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Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its Instructions is at www irs.gov/form990.

OMB No 1545-0047 2014 Open to Public Inspection

A	For the	e 2014 c <u>al</u>	endar year, or tax year beginning , and ending				
В	Check if ap	pplicable C	Name of organization	D Employer identification number			
	Address ch	hange	SILAS L. GRIFFITH MEMORIAL LIBRARY				
一	Name char	inge	Doing business as		5009925		
긤			Number and street (or P O box if mail is not delivered to street address)  Room/suite	E Telephoi	ne number		
	Initial return	_	74 SOUTH MAIN STREET  City or town, state or province, country, and ZIP or foreign postal code	+			
	terminated				206 205		
	Amended i	return F	DANBY VT 05739  Name and address of principal officer	G Gross red	ceipts\$ 296,285		
	Application		, ,	group return for s	subordinates? Yes X No		
ــــا			H(h) Are all e	ubordinates inc	duded? Yes No		
					(see instructions)		
_	<del></del>			o, andon a nor	(See monetane)		
<u> </u>	Tax-exem	/	7.3				
<u>J</u>	Website			xemption numb	1		
<u>^</u>	art i	rganization	X Corporation   Trust   Association   Other ▶ L Year of formation		M State of legal domicile		
	·		cribe the organization's mission or most significant activities	<del></del>			
_	į.	-	TION OF A FREE PUBLIC LIBRARY. OPEN 8 HOURS A WEEK.				
2	1	OFLINA	TION OF A FREE FORDIC DIBRART. OFER 5 HOORS A WEEK.				
Ta							
Governance	1 2 0	Check this	box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net as	aata			
ŏ	3 1		voting members of the governing body (Part VI, line 1a)	3	1 0		
න් ගු				$\frac{3}{4}$	0		
itie,	7 '		per of individuals employed in calendar year 2014 (Part VI, line 2a)  RECEIVED	- 5	0 ,		
Activities	6		per of volunteers (estimate if necessary)		0		
⋖			ated business revenue from Part VIII, column (C), line 12	7a	0		
	ł		ed business taxable income from Form 990-T, line 34	7b	0		
Revenue		vot dinolati	OGDEN UTPrior Y		Current Year		
	8 0	Contributio	ns and grants (Part VIII, line 1h)	6,739	65,502		
	9 F	Program se	ervice revenue (Part VIII, line 2g)		0		
eve	10 1	nvestment	income (Part VIII, column (A), lines 3, 4, and 7d)	76,888	44,452		
œ	11 0	Other rever	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0		
	12 T	Total reven	ue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,627	109,954		
	13 (	Grants and	similar amounts paid (Part IX, column (A), lines 1–3)		0		
	14 E	Benefits pa	nid to or for members (Part IX, column (A), line 4)		0		
Ś	15 8	Salaries, ot	ther compensation, employee benefits (Part IX, column (A), lines 5–10)	10,560	10,560		
xpenses	16a F	Professiona	al fundraising fees (Part IX, column (A), line 11e)		- 0		
x	.∤ ьт	Total fundra	aising expenses (Part IX, column (D), line 25) ▶ 0		2		
Ü		Other expe		11,074			
	18 T	Total exper		21,634			
	19 F	Revenue le		<u>51,993</u>			
Sor			Beginning of C		End of Year		
Net Assets or	20 T		<del></del>	50,964	1,688,795		
et /	21 1		ties (Part X, line 26)	- 064	1 600 705		
	22 N			50,964	1,688,795		
	art II		nature Block				
20	maer pen rue, corre	ect, and com	rjury, I declare that I have examined this return, including accompanying schedules and statements, and to the hopen. Declaration of preparer (other than officer) is based on all information of which prepares has any knowled	best of my ki dae	nowledge and belief, it is		
ත			Rosm In Similar (TREASORTE)	-30	5-11-15		
তা,	an	Side	hature of officer	Date	3-10/3		
Ž,	y"	1	ROGER BROMLEY TRUSTEE				
	,,,,	! <b>-</b>	e or print name and title		***		
$\overline{\Box}$		ļ <u></u>	reparer's name Preparer's sonature Date	Check	of PTIN		
gai	id eparer e Only			9/15 self-er	`		
Fre	parer	Firm's name	Witchell & Call Cont D C		01-0737916		
Us	e Only	rims name	PO Box 2691	Firm's EIN	01 0131310		
သွ	•	Firm's addre	Wandhorton Canton VIII 05055	Phone no	802-362-9000		
	v the IRS		this return with the preparer shown above? (see instructions)	r none no	X Yes No		
_			ion Act Notice, see the separate instructions.		Form <b>990</b> (2014)		
DAA			• • • • • • • • • • • • • • • • • • • •		, 3, 55 (2014)		

