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Return of Organization Exempt From Income Tax

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

2015

Dep	artment o	of the Treasury	▶ Do not enter soci	al secunty numbers o	n this form as	it may be	made publ	ic.	Open to Public
		nue Service	► Information abou	it Form 990 and its ins	tructions is at	www.irs	gov/form99	0.	Inspection
A	For the	e 2015 caler	dar year, or tax year beginnin	g	, 2015, a	nd endin	9		, 20
В	Check if	f applicable	Name of organization John G M	cCullough Free Librar	y Inc			D Employe	r identification number
	Address	s change	Doing business as						03-0184077
	Name c	hange	Number and street (or P.O box if it	mail is not delivered to stre	et address)	Room/su	te	E Telephon	e number
	Initial re	turn	PO Box 339						802-447-7121
	Final retu	um/terminated	City or town, state or province, co	untry, and ZIP or foreign po	ostal code				
	Amende	ed return	North Bennington, VT 05257					G Gross red	ceipts \$
	Applicat	tion pending	Name and address of principal offi	cer			H(a) Is this a g	roup return for s	ubordinates ⁷ Yes Vo
							1		ıncluded? Yes No
ī	Tax-exe	mpt status	✓ 501(c)(3)	() ◀ (insert no.)	4947(a)(1) or	527	If "N	lo," attach a	list (see instructions)
J	Website	e: >					H(c) Group	exemption r	number ▶
K	Form of	organization [Corporation Trust Assoc	ation ☐ Other ►	L Yea	r of format			of legal domicile VT
	art I	Summa		· · · · · · · · · · · · · · · · · · ·					
	1		scribe the organization's mis	sion or most signific	ant activities:	The Jo	hn G McCull	ouah Free	Library is committed
ø	'		ng materials and services to p	-					
a			ecial emphasis is directed tow	····-					
Activities & Governance	2		s box ► ☐ if the organization		· · · · · · · · · · · · · · · · · · ·		-		ts net assets
Š	3		f voting members of the gov					1 - 1	7
<u>ح</u>	4		f independent voting memb	- · · · · ·	-			<u> </u>	7
es	5		ber of individuals employed					5	6
<u> </u>	6		ber of volunteers (estimate i		o (r art v, mic			6	
달	7a		lated business revenue from	•				7a	5
•	b		ated business taxable incom					7b	0
	-	INCL UITER	ted business taxable incom	e iloiii i onn 330-1, i	1116 34		Prior Y		Current Year
		Contribut	one and grants (Bart VIII Juni	n 1h)		-			
en e	8		ons and grants (Part VIII, line					54930	74963
Revenue	9	-	service revenue (Part VIII, line			• •			
æ	10		nt income (Part VIII, column (• •	·	-2057	6630
	11		enue (Part VIII, column (A), lii		-		•	1583	
	12		nue-add lines 8 through 11					54456	81303
	13		d similar amounts paid (Part		•				
	14		paid to or for members (Part			⊢	 		
es	15		ther compensation, employee	•	• • •	5–10)		79095	79649
Expenses	. 16a_		nal fundraising-fees (Part IX,				ty garage grown garage and are		
Š	b		Iraising expenses (Part IX, co				19 3.13	, se,	3 10
ш	17	Other exp	enses (Part IX, column (A), I	nes 11a-11d 11f-24	le)	ျွ		38933	44086
	18	Total exp	enses. Add lines 13–17 (mus	st equal Partex, colur	ng (2),ding(Af		· ··· · · · ·	118028	123735
_	19	Revenue	ess expenses. Subtract line	18 from lin 8212		· 27		-63563	-42432
Net Assets or Fund Relences					TENI III		Beginning of C	urrent Year	End of Year
te e	20	Total asse	ets (Part X, line 16)	<u>L </u>	<u> DEN, U</u>	<u>. </u>		569527	514002
A A	21	Total liabi	lities (Part X, line 26)			[31390	31390
ž	22	Net asset	s or fund balances. Subtract	line 21 from line 20	<u> </u>			538137	495705
Р	art II	_ Signat	ure Block						
			y, I declare that I have examined thi te. Declaration of preparer (other the						ny knowledge and belief, it is
		T	may Dog					8.15)/_
Sig	gn	Signa	ture of officer	>	_		D	ate	- / G
He	ere		Mar Poses	Treasurer					
		Туре	or print name and title	,					
<u> </u>		Print/Typ	pe preparer's name	Preparer's signature		Da	ate	Charle F	PTIN
	aid							Check L self-emp	
	epare		ame •	<u> </u>			F	m's EIN ▶	·
U	se On	Firm's a						one no	
M:	v the I		this return with the prepare	r shown above? (see	instructions)		<u> </u>	one iiu	Yes No
	.,		rotati mar mo propare			· · ·	<u> </u>		

