 17b, chec	k this box ar	nd see

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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.)

Secti	on A. Public Support				· · · · · · · · · · · · · · · · · · ·		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees		(-,, -	\		<u> </u>	
	received (Do not include any "unusual grants")	i					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an	-				/	
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf .						
5	The value of services or facilities				4	1	
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.					·	
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3			/			
	received from other than disqualified		•				
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from	-		/	, -	•	
	line 6.)	'	/	ľ ,		,	
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources.		,				
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on		ļ				
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	and 12.)	L organization	n'e firet esses	d third facility	or fifth tour	or as a sasti-	501/a\/2\
14	organization, check this box and stop he	-			-		
Cooti	on C. Computation of Public Suppor						· · · <u>- </u>
	Public support percentage for 2019 (line			12 column (f)		15	
15	Public support percentage for 2019 (line of Public support percentage from 2018 Sci		•	rs, column (i))		16	<u>%</u>
16 Socti	on D. Computation of Investment In			•	• • • •	10	70
	Investment income percentage for 2019 (v line 12 och	mn (fl)	17	0/.
17	,						<u>%</u> %
18	Investment income percentage from 2018 331/39/s support tests – 2019. If the organ					18 ore than 331/2	
19a	17 js not more than 331/3%, check this box						
L	33 ¹ / ₃ % support tests – 2018. If the organiz						
Ь	line 18 is not more than 33½%, check this						
0			=			=	
<i>2</i> 0	Private foundation. If the organization di	и посспеска	DOX On line 14	, +9a, Or 19D, C	HECK THIS DOX	anu see insiru	ctions ▶ □

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Sacti	on A. All Supporting Organizations	aitv	.)	
36011	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	✓	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		-/
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		1
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	_	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		✓
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).			_
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		<u></u>
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		7
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		✓
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		7
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		7
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.	10a		

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

determine whether the organization had excess business holdings)

10b

11. Has the organization accepted a gift or contribution from any of the following persons? 12. A parson who directly controlle, where alone or together with persons described in (b) and (c) below, the governing body of a supported organization. 13. A family member of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. 13. Cection B. Type 1 Supporting Organizations 13. Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No." describe in Part VI how the supported organizations of the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year organizations operated for the benefit of any supported organization of If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization of If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization of If "Yes," explain in Part VI how providing such benefit carned out the purposes of the supported organization If If "Yes," explain in Part VI how control or management of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supporting organizations. 14. Vers in the organization of the supporting organizations, by the list day of the fifth month of the organization is at year, (i) a very administration of the supporting organization was useled in the same persons that controlled organization is a year, (ii) a very administration of the directors of the supported organization is a trust of the supported organizat					
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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	tru	st on Nov. 20, 1970 (expla	ın ın Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Section	ons A through E.
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year
	,	()	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		-	
instructions for short tax year or assets held for part of year).	*	en e	
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		,	
factors (explain in detail in Part VI):		-	•
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	· -	
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	•	
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6	,	
7 Check here if the current year is the organization's first as a non-functional	y ini	tegrated Type III supportin	g organization (see
instructions)		=	- ·

Part	Y Type III Non-Functionally Integrated 509(a)(3	Supporting Organi	zations (continued)	<u> </u>
Secti	on D—Distributions			Current Year
1	Amounts paid to supported organizations to accomplish			
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	rted	
3		oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions	h the organization is res	ponsive	
9	Distributable amount for 2019 from Section C, line 6			
10				
Secti	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6		·-·	
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions	:		
3	Excess distributions carryover, if any, to 2019			
а				
b	From 2015			
С	From 2016			
d	From 2017			
е	<u> </u>			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u> </u>	Applied to 2019 distributable amount			
<u>i</u>	Carryover from 2014 not applied (see instructions)			
<u>i</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			•
	Section D, line 7.			
	Applied to underdistributions of prior years			
	Applied to 2019 distributable amount			
<u>c</u>	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3 _j and 4c			
8	Breakdown of line 7.			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017 .			
d	Excess from 2018			
е	Excess from 2019			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
•••••	