Form 990 (2014) 21

<u> </u>	art IV Checklist of Required Schedules			
	to the expenses of decembed in section E01(a)(2) or 4047(a)(4) (ather their a private foundation)? If "You"	Γ	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			x
2	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		
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		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	- <del>3</del>		-
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
, •	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			15
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	•		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
•	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or	i l		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			5
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			1
	complete Schedule D, Part VI	11a		x
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		X
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		X
đ	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	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		$\mathbf{x}$
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		.X
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1		
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Pi	art IV Checklist of Required Schedules (continued)			· ·
			Yes	Nò
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_		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	ļ		
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	<b>!</b>		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		ļ	
	employees? If "Yes," complete Schedule J	23	<u> </u>	X
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			ĺ
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
~ c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			7.3
	to defease any tax-exempt bonds?	24c		رب
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			*
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		1	- 29
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		-X
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			:
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			· 7e"
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1 ]
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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,	İ		*
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			X
	19? Note. All Form 990 filers are required to complete Schedule O	38		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u>/</u>			<u></u>
		1 1		Yes	Nö
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				
	reportable gaming (gambling) winnings to prize winners?		1c	ļ	X
2a					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X ×
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule C		3b	<u> </u>	137
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	•		ł	•
	over, a financial account in a foreign country (such as a bank account, securities account, or other fina	ncial		İ	7.12
	account)?		4a		X
b					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts			
<b>E</b> -	(FBAR)				v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	an?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	Oll /	5b		
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		5c		
ua	organization solicit any contributions that were not tax deductible as charitable contributions?	;	6a		х
b		e or	- Oa		
	gifts were not tax deductible?	15 01	6b		X
7	Organizations that may receive deductible contributions under section 170(c).		- 65		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for gr	node			
_	and services provided to the payor?	,003	7a	1	-
b			7b		3
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<b>3</b>	12		
	required to file Form 8282?		7c		
d		7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<del></del>	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contrain		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat	·	7h		,
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by the			
	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		•
0	Section 501(c)(7) organizations. Enter				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	,		
1	Section 501(c)(12) organizations. Enter				
а	Gross income from members or shareholders	11a	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them )		_		
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	_		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		- 2,
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which	1 1			,
	the organization is licensed to issue qualified health plans	13b	<b>—</b>		,
C	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	_	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> </u>	14b		

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

Sec	tion A. Governing Body and Management			
<u> </u>	tion 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		1.50	1
	If there are material differences in voting rights among members of the governing body, or	7		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			Ι.
-	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		$\mathbf{x}$
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1		1
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	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 in Schedule O	9		··X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	ode)	I	1
40-	Did the assessment is been local phasters because as affiliated	40-	Yes	Nò X.
10a		10a		<u> </u>
D	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?	106		
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	118	<u> </u>	
12a		12a	Ì	х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<b>-</b>	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
	describe in Schedule O how this was done	12c		٠.
13	Did the organization have a written whistleblower policy?	13		х
14	Did the organization have a written document retention and destruction policy?	14		х
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		X,
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			ľ
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		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		]	
	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		L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			_ ~
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			-KK
	available for public inspection. Indicate how you made these available. Check all that apply			7.
46	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			Lance of the
20	financial statements available to the public during the tax year			;
20	State the name, address, and telephone number of the person who possesses the organization's books and records > 730 BROMLEY RD			
		2-29	3 _ E	120

