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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

Open to Public Inspection

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. Department of the Treasury Internal Revenue Service

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

Ā	For the	2015 cale	ndar year, or tax year beginning , 2015, and ending			, 20	
В	Check if	applicable	C Name of organization Greensboro Free Library		D Employ	er identification nu	mber
	Address	change	Doing business as			03-0319989	
	Name ch	hange	Number and street (or P O box if mail is not delivered to street address) Room/suite	9	E Telepho	ne number	
	Initial ret	turn	53 Wilson Street			(802) 533-2531	
	Final retu	m/terminated	City or town, state or province, country, and ZIP or foreign postal code				
	Amende	d return	Greensboro, VT 05841	G Gross re	eceipts \$	12198	
	Applicat	ion pending	F Name and address of principal officer Mary Metcalf, Librarian	H(a) Is this a g	roup return for	subordinates? Yes	✓ No
			53 Wilson Street, Greensboro, VT 05841	H(b) Are all	subordinate	s included? Tyes	□ No
$\overline{}$	Tax-exe	mpt status	✓ 501(c)(3)	⊣ ``		a list (see instruction	
<u></u>	Website		ensborofreelibrary.org	H(c) Group	exemption	number >	
ĸ	Form of o		✓ Corporation Trust Association Other ► L Year of formation	n 1989	M State	of legal domicile	VT
_	art I	Summ					
	1		escribe the organization's mission or most significant activities. The libra	rv is a free	public lil	prary serving the	
ģ	•	•	ties of Greensboro and Stannard, with about 4000 patrons. It makes print bo				
Governance			on loan or for use at the library. As a community center, it offers computers,				
Ĕ	2		is box ▶ ☐ if the organization discontinued its operations or disposed of				VIII.
ð	3		of voting members of the governing body (Part VI, line 1a)		3		
ري ص	4		of independent voting members of the governing body (Part VI, line 1b)		4		
Activities &	5		nber of individuals employed in calendar year 2015 (Part V, line 2a)		5		
Ϋ́	6		nber of volunteers (estimate if necessary)		6		
Cţ	7a		elated business revenue from Part VIII, column (6), line 12		7a		50
•	b		ated business taxable income from Form-990-T-line-34,		7b		
_	+ 5	Net unite	ated business taxable income instruction 330-1, line 54	Prior Y		Current Ye	
	8	Contribut	tions and grants (Part VIII, line 1h) S. JUN 27 2016.		111642		
ne	9				111042		96504
Revenue			service revenue (Part VIII, line 29) [40770		
Re	10		renue (Part VIII, column (A), lines 5,6d,8c,9c,10c,and-1-le)		10779		25424
	11		en e		400404		
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		122421		121928
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			 -	
	14		paid to or for members (Part IX, column (A), line 4)				
Expenses	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)		46366		49567
Ë	16a		anal fundraising fees (Part IX, column (A), line 11e)	(SEC. 17.5%-17.1	T	. 4. · · · · · · · · ·	gr gr w
꼾	_ b		draising expenses (Part IX, column (D), line 25) 1558/	\$17 K. S. 15	(1 - 1 - 1 - 1		
_	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)		45975		48197
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		92341		97764
	19	Revenue	less expenses. Subtract line 18 from line 12	ginning of Cu	30080	End of Yea	<u>24164</u>
Net Assets or Fund Balances		.	<u></u>	girining of Co		End of Yea	
Sset	20		ets (Part X, line 16)		913260		913459
E A	21		Illities (Part X, line 26)		1045		1967
			ts or fund balances. Subtract line 21 from line 20		912215		911492
_	art II		ture Block		 .		
			ry, I declare that I have examined this return, including accompanying schedules and statem ete 🎾 🗗 aration of prepa <u>rer</u> (dither than officer) is based on all information of which preparer h			ny knowledge and i	belief, it is
		T k	Harris hall	1	<u> </u>	112011	
ei.	an.	Sign	ature of officer	l_ Da	U FX	HOVIU	
Sig	-	J Sign	To conscionate	Da	ile •	ı	
He		Tyrn	IREAUCHEN				
			pe preparer's name Preparer's signature Date			LOTIN	
Pa	iid	Finitiy	pe preparer's name Preparer's signature Date	;	Check		
Pr	epare				self-emp	pioyea	
Us	e Onl				n's EIN ►		
	41 15		ddress >	Pho	one no		
_	<u> </u>		s this return with the preparer shown above? (see instructions)	<u>· · · ·</u>	· · ·	Yes	
For	Paperv	work Redu	ction Act Notice, see the separate instructions. Cat No	11282Y	(.	(2 K Form 9 !	90 (2015)