Part	II		nt of Program Servi			this Part III			
1	Brief		the organization's mi						
		Schedule O	_						
								44	
				 <u>.</u>		_	 		
2	prior	Form 990	or 990-EZ?				h were not listed on the		No
2			be these new services					_	
3	serv	ices?					conducts, any progra		No
			be these changes on t						
4	expe	enses. Sect	ganization's program ion 501(c)(3) and 501 ses, and revenue, if ar	(c)(4) organization	ons are required to	report the an	argest program servic nount of grants and a	es, as measured llocations to oth	d by ners,
4a	(Coc	de:) (Expenses \$	123735 incl	uding grants of \$) (Revenue \$)	
							·		
							·	·····	
							······································		
4b	(Cod	de) (Expenses \$	incl	uding grants of \$_	·····) (Revenue \$)	
							·		
		····							
4c	(Cod	de:) (Expenses \$	Inci	luding grants of \$) (Revenue \$)	
		- 							
					·				
	Oth	er program	services (Describe in	Schedule O.)					
		penses \$		ng grants of \$) (R	evenue \$)		

Part	Checklist of Required Schedules			
4	to the expensation depended in section 501(a)(2) or 4047(a)(4) (ather than a minute foundation)(2 (6 6)(a) 7		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	✓	
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		1
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
_	Part III	5		✓
6	Did the organization maintain any donor advised funds or any similar funds or accounts 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		1
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		1
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? If "Yes," complete Schedule D, Part IV.	9		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	✓	
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e	√	1
12 a	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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
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		1
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		1
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		1

Part	IV Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
þ	The state and th	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	,	1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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	00	:	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
_ 14	\$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		1
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		İ
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		1
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		✓
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 entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	07		1
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):	27		•
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		 ✓
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV	28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200	-	<u> </u>
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
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		1
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	27		√
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		+
~	19? Note. All Form 990 filers are required to complete Schedule O.	38		/

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			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
20	reportable gaming (gambling) winnings to prize winners?	1c		
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	Ob	,	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
3a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	20		-
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3a 3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		
14	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).			
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		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		✓_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	 		
_	and services provided to the payor?	7a		✓_
ď	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 required to file Form 8282?	- -		
	·	7c		-
d e	If "Yes," indicate the number of Forms 8282 filed during the year	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
_	If the organization received a contribution of qualified mellectual property, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	 		<u> </u>
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the sponsonng organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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:	Ì		
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources		ļ	
	against amounts due or received from them.)		ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
. b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	ł	İ	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-	 	-
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	
b	Enter the amount of reserves the organization is required to maintain by the states in which	1		
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

	Check if Schedule O contains a response or note to any line in this Part VI			✓
Section	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 1a 7			
	If there are material differences in voting rights among members of the governing body, or	£ .		£-1.2
	if the governing body delegated broad authority to an executive committee or similar	mark pet \$	4	
	committee, explain in Schedule O.	. 5		
ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	19.00°		
_	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, or 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		V
6	Did the organization have members or stockholders?	6		1
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		✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			l
	stockholders, or persons other than the governing body?	7b	L	✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	THE SE	و میراند	[, ']
	the year by the following:	1	; * ;	
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b		✓
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	ode.,	
			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	✓	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	CITY BY	7.35.79 19.5.5.7	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use to conflicts?	12b		
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		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by	17		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	Z in	,	
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b	 •	1
•	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130	F 3475,	r at
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		-12	93 94
	with a taxable entity during the year?	16a	1011	1./
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	23/212	G754	1850 at
-	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	2.1. 7/1.	لونئ
Secti	on C. Disclosure	100	<u> </u>	Ь
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	n 501	(c)(3):	s only)
	available for public inspection. Indicate how you made these available. Check all that apply.	00 ,	(0)(0)	. Oy,
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	orest	nolio	v and
13	financial statements available to the public during the tax year.	erest	POlic	y, and
20			. 🛌	
20	State the name, address, and telephone number of the person who possesses the organization's books and re	coras	; >	
	Mary Rogers PO Box 339, North Bennington VT 05257 802-447-7687			

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.