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Form 990 (2014)

Part VII Compensation of Officers, Directors, 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. List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) (A) (E) Name and Title Average Position Reportable Reportable Estimated hours per (do not check more than one compensation compensation from amount of week box, unless person is both an from related other (list any officer and a director/trustee) the organizations compensation (W-2/1099-MISC) organization hours for from the (W-2/1099-MISC) organization related ndividual trustee r director ignest compensated stitutional trustee and related employee organizations below dotted organizations line) (1) JENNIFER MILLARD 0.00 0.00 X 0 0 DIRECTOR (2) JOHN GRIFFITH JR 0.00 X 0 CHAIRMAN 0.00 0 (3) MARY POWERS 0.00 X 0 0.00 0 AUDITOR (4) ROGER BROMLEY 0.00 TREASURY 0.00 X 0 0 (5) MARGARETANN CONNORS 0.00 X SECRETARY 0.00 0 0 (6) (7) (8) (9) (10)(11)

Pa	t VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
(A) . Name and title		, (B) Average hours per week (list any hours for	(C) Position (do not check more than o box, unless person is both officer and a director/truste						(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	c	(F) Estimate amount other compens from the compens of the compens	t of r ation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ited	
(12)														
(13)														*1*
(14)														F
(15)														
(16)											<del></del>			
(17)													·	
(18)														~
(19)		,												
1b c d	Sub-total Total from continuation she Total (add lines 1b and 1c) Total number of individuals (in	cluding but not li	mited	d to t		l	ed ab	> > >	e) who received more than \$	3100,000 of				
3	Did the organization list any fo	rmer officer, dire	ector	, or t					oyee, or highest compensate	ed			Yes	No ″
4	employee on line 1a? If "Yes," For any individual listed on line organization and related organ	e 1a, is the sum of	of rep	oorta	ble c	omp	ensa	ation			_	3		X
5	individual Did any person listed on line 1 for services rendered to the or	ganization? If "Ye								ndividual		5		x
Secti 1	ion B. Independent Contractor Complete this table for your five compensation from the organic	e highest compe zation Report co	nsat mpe	ed in	depo	ende	ent co	ontra end	ar year ending with or withir	the organization's tax yea	r			<u> </u>
-	Name and	(A) business address				•			Descrip	(B) non of services		Cor	(C) npensati	on
														· · · · · · · · · · · · · · · · · · ·
		<u> </u>												4
													_	
2	Total number of independent of received more than \$100,000								e listed above) who	0				•