Page	2
ayo	_

Part			_
		or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission:		
		community together and, as a community center, provide resources and	
	programs for lifelong learning and enrichment, as we	ell as access to the world of information.	-
2	Did the organization undertake any significant pro	ogram services during the year which were not listed on the	
	prior Form 990 or 990-EZ?		lo
	If "Yes," describe these new services on Schedule		
3	G G	ke significant changes in how it conducts, any program	_
		· · · · · · · · · · · · · · · · · · ·	ю
	If "Yes," describe these changes on Schedule O.	ampliahments for each of its three largest program conject, so magazined	l bu
4		omplishments for each of its three largest program services, as measured tations are required to report the amount of grants and allocations to other	
	the total expenses, and revenue, if any, for each p		5.0,
4a	(Code.) (Expenses \$ 8926 in	ncluding grants of \$) (Revenue \$)	_
		oks, and videos available to patrons for use at the library or on loan.	
4b	(Code.) (Expenses \$ 2862 II	ncluding grants of \$) (Revenue \$)	
	The library offers programs for children and adults, i	ncluding story hours, craft workshops, and book discussions.	
			•
4c	(Code:) (Expenses \$ 1181 in	ncluding grants of \$) (Revenue \$)	
	The library offers internet access and computers for		
	Other program conveces (Describe in Schoolide O.)		
4d	Other program services (Describe in Schedule O.) (Expenses \$ 77481 including grants of \$		
	Total program service expenses ►	90450	
	TOTAL DIOGIAITI SELVICE EXPENSES		

Part	M Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	✓	
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		✓
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		√
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		√
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		✓
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		√
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, VII, VIII, IX, or X as applicable.	1	7.X	
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		✓
	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		✓
	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	✓	✓
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		√
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		✓
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		√
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		√
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1

 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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		√ √
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		
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		
Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		
		1
		1
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		+
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		1
\$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		1
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24)	✓
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	,	1
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24	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	a	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	<u> </u>	✓
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		1
disqualified persons? If "Yes," complete Schedule L, Part II		1
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1	
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		1
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):		\$ X 1
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		1
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	,	1
c 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	,	1
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		1
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		/
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		<u> </u>
Part I	-	✓
complete Schedule N, Part II		1
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		1
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		\ <u>/</u>
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	1	+
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35	,	1
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		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		✓
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	1	

			A	—	Tax Compliance
Part V	L'tatamante L	JAMAPHINA	THEAT IDE	Lilinac and	Lav ('amplianaa

	Check it Schedule of Contains a response of note to any line in this Part V	• •	_ 	<u> </u>
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
c	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	<u> </u>	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	TES:	234.	¥′.,
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority	3b		
70	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: ▶	\$ 12 g	1.	444
	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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	30	\dashv	
	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).		E : SS	1 .
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		√
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		_
d	If "Yes," indicate the number of Forms 8282 filed during the year		1.0	<u>, </u>
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓_
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h	\dashv	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		المثلث	
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	35 ·	.e	· 7.8
а	Initiation fees and capital contributions included on Part VIII, line 12		: 3/2	
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: Gross income from members or shareholders			
a b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a	%	×4
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	3/13	<u> </u>	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	2.8.1	~ [
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	. 4		
С	Enter the amount of reserves on hand	* }		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	_	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b Form	990	(2015)
		. 5/1/1		~~ . ~/

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	trúčt	ions.
Conti	Check if Schedule O contains a response or note to any line in this Part VI	• •	<u> </u>	<u>. V</u>
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 6	**************************************	165	NO 1
Ia	If there are material differences in voting rights among members of the governing body, or	**		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			*** **********************************
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 6	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		1
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		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			,
L	one or more members of the governing body?	7a	ļ	✓
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			,
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	46. 884	V
Ū	the year by the following:			
а	The governing body?	8a	27	استندا
b	Each committee with authority to act on behalf of the governing body?	8b	1	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	05	•	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever		ode.) -
			Yes	
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.	-	1:2	i i î
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 rise to conflicts?	12b	✓	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	10-		
13	Did the organization have a written whistleblower policy?	12c	✓	
14	Did the organization have a written document retention and destruction policy?	14		\ <u>\</u>
15	Did the process for determining compensation of the following persons include a review and approval by		381 3	7.67
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	<u> </u>	للانتك
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).		254.5	321
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		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	* 5		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Cooki	organization's exempt status with respect to such arrangements?	16b	L	<u> </u>
17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501	-0/2\a	
.0	available for public inspection. Indicate how you made these available. Check all that apply.	1 50 1	C)(3)8	Offig)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erect	nolic	, and
. •	financial statements available to the public during the tax year.	U1 531	hour)	r, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	corde	· •	
	Donna Jenckes, Treasurer, Greensboro Free Library, 53 Wilson Street, Greensboro, VT 05841 (802) 533-2531	· us		
	W. T.			

-orm	aan	(2015)	

Part VII	Compensation of Officers, Directors	Trustees	, Key E	mployees	s, Highest	Compensated Em	ployees, and
,	Independent Contractors						

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 employees."
- 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.