Part VI

· · · · · · · · · · · · · · · · · · ·				•						-0-
Part VII Compensation of Officers, Directors	ectors, ir	uste	es,	Ke	y E	mple	ye	es, Highest (Compensated	Employees, and
Independent Contractors			.		e			5- 110		
Check if Schedule O contains a re										<u> L</u>
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required organization's tax year.	i to be list	eu. n	epo	יונ נ	30711	pensa	HUO	n for the caler	idar year ending	g with or within th
• List all of the organization's current office	re director	o tri	intor	- ·	who	thori	المحاد	viduale er era	mizational rodal	rdiana of amount a
compensation. Enter -0- in columns (D), (E), and								viduals or orga	anizations), rega	ruless of amount t
• List all of the organization's current key em		•				-		definition of "k	ev employee."	
List the organization's five current highes	-	_								e, or kev emplove
who received reportable compensation (Box 5										
organization and any related organizations.										
 List all of the organization's former office 	ers, key er	nploy	ees,	an	nd h	ighes	t c	ompensated e	mployees who	received more tha
\$100,000 of reportable compensation from the o	organization	and	any	rela	atec	l orga	ınız	ations.		
 List all of the organization's former direct 										or or trustee of th
organization, more than \$10,000 of reportable co	•				-			•	-	
List persons in the following order: individu		s or	dire	ecto	ors;	ınsti	tutio	onal trustees;	officers; key	employees, highes
compensated employees; and former such pers										
Check this box if neither the organization not	any relate	d org	aniz			ompe	nsa	ted any curren	t officer, directo	r, or trustee.
					C)			1		
(A)	(B)	(đo n	ot ch		ution more	than o	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any			_		or/trust	<u> </u>	compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Fey	am gray	Former	the	organizations	compensation
	related organizations	ndua rect	Ē	ě	employee	est d	Ē	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	of all tra) nal		oloy	e com		,		and related
	line)	ste	trus		89	Pen				organizations
		, o	8			Highest compensated employee		1		
			\vdash		 		┝	 		
(1) Susanne R Warren	40									
Library Director	 							41193	0	
(2) Galen Rhode	10			-						
Board Chairman		✓		✓				0	0	
(3) Mary Rogers	10		ĺ							
Treasurer		✓	Ш	✓			L	0	0	
(4) Mary Feidner	10			,				•		
Secretary		-	\vdash	✓	 	<u> </u>	-	0	0	
(5) Jude Kundmueller	10					ļ			_	
Trustee (6) Marie Cardin	10	 	\vdash		┢	-		0	0	
(6) Maria Scully	10	1			•		Ì) _		
Trustee (7) Shiela Scheetz	10		-		\vdash	<u> </u>	 	0	0	
Trustee	10	1					1			
(8) Dahlia Buckley	10	<u> </u>	-	-	┢	\vdash		0		
Trustee	† <u>''</u>	1						0	o	
(9)	<u> </u>		П						-	
					<u> </u>		_			
(10)	ļ									
(11)		-	\Box				\vdash			
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(12)

(13)

	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o is both or/trust	n an	(D) Reportable compensation	(E) Reportab	n from	'am	(F) timated nount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-N	ons	comp fro orga and	other, pensation the anization the anization included including the anization	n
(15)					,									
(16)						L								
(17)														
(18)														
(19)														
(20)									-					
(21)								_						
(22)								_						
(23)														
								_	ļ <u>-</u>					
(24)														
(25)														_
1b c	Sub-total	VII, Sectio	n A					>	41193					
<u>d</u>	Total (add lines 1b and 1c)							<u>►</u> e) w	tho received m	ore than \$1	00,00	00 of		
	reportable compensation from the organi	zation ►											Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	oloyee, or high	est compe	ensate	ed		1
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of re	portal	ble (con	npei	nsatio	on a s,"	ind other comp complete Sch	ensation fredule J fo	om th	ne		7
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or inc			1	1
Section	on B. Independent Contractors													_ <u>`.</u>
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices		(C) Compen		
								-		· · · · · · · · · · · · · · · · · · ·				
2	Total number of independent contractor received more than \$100,000 of compens							th	nose listed abo	ove) who				_