Part VIII Statement of Revenue

_		Check if Schedule (	O conta	ins a respo	nse	or note to any line	in this Part VIII		
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इडि	1a	Federated campaigns	1a	***************************************	<del></del>		TOVERIGE		312-314
E	b.ü	Membership dues	1b						
ΩĔ	c	Fundraising events	1c						
##	ď	Related organizations	1d						
O,E	e	Government grants (contributions)	1e	65	,502				
Sign	f	All other contributions, gifts, grants,	- <u>``</u>		<del>/</del>				
her		and similar amounts not included above	1f						
ĒĎ	g	Noncash contributions included in lines 1a-	للنبا						
aõ	h	Total. Add lines 1a-1f			•	65,502			5
Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts				Busn	Code				•
Ven	2a								:
æ	b								**
je Je	С						· · · · · · · · · · · · · · · · · · ·		
Sen	d								
ä	е								
ğ	f	All other program service rever	nue						
<u>a</u>	g	Total. Add lines 2a-2f			<b>&gt;</b>				
	3	Investment income (including of	dividends	, interest,					
		and other similar amounts)			•	59,563			59 <u>,</u> 563
	4	Income from investment of tax-	-exempt t	ond proceed	s 🕨			·	
-	5	Royalties			<b>•</b>				
,		(ı) Real		(II) Personal			·		,
	6a	Gross rents							Ý
	b	Less rental exps							- +
	С	Rental inc or (loss)							
	d 7a	Net rental income or (loss) Gross amount from			<b>•</b>				
	, a	sales of assets (1) Securities		(ii) Other					
		other than inventory 167	,868	3,	352				
	b								
		basis & sales exps 186			250				
			463	3,	352	4 - 444			
	d	Net gain or (loss)	. —		<b>•</b>	-15,111	-18,463		3,352
une	ва	Gross income from fundraising even	nts						_
ven		(not including \$							
Re		of contributions reported on line 1c) See Part IV, line 18	_						·-
Other Rever	h	Less direct expenses	a b						
ŏ		Net income or (loss) from fund		vents				1	- •
		Gross income from gaming activities		rents					
	Ju	See Part IV, line 19	'a						
	b	Less direct expenses	Ğ⊢				İ		
		Net income or (loss) from gami	~	ies	┢				
		Gross sales of inventory, less							
		returns and allowances	a			Ì			
	b	Less cost of goods sold	b						
		Net income or (loss) from sales	of inven	tory	<b>•</b>	]		1	
		Miscellaneous Revenue		Busn.	Code				
	11a						i	1	1
,	ь								1 31
	C								
	d	All other revenue							
	е	Total. Add lines 11a-11d			<b>&gt;</b>				
l	12	Total revenue. See instruction	ıs		<b>•</b>	109,954	-18,463	0	62,915

Part IX	Statement	of F	Functional	Expenses

Sect	on 501(c)(3) and 501(c)(4) organizations must c			olete column (A)	
	Check if Schedule O contains a resp	Onse or note to any line in th		(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service	Management and	Fundraising
		<del>                                     </del>	expenses	general expenses	expenses
•	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				4
. 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	8,866	8,866		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	1,694	1,694		
11	Fees for services (non-employees)				
а	Management				
b	Legal	220	222	··· • ··· • ·· • • • • • • • • • • • •	
c	Accounting	330	330		
d	Lobbying	ļ			
e	Professional fundraising services. See Part IV, line 17	ļ			
†	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
42	(A) amount, list line 11g expenses on Schedule 0)	+			
12	Advertising and promotion	<del>                                     </del>			
13 14	Office expenses Information technology	<del></del>			
15	Royalties			······	<del></del>
16	Occupancy	22,946	22,946	····	· · · · · · · · · · · · · · · · · · ·
17	Travel				<del>.</del>
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				-
20	Interest				<del></del>
21	Payments to affiliates				-
22	Depreciation, depletion, and amortization				
23	Insurance	622	622		
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				***************************************
а	BOOKS & MAGAZINES	3,407	3,407		
b	SCHOLARSHIP	605	605		
С					<u> </u>
d		ļ			<u>:</u>
e	All other expenses	30 450	20 452		
25	Total functional expenses. Add lines 1 through 24e	38,470	38,470	0	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs	<b> </b>			
	from a combined educational campaign and				
	fundraising solicitation. Check here				
DAA	following SOP 98-2 (ASC 958-720)	Ll			Form <b>990</b> (2014)
					roini <b>200</b> (2014)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 99,428 1 160,787 Cash-non-interest bearing 6,495 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 58,831 Inventories for sale or use 8 58,831 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 Intangible assets 14 1,469,177 1,386,210 15 Other assets See Part IV, line 11 15 1,550,964 1,688,795 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 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 Total liabilities. Add lines 17 through 25 0 26 X and Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,550,964 1,688,795 27 Unrestricted net assets 27 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32

> 1,688,795 Form 990 (2014)