SCHEDULE D (Form 990) `

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

Name o	of the or	ganization		Employer id	dentification number
LIBRA	ARY FO	UNDATION OF KANAWHA COUNTY INC			55-0739659
Pai	rt I	Organizations Maintaining Donor Advi	sed Funds or Other Similar Fund	s or Acc	ounts.
		Complete if the organization answered "			
			(a) Donor advised funds	(b) I	Funds and other accounts
1	Total	number at end of year			· -
2		egate value of contributions to (during year)			
3		egate value of grants from (during year)			
4		egate value at end of year			
5		ne organization inform all donors and donor	advisors in writing that the assets he	ld in dono	r advised
3		are the organization's property, subject to the			
6		ne organization inform all grantees, donors, ar	=		
U		for charitable purposes and not for the benefi			
		rring impermissible private benefit?			· · · TYes TNo
Par	t II	Conservation Easements.			
ı aı		Complete if the organization answered "	Yes" on Form 990 Part IV line 7		
1	Dura	ose(s) of conservation easements held by the c			
•		eservation of land for public use (for example, recre	· ·	f a historia	ally important land area
	=	eservation of land for public use (for example, recre otection of natural habitat			d historic structure
	_		Freservation of	i a certified	Thistoric structure
^		eservation of open space	d a sublified concentration contribution	un tha far	m of a concentation
2		plete lines 2a through 2d if the organization hel ment on the last day of the tax year.	d a quaimed conservation contribution		Held at the End of the Tax Year
_		-		100	Held at the End of the Tax Year
а		number of conservation easements		2a	
b		acreage restricted by conservation easements		. 2b	
C		per of conservation easements on a certified hi	• •		
d		per of conservation easements included in (па . 2d	
3	Numl	per of conservation easements modified, trans	ferred, released, extinguished, or term	ninated by	the organization during the
•		ear ▶	, , ,	•	3
4	Numl	per of states where property subject to conser	vation easement is located ▶		
5	Does	the organization have a written policy reg	arding the periodic monitoring, insp		
_		ions, and enforcement of the conservation eas			. Yes No
6	Staff	and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	conservati	on easements during the year
_	<u> </u>				
7		int of expenses incurred in monitoring, inspecting	g, handling of violations, and enforcing o	conservatio	n easements during the year
	▶\$				
8		each conservation easement reported on line 2			
		ection 170(h)(4)(B)(ii)?			U Yes U No
9		rt XIII, describe how the organization reports c			
		ce sheet, and include, if applicable, the text of		ncıal state	ments that describes the
		ization's accounting for conservation easemen			
Par				Other Sim	nilar Assets.
		Complete if the organization answered "	Yes" on Form 990, Part IV, line 8.		
1a	If the	organization elected, as permitted under FAS	B ASC 958, not to report in its revenue	e statemer	nt and balance sheet works
	of art	, historical treasures, or other similar assets	held for public exhibition, education,	or resear	ch in furtherance of public
	servi	ce, provide in Part XIII the text of the footnote t	o its financial statements that describe	es these ite	ems
b	If the	organization elected, as permitted under FAS	B ASC 958, to report in its revenue si	tatement a	and balance sheet works of
	art, h	storical treasures, or other similar assets held	for public exhibition, education, or res	earch in fu	rtherance of public service,
	provi	de the following amounts relating to these item	s.		·
	(i) Re	evenue included on Form 990, Part VIII, line 1			▶ \$
	(ii) As	sets included in Form 990, Part X			> \$
2		organization received or held works of art,			
_		ring amounts required to be reported under FA			
а		nue included on Form 990, Part VIII, line 1	-		▶ \$
		s included in Form 990, Part X			\$