☐ Check this box if neither the organization no	r any relate	d org	aniz	atic	n c	ompe	ensa	ted any currer	t officer, directo	r, or trustee.
				(C)					
(A)	(B)	B) Position (D)							(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an						Reportable	Reportable	Estimated
	hours per week (list any		er and		lirect	or/trus		compensation from	compensation from related	amount of other
	hours for	악교	Inst	Officer	Ę.	em H	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	er	Key employee	nest	Ter	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	학학	mal		bloy	i iii con	1	(11 2, 1000 111100)	1	and related
	line)	uste	trus		ee	pen]		organizations
		•	ee			Highest compensated employee		†		
	 									
(1) Harold Gray	10			,						
Trustee and Chair		✓		✓					,	
(2) Ken Johnston	10	,	ļ	١,						
Trustee and Vice Chair		/		✓	_		<u> </u>			
(3) Virginia Jenkins	10			,						
Trustee and Secretary		/	_	✓	_		_			
(4) Donna Jenckes	20	,		,						
Trustee and Treasurer	 	✓		✓	\vdash		\vdash			
(5) Carol Reynolds	5	,								
Trustee										
(6) Becky Arnold	10	1								
Trustee		- -	\vdash		\vdash					
(7) Catherine Wilkinson	1									
Alternate Trustee	4			\vdash						
(8) John C. Miller	11	1								
Alternate Trustee	1				<u> </u>					
(9) Staphanie Garquilo Alternate Trustee	 									
(40) 44	25			\vdash	-					
Librarian	† -				1	1		21059		
(11)							i	2.000	-	
<u> </u>	1									
(12)										
	_	ļ			<u> </u>					 -
(13)	 									
(14)	 				-		-			
3	†									

Part	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
	(C)												
	(A)	(B)	Position (do not check more than of						(D)	(E)		(F)	
	Name and title	Average	box,	unles	s pe	rson	ıs both	n an	Reportable	Reportable compensation from		Estimated	
		hours per week (list any		ranc	_	·	or/trust	·	compensation from	related		amount o other	т
		hours for	유	l Ing l	Officer	<u>₹</u>	eng H	Former	the	organizati	ons	compensat	ion
		related	Individual trustee or director	🚉	cer	Key employee	of oge	T er	organization (W-2/1099-MISC)	(W-2/1099-I	MISC)	from the	
		organizations below dotted	ora	8		B	8 5		(W-2/1099-MISC)			organization	
		line)	R	=		yee	l mg	ĺ				organizatio	
			e	nstitutional trustee			Highest compensated employee				1		
				w			8						
(15)	· · · · · · · · · · · · · · · · · · ·												
(16)													
						•							
(17)												-	
3		1	İ					Î			l		
(18)				Н				-					
3]				
(19)	···					 					- +		
1.19/		 											
(20)				H		-					-		
120)		 									ı		
(04)			-	\vdash		_	<u> </u>	-					
(21)		 	-			İ		1					
(00)			 					_					
(22)		ļ											
			ļ			_							
(23)									}				
							ļ						
(24)													
								<u> </u>					
(25)		1											
			<u></u>										
1b	Sub-total							▶	21059				
C	Total from continuation sheets to Part	VII, Section	n A					ightharpoons					
d	Total (add lines 1b and 1c)	<u></u>		•				>	21059				
2	Total number of individuals (including but	not limited	to th	ose	list	ed a	above	e) w	ho received m	ore than \$1	00,000) of	
_	reportable compensation from the organi										•		
												Yes	No
3	Did the organization list any former of	ficer, direc	tor, c	or tr	uste	еe,	key e	emp	oloyee, or high	est compe	ensated	1 . i . i . i	2.
	employee on line 1a? If "Yes," complete s											3	1
4	For any individual listed on line 1a, is the	sum of re	portal	ble d	com	nper	nsatio	n a	nd other comp	ensation fr	rom the		
	organization and related organizations												3. (
								•	•			4	1
5	Did any person listed on line 1a receive of									ration or inc	dividua		- A B.
•	for services rendered to the organization											5	
Section	on B. Independent Contractors		,							<u> </u>			
1	Complete this table for your five highest		- d						45 -4		¢100	2.000 -4	
'	compensation from the organization. Rep												tav
	year.	ort compe	nsauc	או וכ	<i>)1</i> ()	IE C	alenu	ai y	real ending wit	H Or Within	me org	ganizations	lax
		-						г			1		
	(A) Name and business add	ress							(B) Description of s	ervices		(C) Compensation	
								-		J. 71003			
											<u> </u>		
											ļ		
								L.					
									 				
	<u> </u>							L_					
2	Total number of independent contractor							th th	ose listed abo	ove) who	W. 1		
	received more than \$100,000 of compens	ation from t	the or	ganı	ızatı	ıon l	>				₽ ₩		را دند 🖟 ٠

Form **990** (2015)