1,688,795

1,550,964

1,550,964

33

34

Total net assets or fund balances

Total liabilities and net assets/fund balances

Form 990 (2014)

orm	990 (2014) SILAS L. GRIFFITH MEMORIAL LIBRARY 03-6009925			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets	•	-		
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1(	9,	954
2	Total expenses (must equal Part IX, column (A), line 25)	2			47,0
3	Revenue less expenses Subtract line 2 from line 1	3		71,	484
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,55	50,	964
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		56,	347
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line		_		
	33, column (B))	10	1,68	38,	795
Pa	rt XII Financial Statements and Reporting		-		
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				``
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				in (+X
	Schedule O				4
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Ż
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				<b>.</b>
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				(t)
	the 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 undergo the				
	required guidit or guidite, explain why in Schedule O and describe any steps taken to undergo such guidite		26		

Form **990** (2014)

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public

OMB No 1545-0047

Inspection

Name of the organization

Employer identification number

s	ILAS L. GRIFFITH MEMORIAL LIBRARY		03-6	009925
P	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" to f		Account	s.
		(a) Donor advised funds	(1	) Funds and other accounts
1	Total number at end of year			<u> </u>
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			<del></del>
. 5	Did the organization inform all donors and donor advisors in writing that	t the assets held in donor advised		<del></del>
;	funds are the organization's property, subject to the organization's excl			☐ Yes ☐"No
6	Did the organization inform all grantees, donors, and donor advisors in			☐ ies ☐ iii
	only for charitable purposes and not for the benefit of the donor or donor			
	conferring impermissible private benefit?	or advisor, or for any other purpose		Yes No
P	art II Conservation Easements.	·		
	Complete if the organization answered "Yes" to F			
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	area
	Protection of natural habitat	Preservation of a certified historic	structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conser-	/ation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а			2a	
b	• • • • • • • • • • • • • • • • • • • •		2b	
C		* *	2c	- []
d	the state of the s	06, and not on a		par maja,
_	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organization	on during t	he
	tax year ▶			
4	Number of states where property subject to conservation easement is lo			
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of		
•	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforce	ring conservation easements during the year	ar	
7	Amount of avances in sured in many towns of a set of sure			
7	Amount of expenses incurred in monitoring, inspecting, and enforcing c  \$\bigs\$ \$	conservation easements during the year		
8	Does each conservation easement reported on line 2(d) above satisfy t	ha		
٥	and section 170(h)(4)(B)(ii)?	ne requirements of Section 170(n)(4)(B)(I)		Yes No
9	In Part XIII, describe how the organization reports conservation easeme	onto in its reviewing and support of the contract		☐ fes ☐ No
•	balance sheet, and include, if applicable, the text of the footnote to the			- 5
	organization's accounting for conservation easements	organization o intancial statements that des	ochoes the	,
Pi	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar	Assets.
	Complete if the organization answered "Yes" to F	Form 990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no			et
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	ance of	
	public service, provide, in Part XIII, the text of the footnote to its financial			
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to			
	works of art, historical treasures, or other similar assets held for public e	exhibition, education, or research in further	ance of	
	public service, provide the following amounts relating to these items			•
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b>	\$ 73:
2	If the organization received or held works of art, historical treasures, or	•	de the	7
	following amounts required to be reported under SFAS 116 (ASC 958)	relating to these items		
	Revenue included in Form 990, Part VIII, line 1		<b>&gt;</b>	\$
b	Assets included in Form 990, Part X		•	\$