Part	III Organizations Maintaining	Collections of	Art, Histo	rical T	reasures	, or Ot	her Similar As	sets (cor	ntinued)
3	Using the organization's acquisition, collection items (check all that apply):		her records	s, check	k any of th	e follow	ving that make s	ignificant	use of its
а	☐ Public exhibition				or exchang				
b	Scholarly research		е 🗌	Other					
С	Preservation for future generations	i							
4	Provide a description of the organizat XIII.	tion's collections a	and explain	how th	ney further	the org	janization's exen	npt purpo:	se in Part
5	During the year, did the organization assets to be sold to raise funds rather								. □ No
Part	IV Escrow and Custodial Arra	angements.				-			
	Complete if the organization 990, Part X, line 21.	answered "Yes	" on Form	990, F	Part IV, line	e 9, or	reported an am	ount on	Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot 🗌 Yes	□ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the follo	wing ta	ıble [.]		1		
						<u> </u>	A	mount	
С	Beginning balance	•				10			
d	Additions during the year	•	•	•		1d			
e	Distributions during the year	•				1e	_		
f	Ending balance			 4 fours		1 <u>f</u>		2 T V	
2a	Did the organization include an amount if "Yes," explain the arrangement in Page 1981.							? ☐ Yes	
	t V Endowment Funds.	art Alli Check hen	e ii tile exp	ialiatioi	i iias Deeii	provide	50 OII FAIT AIII		
rai	Complete if the organization	answered "Yes"	" on Form	990 F	Part IV line	<u>-</u> 1∩			
	Complete if the organization	(a) Current year	(b) Prior		(c) Two year		(d) Three years back	(e) Four v	ears back
1a	Beginning of year balance	(=, ====,===	(-,	,			(-,,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs .								
f	Administrative expenses								
g	End of year balance		-						
2	Provide the estimated percentage of t	he current year en	d balance	(line 1g	, column (a)) held a	as:		
а	Board designated or quasi-endowmer				•				
b	Permanent endowment ▶	%							
С	Term endowment ► %								
	The percentages on lines 2a, 2b, and	2c should equal 1	00%						
3a	Are there endowment funds not in the	e possession of th	e organiza	tion tha	t are held	and ad	ministered for th	e _	
	organization by.								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of					•		3b	
4	Describe in Part XIII the intended uses		n's endow	ment fu	ınds.				
Part	- 1		,	000 5	N = 14 / 15 / 15 - 1		0 5 000	D = -4 X -15	40
	Complete if the organization								
	Description of property	(a) Cost or ot		•	r other basis her)		Accumulated epreciation	(d) Book	value
1a	Land			·			1 V Y 1 70		
b	Buildings					- , ,			
c	Leasehold improvements							 -	
d	Equipment				1			· -	
e	Other							<u> </u>	
	Add lines 1a through 1e (Column (d) n	nust equal Form 9	90, Part X,	column	(B), line 10)c.)	•		

Part VII	Investments - Other Securities.			
	Complete if the organization answered "Yes" on Form 990, Part I	V, line 11b. See F	orm 990, Part >	(, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financial	P P			
	eld equity interests			
(3) Other				
(A)			- · · · · · · · · · · · · · · · · · · ·	
		<u>.</u>		
				
(G) (H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) . ▶	 		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" on Form 990, Part I	V. line 11c. See Fo	orm 990. Part X	(. line 13.
· · · · ·	(a) Description of investment	(b) Book value	(c) Method of	
	(a) December of investment	(5) 250	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				-
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 13.) . ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 11d. See F	1	
	(a) Description		(b) E	Book value
(1)				
(2)		.		
(3)				
(5)				
(6)				
(7)				
(8)				
(9)		.		
	mn (b) must equal Form 990, Part X, col. (B) line 15.)		>	
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" on Form 990, Part IV	V, line 11e or 11f.	See Form 990,	Part X,
	line 25.			
1.	(a) Description of liability		(b) E	Book value
(1) Federal in	come taxes			
(2)				
(3)				
(4)				
(5)				
_(6)				
<u>(7)</u>				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 25.)		>	
	uncertain tax positions. In Part XIII, provide the text of the footnote to the organi			
organization's	s liability for uncertain tax positions under FASB ASC 740. Check here if the text	or the roothote has be	een provided in Pa	ırt XIII . 📖

Par	Reconciliation of Revenue per Audited Financial Statem Complete if the organization answered "Yes" on Form 990,			Return.	
1	Total revenue, gains, and other support per audited financial statements			1	9,425,918
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			-	5,425,510
a	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	0		
c	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	9,425,918
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1.	i i			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	579.000		
c	Add lines 4a and 4b	ч	.,	4c	579,000
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	10,004,918
Part				r Returr	
	Complete if the organization answered "Yes" on Form 990,				
1				1	216,460
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				· · ·
а	Donated services and use of facilities	2a	0		
b	Prior year adjustments	2b	0		
С	Other losses	2c	0		
d	Other (Describe in Part XIII.)	2d	0		
e	Add lines 2a through 2d			2e	0
3	Subtract line 2e from line 1			3	216,460
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	0		
ь	Other (Describe in Part XIII.)	4b	120,856		
С	Add lines 4a and 4b			4c	120,856
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin	ne 18).		5	337,316
Part	XIII Supplemental Information.				
Sched	dule D, Part XII, Line 4b - Payments to affiliates classified separately on audit.	! <u></u> -		 · ······	

				• • • • • • • • • • • • • • • • • • • •	
	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
					