Par	tγμι	Statement of Reve						
1		Check if Schedule C	contains	a response or note				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants	1a	Federated campaigns	s	1a	14.76.26.27.20.27	9-1-1-2-3	12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues .		1b		1.84.2.2.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.		
ě, ě	C	Fundraising events .		1c 2836				
Gifts, ilar Ar	d	Related organizations		1d				
S, E	е	Government grants (cor		1e 25375				
Sign	f	All other contributions, g				le dinakan		
je če		and similar amounts not included above		1f 68293				
<u> </u>	g	Noncash contributions include						
Contributions, and Other Sim	h	Total. Add lines 1a-1			96504			
		Total / Toda in Too Ta T	<u> </u>	Business Code	2004	11 123 3 2 3 3 3 3 3	344 5 4 4 4 4 4 4	A330 . 33355
eur	2a							
ě	b							 -
8	C							<u> </u>
Ξ	d							
Š	٦				-	 		
Program Service Revenue		All other program ser						
Š	g	Total. Add lines 2a-2				[44.44.44 "A.F	l 	L
	3	Investment income				8" 97 8 7	44 2 7 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
	•	and other similar amo			25424			
	4	Income from investmen			23424			
	5				· · ·			
	"	noyanies	(i) Real	(II) Personal	\$60 \$16 \$1 1 1 a.c.	EX. 1 4 4 m/L 5 4 2/4 11 (
	60	Gross rents			1			
	6a	Less. rental expenses						
	b	-						
	d	Rental income or (loss) Net rental income or ((1000)		<u> Lilaniki II</u>		· .5.2 2-2-3-2-2-2-2-2-1	
	7a	Gross amount from sales of	(i) Securiti	es (II) Other	7 17 g 19 19 19 19 19 19 19 19 19 19 19 19 19	강합점단 회원교회		18 . Tres 2 1 18 22 . 3. 3. 3.
	1'4	assets other than inventory	(,, 0000	(1) 0 11 11				le and a least of
	ь	Less: cost or other basis	 		Mississin			
	l D	and sales expenses .						
	_							
	C	Gain or (loss)			<u> </u>			
	d	Net gain or (loss) .			14410148458		X & X & X 3 & 5 1 1 1 2 7	- TVN VILL 1, 4 300
ē	8a	Gross income from fu	ındraisınd					
eune	Ga	events (not including \$	maraising					
Š		of contributions reporte	ad on line 1	<u></u>				
ř.		•		- I				
Other Revo		Less: direct expenses		<u> </u>				
Ò	ł .	Net income or (loss) f					L#4	
		Gross income from ga			N N N N N N N N N N N N N N N N N N N	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r 2 } 8 & 4-4 *	* ** * * * * * * * * * * * * * * * * * *
	34	See Part IV, line 19 .				AN ELL		
	ь	Less: direct expenses						
		Net income or (loss) f				<u> </u>	2.3.5.5.5.5.5.5.	*`2`8.\$
		Gross sales of in			~/· } % · /· // ! ! ! * * *		2227	
	.00	returns and allowance	•	. a				
	.	Less: cost of goods s			44447			
		Net income or (loss) f			**************************************	27.7.3.7.2.3.7.2.3.3.3.3.3.3.3.3.3.3.3.3	# # 3	<u></u>
	- c	Miscellaneous R		Business Code	(:		10 - 12 - 3 - 14 - 1 - 15 - 1	· ** * * * * * * * * * * * * * * * * *
	11a				<u> </u>	8 31		
					 			
	b							<u> </u>
	C	All other revenue .					<u></u>	
	d	Total. Add lines 11a-		<u> </u>		223383.83.	· · · · · · · · · · · · · · · · · · ·	\$ 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
1	e 12	Total revenue. See in			121029	3.2.7.2.4 62 S. X. S. 4.2.2.5	@ 390 39 X " ", " * " " " " " " " " " " " " " " "	<u> </u>

Sectio	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respon	se or note to any li	ne in this Part IX .	<u></u>	
	t 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		·	Property B	
	and domestic governments. See Part IV, line 21			MARKET ZEALE	Market St.
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			19 8 5 7 65 5 5 8 8 7	* 2.3.3 .3.5.5.5.5.1
5	Compensation of current officers, directors,				
	trustees, and key employees	21059	18953	2106	
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	24492	24492		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	21.02			
9	Other employee benefits				
10	Payroll taxes	4016	3614	402	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13 14	Office expenses	2419	2177	 	<u> </u>
15	Information technology	1181	1181		
16	Occupancy	12692	11423	1269	
17	Travel	12092	11423	1209	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	204	204		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .	17365	15628	1737	
23	Insurance	* * * # # # # . *		alle surfa l'alle al l'article de la la	4 4 2 5 6 4 4 5
24	Other expenses. Itemize expenses not covered	Back Control			
	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	Programs and Supplies	2002	2062	- True 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
b	Books and Other Media and Cataloguing	2862	2862	 	
C	Convena and Printing	8926 990	8926 990		
d	Fundraicing	1558	330		1558
e	All other expenses	1336			1330
25	Total functional expenses. Add lines 1 through 24e	97764	90450	5756	1558
26	Joint costs. Complete this line only if the	3,704	20430	2700	
	organization reported in column (B) joint costs			1	
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	İ			1