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		ļ								
V										
D VIII Comment of Officer Div		<u> </u>		1/-	=					-9
Part VII Compensation of Officers, Dir	ectors, ir	uste	es,	Ke	уь	mpi	oye	es, Highest	Compensated	Employees, and
Independent Contractors		i								
Check if Schedule O contains a re				_						<u>····</u>
Section A. Officers, Directors, Trustees, Key										201 201 201
1a Complete this table for all persons required organization's tax year.		i								
• List all of the organization's current office compensation. Enter -0- in columns (D), (E), and								viduals or orga	anizations), rega	rdless of amount of
• List all of the organization's current key em						-		definition of "k	rev emplovee."	
 List the organization's five current highes who received reportable compensation (Box 5 organization and any related organizations. List all of the organization's former office 	t compens of Form \	ated N-2	emp and/	ploy or l	ees Box	othe 7 of	er tl Fo	han an officer, irm 1099-MISC	director, trusted C) of more than	\$100,000 from the
\$100,000 of reportable compensation from the c	_					_		-	inployees who	received more man
List all of the organization's former direction.	_	1	-			_			a former direct	tor or trustoe of the
organization, more than \$10,000 of reportable co										tor or trustee or the
List persons in the following order: individu	•	,			_			•	_	employees: highest
compensated employees; and former such pers	ons.	1								•
Check this box if neither the organization no	r any relate	d org	anız			ompe	nsa	ited any curren	t officer, directo	r, or trustee.
(A) Name and Title	(B)	box,	unles	Pos neck ss pe	rson	e than o	an	(D) Reportable	(E) Reportable	(F) Estimated
1	hours per week (list any hours for related organizations below dotted line)	Individua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1) Susanne R Warren	40						ł	[1	
Library Director								41193	o	0
(2) Galen Rhode	10									
Board Chairman		✓		✓				0	0	0
(3) Mary Rogers	10									
Treasurer		✓	l.	✓				0	0	0
(4) Mary Feidner	10									
Secretary	1	✓	ļ	✓				0	l 0	0
(5) Jude Kundmueller	10		Ι							
Trustee	†	1						0	0	0
(6) Maria Scully	10						l	1	<u>_</u>	<u>-</u>
Trustee]	✓						l o	l 0	0
(7) Chiefe Coheata	10	\vdash	1	\vdash			$\overline{}$		<u> </u>	

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	10 10 10	10	10	10	10	10	10	10	

	IX Statement of Functional Expenses				
Section	n 501(c)(3) and 501(c)(4) organizations must com				
<u> </u>	Check if Schedule O contains a respon-				
8b, 9b,	include amounts reported on lines 6b, 7b, 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			19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	41193	41193		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	o	0		
7 8	Other salaries and wages	31810	31810		
9	Other employee benefits				
10	Payroll taxes	6646	6646		
11	Fees for services (non-employees):				-
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				· · · · · · · · · · · · · · · · · · ·
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	4114		4114	
g	Other. (If line 11g amount exceeds 10% of line 25, column	4114		4114	
	(A) amount, list line 11g expenses on Schedule O.)	695	·	695	
12	Advertising and promotion				
13 14	Office expenses	3893	3893	······	·
15	Royalties	1615	1615		
16	Occupancy	13930	13930		
17	Travel	13330	13330		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			-	
19	Conferences, conventions, and meetings .	1613	1613		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	3104		3104	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If	1 1			
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				L
a	Books, Subscriptions, Audio-Visual materials	12671	12671		
Ь					
d					<u> </u>
e	All other expenses Miscellaneous	2451	808	1643	
25	Total functional expenses. Add lines 1 through 24e	123735			
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 if following SOP 98-2 (ASC 958-720)	123733	1141/5	3330	

P	art X	Balance Sheet			-3
	a	Check if Schedule O contains a response or note to any line in this Part	x		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	31052	1	22703
	2	Savings and temporary cash investments	143945	2	28962
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
ts	6	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 sponsoning organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	, i	6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	750
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 121807			
i	b	Less accumulated depreciation 10b	114157	10c	121807
!	11	Investments—publicly traded securities	280373	11	339779
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments-program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	569527	16 17	514002
	17 18	Accounts payable and accrued expenses		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
寰	~~	trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		22	
Ξ.	23	Secured mortgages and notes payable to unrelated third parties		23	
-05	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	31390	25	31390
	26	Total liabilities. Add lines 17 through 25	31390	26	31390
ces		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	473565		436066
Ba	28	Temporarily restricted net assets	64572	28	59639
P	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	;		
ts	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds.		32	
ž	33	Total net assets or fund balances	538137		495705
	34	Total liabilities and net assets/fund balances	569527	34	495705 Form 990 (2015)

Part	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			81303
2	Total expenses (must equal Part IX, column (A), line 25)	2		1	23735
3	Revenue less expenses. Subtract line 2 from line 1	3	٠		42432
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		' 5	38137
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_			42432
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4	95705
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> स्टब्स्ट्र</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," exp	olain	ın Kası		
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a ✓			
	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:				At.
	Separate basis Consolidated basis Both consolidated and separate basis				لينتا
þ	Were the organization's financial statements audited by an independent accountant?	2b			THE STATE OF
	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				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	orein	bt Life	AND THE PERSON NAMED IN	777
C	of the audit, review, or compilation of its financial statements and selection of an independent account			. \	\
	If the organization changed either its oversight process or selection process during the tax year, ex			.".,	
	Schedule O.	Piani	neit:		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			1
04	the Single Audit Act and OMB Circular A-133?		32		1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	rao t		+	╅
-	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			,	

Form **990** (2015)