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

nternal			ttach to Form / <i>Form</i> 990 for i		990-EZ. nd the latest informa	tion.	Open to Public Inspection
Name c	f the organization					Employer identifi	cation number
	ARY FOUNDATION OF KANAWHA				101		-0739659
Par	Fundraising Activities. Form 990-EZ filers are r	Complete if the not required to	ne organiza complete	ation answ this part.	erea "Yes" on I	Form 990; Part IV,	line 17.
1	Indicate whether the organization	n raised funds	through any	of the follo	owing activities. C	heck all that apply.	
а	Mail solicitations		e [on of non-govern		
b	Internet and email solicitatio	ns	f L		on of governmen		
c d	☐ Phone solicitations ☐ In-person solicitations		g L] Special i	undraising events	5	
2a	Did the organization have a writ	ten or oral agre	ement with	any individ	lual (including offi	cere directore trust	200
Za	or key employees listed in Form	990, Part VII) o	r entity in co	onnection v	with professional	fundraising services	? Yes No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by			draisers) pu	rsuant to agreem	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
		<u> </u>	<u> </u>	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Total 3	List all states in which the orga	nızatıon is regis	stered or lice	ensed to s	olicit contribution	s or has been notifi	ed it is exempt from
	registration or licensing						
	•••••						
	••••••						
			•••••				

		(Form 990 or 990-EZ) 2019			· - · · · · · · · · · · · · · · · · · ·	Page 2
Pa	rt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater tha	ng event contributions	on answered "Yes" o and gross income on	n Form 990, Part IV, III Form 990-EZ, IInes 1	ne 18, or reported more and 6b. List events with
			(a) Event #1 Basket Auction (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts	15,108			15,108
Ж	2	Less: Contributions Gross income (line 1 minus	0			0
		line 2)	15,108			15,108
	4	Cash prizes	438			438
	5	Noncash prizes	0			0
Direct Expenses	6	Rent/facility costs .	0			0
t Exp	7	Food and beverages	0		0	0
Direc	8	Entertainment	0		0	0
	9	Other direct expenses	872			872
Pa	10 11 rt III	Direct expense summary. Ac Net income summary. Subtra Gaming. Complete if th \$15,000 on Form 990-E	act line 10 from line 3, c	olumn (d)		1,310 13,798 or reported more than
- anue		\$15,000 OH FOHH 990-CA	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue				
ses	2	Cash prizes .				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y Subtract line 7 from li	ine 1, column (d)		
9	a Is	iter the state(s) in which the or the organization licensed to co "No," explain.	onduct gaming activities		s?	

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? .

b If "Yes," explain

☐ Yes ☐ No

Schedu	ule G (Form 990 or 990-EZ) 2019			Page 3
11	Does the organization conduct 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 formed to administer charitable gaming?		☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	13a		%
b	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events book records:	s and		
	Name ►			·
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives g revenue?		☐ Yes	□ No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the second	1е		
	amount of gaming revenue retained by the third party ▶ \$			
С	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:			
а	Is the organization required under state law to make charitable distributions from the gaming process	eds to		
	retain the state gaming license?		☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organization spent in the organization's own exempt activities during the tax year > \$	ons or		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columnate Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a See instructions	mns (dditior	iii) and (nal infori	v); and mation.
		-		
				-
		-		
			· 	

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.

OMB No 1545-0047

Employer identification number

2019

Open to Public Inspection

LIBRARY FOUNDATION OF KANAWHA COUNTY INC	55-0739659
Form 990, Part VI, Section B, Line 11b - A copy of the 990 is presented to the Foundation Board President Library Board President and the Treasurer who review it and present it to the board	, The Kanawha County Public
Form 990, Part VI, Section B, Line 12c - There is a conflict of interest policy in the Foundation's bylaws th members. We are careful when bringing in new members to avoid asking people to join who would have j	ootential conflicts of interest; and
those with any potential conflicts are required to excuse themselves from discussion of and voting on iss	
expended based on programs, service and building projects approved by the Kanawha County Public Lib	rary Board of Directors, further
reducing the potential for instances of conflict of interest on the part of Foundation board members to ari	se.
Form 990, Part VI, Section C, Line 19 - Upon request	
Form 990, Part IX, Line 11g - Oversee, refine, and restructure management process.	
Form 990, Part IX, Line 24e - Rental, printing charges, bank charges, and other miscellaneous items.	
	•
······	
	••••••••••••••••

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

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

► Attach to Form 990.

► Go to www.irs gov/Form990 for instructions and the latest information.