P	art X	Balance Sheet	· · · · · · · · · · · · · · · · · · ·		
	,	Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	50	_	5
	2	Savings and temporary cash investments	140291	2	5013
	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			
	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 sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	300	5	200
ě	7	Notes and loans receivable, net	300	7	300
Assets	8	Inventories for sale or use	 -	8	
	9	Prepaid expenses and deferred charges	2057	9	
	10a	Land, buildings, and equipment: cost or	2657		2630
		other basis. Complete Part VI of Schedule D 10a 638387			
	l b	Less: accumulated depreciation		$\overline{}$	489307
	11	Investments—publicly traded securities	263290	-	371037
	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		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	913260	_	913459
	17	Accounts payable and accrued expenses	1045	17	1967
	18	Grants payable		18	
	19	Deferred revenue		19 20	
	20	Tax-exempt bond liabilities		21	
"	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21 5 06%	Baracare Residence
Liabilities	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	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	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			
	00			25	
_	26	Total liabilities. Add lines 17 through 25	1045	26	1967
ces		complete lines 27 through 29, and lines 33 and 34.			
lan	27	Unrestricted net assets	681620	27	678910
Ba	28	Temporarily restricted net assets	44352		44741
p	29	Permanently restricted net assets	186243	29	187842
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-ın or capıtal surplus, or land, building, or equipment fund		31	
۲	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Se	33	Total net assets or fund balances	912215	33	911493
	34	Total liabilities and net assets/fund balances	913260	34	913459

Page	1	2

i Oilli se	0 (2013)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u>.</u>	<u>.</u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		12	21928
2	Total expenses (must equal Part IX, column (A), line 25)	2			7764
3	Revenue less expenses. Subtract line 2 from line 1	3			24164
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		9	12215
5	Net unrealized gains (losses) on investments	5		(2	4886)
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		9	11493
Part	• • • • • • • • • • • • • • • • • • • •				_
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·		. ;	Щ.
	A		She there is	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," ex		- -		
	Schedule O.	piain ii	'		4.4
0-			20-1	180.74	لنبيا
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were com-			粉液	√
	reviewed on a separate basis, consolidated basis, or both:	biled 0	' [3] 3		
	Separate basis Consolidated basis Both consolidated and separate basis		12-14-2	* :	
h	Were the organization's financial statements audited by an independent accountant?		. 2b		لنيد
J	If "Yes," check a box below to indicate whether the financial statements for the year were auditionally and the statement of the year were auditionally and the statement of the year were auditionally and the year were auditionally and the year were also and the year were auditionally and the year were also also and the year were also and the year were also and the year were also and the year were also and year were also and year were also and year were also and year were also and year were also also and year were also also and year were also and year were a	d on :		\$ 14.	<u>v</u>
	separate basis, consolidated basis, or both:	ou on t		4.0	
	☐ 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 or	/ersiah	ıt 🏻		الاستكناف
_	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			100	100
	Schedule O.	•			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in	า		
	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	-	е 🗀		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		
			Forr	ո 990	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organizati	ion					Employer identification	Humber
Greensboro Free Lit	brary						19989
			organizations must				ons.
The organization is	not a private found	ation because it i	s: (For lines 1 through on of churches descri	111, cned	ck only of	ne box.) M(b)(1)(A)(i)	
			(Attach Schedule E (F				
3 A hospital	Lor a cooperative ho	spital service or	ganization described i	n section	170(b)(1	,-, L)(A)(iii).	
4 A medical	research organizati	on operated in co	onjunction with a hosp	oital desc	ribed in s	section 170(b)(1)(A)	(iii). Enter the
	name, city, and stat						
	n organization operated for the benefit of a college or university owned or operated by a governmental unit described in action 170(b)(1)(A)(iv). (Complete Part II.)						
			mental unit described				
	zation that normally I in section 170(b)(1		tantial part of its sup e Part II.)	port from	ı a gover	nmental unit or fron	n the general public
	•		(1)(A)(vi). (Complete I				
9 🗌 An organi	zation that normally	receives: (1) mo	re than 331/3% of its	support	from con	tributions, members	ship fees, and gross
receipts f	rom activities relate	d to its exempt	functions—subject to	certain	exception	ns, and (2) no more	e than 331/3% of its
support to	rom gross investme	ent income and efter June 30, 19	unrelated business 75. See section 509(a	13/2). (Coi	nolete Pa	ess section 511 ta art III.)	A) IIOIII busiilesses
•	•		sively to test for public				
			vely for the benefit of,				out the purposes o
one or mo	ore publicly supported	d organizations d	escribed in section 50	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Checl
			the type of supporting				
a 🗌 Type I	A supporting organized	zation operated,	supervised, or control	led by its	support	ed organization(s), ty	pically by giving
organiza	ation. You must con	nplete Part IV, S					
b 🗌 Type II.	A supporting organi	zation supervise	d or controlled in coni	nection w	ith its su	pported organization	n(s), by having
	or management of th ation(s). You must c		ganization vested in the	ie same p	ersons ti	nat control or manag	ge the supported
			ng organization opera	ted in coi	nection	with and functionall	v integrated with
its supp	orted organization(s	(see instruction	s). You must comple	te Part I\	/, Sectio	ns A, D, and E.	
d 🗌 Type III	non-functionally in	tegrated. A sup	porting organization o	perated i	n connec	tion with its support	ted organization(s)
that is n	ot functionally integr	rated. The organi	zatıon generally must mplete Part IV, Secti	satisty a	distributi d D. and	on requirement and	an attentiveness
			written determination				II Type III
			onally integrated supp				, . , , , ,
	umber of supported						
g Provide the	following information	n about the supp	orted organization(s).		_		,
(i) Name of supp	ported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		
(A)							
(B)		7					
(C)						_	
(D)			-	-		_	
(E)							
		1000		LE I	3458		
Total		15211589	486144114	-	4450		1