Sched		GRIFFITH N			03-6			Page 2
Par								s (continued)
	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	s, check any of the fo	llowing that ar	e a signific	ant use	of its	ď i,
а	Public exhibition	d 🗍	Loan or exchange pr	rograms				
ьÌ	Scholarly research	е 🗍	Other	•				
c	Preservation for future generations							
4 1	Provide a description of the organization's o	collections and explain	how they further the	organization's	s exempt p	urpose i	n Part	
	XIII	·	•		• •			
5 i	During the year, did the organization solicit	or receive donations o	of art, historical treasu	ures, or other s	sımılar			
	assets to be sold to raise funds rather than	to be maintained as p	art of the organization	n's collection?				Yes No
Par		_						
	Complete if the organization 990, Part X, line 21	on answered "Yes	" to Form 990, Pa	art IV, line 9	9, or repo	orted a	n amouni	on Form
1a	is the organization an agent, trustee, custoo	lian or other intermed	ary for contributions	or other assets	s not			
	included on Form 990, Part X?		·					Yes No
b I	If "Yes," explain the arrangement in Part XII	I and complete the fol	lowing table					
								Amount
c l	Beginning balance						1c	
ď	Additions during the year						1d	
e l	Distributions during the year						1e	
f	Ending balance						1f	
	Did the organization include an amount on I		·		•			Yes No
***********	If "Yes," explain the arrangement in Part XII	Check here if the ex	planation has been p	rovided in Pai	t XIII			
Par			". 5 000 5					
	Complete if the organization		1			Τ		<u> </u>
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Th	ree years back	(e) Four years back
	Beginning of year balance					<del> </del>		
	Contributions			+		ļ		* 1
-	Net investment earnings, gains, and							
	Osses	•	<del>-</del>	<del></del>	<u> </u>			
	Grants or scholarships Other expenditures for facilities and		· · · ·	+	<del></del>	<del> </del>		
	programs							
	Administrative expenses			1		-	<del></del>	<del></del>
	End of year balance	·						
-	Provide the estimated percentage of the cui	rrent year end balance	(line 1g. column (a))	held as	·	I		<del>_</del>
	Board designated or quasi-endowment ▶	%	, ( ig, co.a (a,)	,				
	Permanent endowment ▶ %							
	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c sho	ould equal 100%						
3a /	Are there endowment funds not in the posse	ession of the organiza	tion that are held and	i administered	for the			-
(	organization by	-						Yes No
(	(i) unrelated organizations							3a(i)
(	(ii) related organizations							3a(ii)
b l	f "Yes" to 3a(II), are the related organization	ns listed as required o	n Schedule R?					3b
	Describe in Part XIII the intended uses of th		wment funds					
Par	t VI Land, Buildings, and Equ							
	Complete if the organization				<u> 1a See</u>	Form	<u>990, Part</u>	X, line 10
	Description of property	(a) Cost or other	1 ' '	r other basis	1	Accumulate		(d) Book value
		(investment)	(0)	ther)	de de	preciation		
	Land							
	Buildings				-			
	Leasehold improvements				<del>                                     </del>			
	Equipment				<del></del>			
	Other Add lines 1a through 1e. (Column (d) must	equal Form 990, Port	Y column (P) line 1	0c \				
Total.	Add mes ta through te. (Column (d) must	equal rollil 990, Pail	A, Column (b), line 10					

1.	(a) bescription of nability	(b) book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Tota	I. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

<sup>2.</sup> Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2014 SILAS L. GRIFFITH MEMORIAL	LIBRARY	03-6009925	Page <b>4</b>
P	art XI Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per Return.	
	Complete if the organization answered "Yes" to Form 990	0, Part IV, line	12a	-
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	•
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	
Pa	art XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per Return.	
•	Complete if the organization answered "Yes" to Form 990			<u> </u>
1	Total expenses and losses per audited financial statements	······································	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			
. a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		•
С	Add lines 4a and 4b		4c	parent to
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	· · · · · · · · · · · · · · · · · · ·

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part XIII Supplemental Information (continued)

## SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

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03-6009925

Form 990, Part III, Line 4d - All Other Accomplishment PROVIDE FREE PUBLIC USE OF LIBRARY.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation 66,347 APPRECIATION IN INVESTMENT ACCOUNT