(b) Primary activity (c) Legal domicile (state or foreign country)

Cat No 50135Y

(ď) Total income

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33

Open to Public Inspection

(f) Direct controlling

entity

Name of the organization

LIBRARY FOUNDATION OF KANAWHA COUNTY INC

(a)
Name address, and EIN (if applicable) of disregarded entity

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

mployer identification number 55-0739659

Schedule R (Form 990) 2019

(e) End-of-year assets

(2)							,	
(3)								
(4)								
(5)								
(6)								
Part II Identification of Related Tax-Exempt Organizations du one or more related tax-exempt organizations du	ations. Co uring the t	omplete if that ax year	ne organization ai	nswered "Yes" or	Form 990, Part	IV, line 34, beca	ause it h	ad
(a) Name, address and EIN of related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e)	(f) Direct controller entity	Section :	
							Yes	No
(1) Kanawha County Public Library (31-1072777) 123 Capitol Street, Charleston, WV 25301	Public Libi	rary	wv	170(c)		N/A		1
(2)					****			
(3)								
(4)								
(5)								
(6)						<u> </u>		

							_	_				
Part III Identification of because it had or	Related Organia e or more relate	zations Taxable d organizations	as a Partners treated as a pa	ship. Complete in artnership during	f the organiza the tax year	ation answer	ed "Y	es" o	n Form 990	, Part I\	, line	e 34,
(a) Name, address and EIN of related organization	(b) Primary activit	y Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related unrelated, excluded from tax under sections 512 – 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) ortionale itions?	(i) Code V – UE amount in box of Schedule K (Form 1065)	V-UBI Gener t in box 20 mana edule K-1 partn		ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)				_			 	-				
(5)												
(6)												
(7)												
Part IV Identification of line 34, because i	Related Organia t had one or mor	zations Taxable re related organi	as a Corpora zations treated	ition or Trust. C	omplete if th n or trust dur	e organization	n ans ear	were	ed "Yes" on	Form 9	90, P	art IV,
(e) Name, address, and EIN of relate		(b) Primary activity	(c)	(d) Direct contr	olling Type	(e) of entity Sha	(f) re of tota ncome		(g) Share of d-of-year assets	(h) Percentaç ownershi		(i) ection 512(b)(13) controlled entity?

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 5 contr enti) 12(b)(13) olled ity?
								Yes	No
_(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
_(7)									

Schedule R (Form 990) 2019

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organ	izations listed in Parts	i II–IV?	,	•	
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			ĺ	1a		\
b	Gift, grant, or capital contribution to related organization(s)			ĺ	1b		\
C	Gift, grant, or capital contribution from related organization(s)				1c		\
d	Loans or loan guarantees to or for related organization(s)				1d		\
е	Loans or loan guarantees by related organization(s)				1e		\
f	Dividends from related organization(s)				1f		\
g	Sale of assets to related organization(s)				1g		1
h	Purchase of assets from related organization(s)				1h		\
	Exchange of assets with related organization(s)				1i		\
ı	Lease of facilities, equipment, or other assets to related organization(s)				1j		\
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		\
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	/	
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		\
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	✓	
0	Sharing of paid employees with related organization(s)				10	✓	
р	Reimbursement paid to related organization(s) for expenses				1p		✓
q	Reimbursement paid by related organization(s) for expenses				1q		>
					<u> </u>	_	7
r	Other transfer of cash or property to related organization(s)				1r	✓	
ş	Other transfer of cash or property from related organization(s)				1s	1	
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this line, inclu	iding covered relation	ships and transaction	n thr	eshol	ds
	(a)	(b) Transaction	(c) Amount involved	(d) Method of determining			
	Name of related organization	type (a - s)	Autouri involved	Method of determining	arrioui	II IIIVOI	veu
e.	ee Schedule R, Part VII, Statement 1						
	ee Schedule R, Fart VII, Statement 1						
(1)							
(2)			 				
(3)							
(4)							
(4)			-				
(5)							
19)							
(6)			l				
		•		Sahadula B	/Ears	- 000	2010

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Schedule H (Form 990) 201

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on 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

or gross revenue) that was not a related org	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded	(e) Are all partners section 501(c)(3)		(e) Are all partners section 501(c)(3)		(e) Are all partners section 501(c)(3)		(f) Share of total income	(g) Share of end-of-year assets	(g) (h) Share of Disproportionat allocations?) ral or iging ner?	(k) Percentage ownership
			from tax under sections 512 – 514)	Yes	No			Yes	No		Yes	No					
(1)																	
(2)		-															
(3)																	
(4)			·														
(5)																	
(6)																	
(7)	-																
(8)																	
(9)								Ì									
(10)			-														
(11)																	
(12)																	
(13)												-					
(14)																	
(15)																	
(16)																	

Schedule R (Form 990) 2019

chedule in (F		age J
Part VII	Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions.	
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