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (c) 2013 Calendar year (or fiscal year beginning in) ▶ (a) 2011 (b) 2012 (d) 2014 (e) 2015 (f) Total Gifts. grants. contributions. membership fees received. (Do not include any "unusual grants.") . 130321 90827 65587 91009 71100 448844 revenues levied for the organization's benefit and either paid to or expended on its behalf . . . 23375 20375 20375 20375 25375 109875 The value of services or facilities furnished by a governmental unit to the organization without charge 8500 8500 12000 12000 12000 53000 4 Total. Add lines 1 through 3. . 162196 119702 97962 123384 108475 611719 5 The portion of total contributions by each person (other governmental unit publicly or supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 106416 Public support. Subtract line 5 from line 4. 505303 Section B. Total Support (a) 2011 Calendar year (or fiscal year beginning in) ▶ (b) 2012 (c) 2013 (e) 2015 (d) 2014 (f) Total Amounts from line 4 7 162196 119702 97962 123384 108475 611719 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 3055 4469 8858 10792 25424 52598 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 287 THE COURSE OF THE PROPERTY OF 11 Total support. Add lines 7 through 10 664604 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f) 14 76 % Public support percentage from 2014 Schedule A, Part II, line 14 15 15 80 % 331/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this \square 331/3% support test-2014. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization \checkmark 17a 10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")				ŀ		
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose		i	1			
3	Gross receipts from activities that are not an unrelated trade or business under section 513	_					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons.						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from		*****				
Casti	line 6.)	2 Y	in de la la la la la la la la la la la la la	ka i ka i ka	*****	(A 3 ()	
	on B. Total Support	T (a) 0011	(h) 0010	(-) 0010	(4) 0014	(-) 0045 T	40 T. I. I
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				_		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop he	-			•	ear as a section	
Section	on C. Computation of Public Suppo	rt Percentag	e				
15	Public support percentage for 2015 (line	8, column (f) d	ıvıded by line 1	3, column (f))		15	%
16	Public support percentage from 2014 Sc	hedule A, Part	III, line 15 .	<u> </u>	<u> </u>	16	%
Section	on D. Computation of Investment In	come Perce	ntage				
17	Investment income percentage for 2015	(line 10c, colun	nn (f) divided b	y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2014	4 Schedule A,	Part III, line 17			18	%
19a	331/3% support tests-2015. If the organ	ization did not	check the box	on line 14, ar	nd line 15 is m	ore than 331/39/	6, and line
	17 is not more than 331/3%, check this box	and stop here.	. The organizati	on qualifies as a	a publicly suppo	orted organization	on . ▶ 🗆
b	331/3% support tests—2014. If the organization 18 is not more than 331/3%, check this						3 ¹ /3%, and
20	Private foundation. If the organization d		_		-	• •	
			· · · · · · · · · · · · · · · · · · ·				

Part IV Supporting Organizations

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	art v	<u>·) </u>	
Secti	on A. All Supporting Organizations		Tv	N.
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	No
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	-31 34-	1 /4
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	# 3b		, e
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	<u> </u>	Z,
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		***
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	WE.	
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	İ	
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		<u> </u>
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a	· *	
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	*. ('à 'S
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	****	**
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type III supporting organizations, and all Type III non-functionally integrated	40		*

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

10a

10b

Part	Supporting Organizations (continued)			
٠,	the theory and the second of t	Y	/es	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1,2	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	<u>-</u>	<u> </u>
b	A family member of a person described in (a) above?	11b	_	
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations			
•	District the second control of the second co	Y Y	/es	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1.4	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1	*	.* .
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	/ y		1 5
	supervised, or controlled the supporting organization.	2		لنتث
Section	on C. Type II Supporting Organizations			_
<u> </u>		Y	'es	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	l e G		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	المتنا	
Section	on D. All Type III Supporting Organizations			
		Y	'es	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			*
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			Zul
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			(A)
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	نانعة	
Section	on E. Type III Functionally-Integrated Supporting Organizations	1 - 1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ions)):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see ınstrı	uctioi	ns).
2	Activities Test. Answer (a) and (b) below.	Y	es	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	788	× .	** ^{1~} *
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	. 1. C.	* 1
, D	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			300
	reasons for the organization's position that its supported organization(s) would have engaged in these	20, 1 3, 2		
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.	1 2 8 W	13.	
а	· · · · · · · · · · · · · · · · · · ·	1. % all » %	886 PK 1 3	
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
b	· · · · · · · · · · · · · · · · · · ·	3a		

Schedule /	A (Form	990 or	990-EZ	2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jan	izations				
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ı tru	ıst on Nov. 20. 1970. See ir	structions. All			
other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1 Net short-term capital gain	1					
2 Recoveries of prior-year distributions	2					
3 Other gross income (see instructions)	3	-				
4 Add lines 1 through 3	4					
5 Depreciation and depletion	5					
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7 Other expenses (see instructions)	7					
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		The second				
a Average monthly value of securities	1a					
b Average monthly cash balances	1b					
c Fair market value of other non-exempt-use assets	1c					
d Total (add lines 1a, 1b, and 1c)	1d					
e Discount claimed for blockage or other	2.1					
factors (explain in detail in Part VI).	3	The state of the s	() () () () () () () () () () () () () (
2 Acquisition indebtedness applicable to non-exempt-use assets	2					
3 Subtract line 2 from line 1d	3					
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4					
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6 Multiply line 5 by .035	6					
7 Recoveries of prior-year distributions	7					
8 Minimum Asset Amount (add line 7 to line 6)	8					
Section C - Distributable Amount			Current Year			
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2 Enter 85% of line 1	2					
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	9-79 33 66 6 4 6 6 4 4 6 8 18 18 18 18 18 18 18 18 18 18 18 18 1				
4 Enter greater of line 2 or line 3	4					
5 Income tax imposed in prior year	5					
6 Distributable Amount. Subtract line 5 from line 4, unless subject to						
emergency temporary reduction (see instructions)	6					
7 Check here if the current year is the organization's first as a non-functionall instructions).	y-ir	ntegrated Type III supporting	g organization (see			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	ion D - Distributions	Current Year				
1	Amounts paid to supported organizations to accomplish e	exempt purposes				
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	orted			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which	h the organization is res	sponsive			
	(provide details in Part VI). See instructions.					
9	Distributable amount for 2015 from Section C, line 6					
10_	Line 8 amount divided by Line 9 amount	·				
		(i)	(ii)	(iii)		
S	ection E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable		
			Pre-2015	Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6	12 M St. 16 M M 12 M				
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:		建加强的基本企业的	\$		
а		Markata ist ete	Production of the control of the con			
b	· 多数的数据,这个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个是一个		VERNING ENTRY			
C	water a service and reading the contract of th					
d	From 2013	TRAY L'S LIK WAR MARK				
е	From 2014					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount	京·蒙·蒙·苏泽, 齐·奇。				
i	Carryover from 2010 not applied (see instructions)	SKY X IV. II July 1				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section					
-	D, line 7:					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
C	Remainder. Subtract lines 4a and 4b from 4.			M. S. Jibilata V. Jan		
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).	100				
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:		AND A STATE OF A	A SMA COLL		
a				Million Land		
b						
С	Excess from 2013					
d	Excess from 2014	. 1 17 (11 11 11 21 2				
e	Excess from 2015		· · · · · · · · · · · · · · · · · · ·			

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
Part II, line	10: \$258 in 2014 was recovery of lost property from the State of Vermont. \$29 in 2015 were cash-back rewards from a credit card.
	·
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Name o	of the organization	-		Emplo	yer identification number
Green	sboro Free Library				03-0319989
Pai		_	rised Funds or Other Similar "Yes" on Form 990, Part IV, li		Accounts.
	Complete ii the organ	TEATION AND VIOLE	(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year .				
2	Aggregate value of contributio				
3	Aggregate value of grants from				
4	Aggregate value at end of year				
5	Did the organization inform al	I donors and donor	advisors in writing that the assign organization's exclusive legal of		
6	Did the organization inform all only for charitable purposes a	grantees, donors, and not for the bene	and donor advisors in writing tha fit of the donor or donor advisor	t grant func , or for any	ds can be used other purpose
Par	t II Conservation Easen				
			"Yes" on Form 990, Part IV, Iii		
1		•	organization (check all that apply		
	Preservation of land for pull	blic use (e.g., recrea	tion or education) 🔲 Preservat		
	Protection of natural habita	ıt	☐ Preservat	ion of a cert	tified historic structure
	☐ Preservation of open space				
2			eld a qualified conservation contr	ribution in th	
	easement on the last day of th				Held at the End of the Tax Year
а	Total number of conservation of				2a
b			ts		2b
С			nistoric structure included in (a) .		2c
d			(c) acquired after 8/17/06, and		
	historic structure listed in the N	_			2d
3		nents modified, tran	sferred, released, extinguished, c	or terminate	d by the organization during the
	tax year ►				
4	Number of states where prope				, ,,
5			garding the periodic monitoring isements it holds?		
6	Staff and volunteer hours devoted	to monitoring, inspec	ting, handling of violations, and enfo	rcing conserv	ation easements during the year
7	Amount of expenses incurred in ►\$	monitoring, inspectir	ng, handling of violations, and enfo	rcing conser	vation easements during the year
8	Does each conservation easemand section 170(h)(4)(B)(ii)? .	· ·	2(d) above satisfy the requirement		n 170(h)(4)(B)(ı) · · · · □ Yes □ No
9	balance sheet, and include, if a organization's accounting for continuous	applicable, the text of conservation easeme		n's financial	statements that describes the
Part	•	_	s of Art, Historical Treasure "Yes" on Form 990, Part IV, III		r Similar Assets.
1a	works of art, historical treasu	res, or other similar	AS 116 (ASC 958), not to report assets held for public exhibitio ootnote to its financial statement	n, educatio	n, or research in furtherance of
b	works of art, historical treasu public service, provide the follo	res, or other similar owing amounts relat		n, educatio	n, or research in furtherance of
	(i) Revenue included on Form	990, Part VIII, line 1			> \$
	(ii) Assets included in Form 99	0, Part X			· . ▶ \$
2	following amounts required to	be reported under S	historical treasures, or other s FAS 116 (ASC 958) relating to th	ese items:	
а					
b	Assets included in Form 990, F	Part X <u></u>	<u> </u>		<u> </u>

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection terms (check all that apply): a		Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
b		Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):						
c	а	☐ Public exhibition		d 🗌 Loa	n or exchang	e progr	rams	
c	b	☐ Scholarly research		e 🗌 Oth	er			
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	C	☐ Preservation for future generations	3					
During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organizat	ion's collections a	ind explain how	they further t	the org	anızation's exen	npt purpose in Part
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?		XIII.						
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization	solicit or receive	donations of art	, historical tre	easures	s, or other simila	ar
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rather	than to be mainta	ined as part of the	ne organizatio	on's co	llection?	☐ Yes ☐ No
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Part							
Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		Complete if the organization	answered "Yes'	' on Form 990,	Part IV, line	9, or	reported an an	nount on Form
included on Form 990, Part X?								
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount	1a							ot
c Beginning balance								🗌 Yes 🗌 No
C Beginning balance 1c	b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following	table:			·
d Additions during the year e Distributions during the year f Ending balance							Α Α	mount
e Distributions during the year f Ending balance	С	Beginning balance				10	<u> </u>	
f Ending balance	d	Additions during the year				1d		
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	е	Distributions during the year				1e		
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	f	3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.								
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back			art XIII. Check here	e if the explanati	on has been	provide	ed on Part XIII .	<u> </u>
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	Part							
1a Beginning of year balance 202977 186652 160097 115171 58735 b Contributions 8359 6808 2532 30200 56480 c Net investment earnings, gains, and losses (6831) 9517 24023 14726 (44) d Grants or scholarships (6831) 9517 24023 14726 (44) e Other expenditures for facilities and programs (6831) 9517 24023 14726 (44) d Administrative expenses (6831) 9517 24023 14726 (44) e Other expenditures for facilities and programs (6831) 9517 24023 14726 (44) d Administrative expenses (6831) 9517 186652 160097 115171 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment 4% b Permanent endowment ≥ 92% c Temporarily restricted endowment ≥ 4% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a		Complete if the organization						
b Contributions			(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three years bac	k (e) Four years back
c Net investment earnings, gains, and losses	1a		202977	18665	2 1	160097	11517	58735
losses	b		8359	680	8	2532	3020	56480
d Grants or scholarships	С					l		
e Other expenditures for facilities and programs			(6831)	951	7	24023	1472	26 (44)
f Administrative expenses	-	·						
f Administrative expenses	е					1		
g End of year balance		· · · · · · · · · · · · · · · · · · ·						-
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 4% b Permanent endowment ▶ 92% c Temporarily restricted endowment ▶ 4% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No	f	·			-			
a Board designated or quasi-endowment ▶ 4% b Permanent endowment ▶ 92% c Temporarily restricted endowment ▶ 4% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	_	•			-			<u> 115171</u>
b Permanent endowment ▶ 92% c Temporarily restricted endowment ▶ 4% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations			•		g, column (a))) held a	as:	
c Temporarily restricted endowment ▶ 4% The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations	_			4%				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) unrelated organizations	С			2001				
organization by: Yes No (i) unrelated organizations	20				hat are hold	and ad	minustared for th	••
(i) unrelated organizations	Sa							
(ii) related organizations $\dots \dots								
h If "Voo" on line 2c/u) are the related accompations listed as required on Schoolule D2	L							
 b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						• •		30
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.								
Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value		<u> </u>						
(a) Cost of other basis (b) Cost of other basis (c) Accumulated (d) Book value (d) Book value		Description of property		' '	I			(u) Book value
1a Land	12	Land					•	
			•	500164				A701A2
		•	•					
			•					
d Equipment		; .		32312			31331	301
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)								

Part VII	Investments - Other Securities				200 D . W
·	Complete if the organization answ				
	(a) Description of security or category (including name of security)		(b) Book value		ethod of valuation d-of-year market value
(1) Financia	derivatives				
(2) Closely-I	held equity interests				
(3) Other					
(A)					·
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)				A 0 300 0 0 00	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶			《新教》的《新教》	
Part VIII	Investments—Program Related				
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, I	ine 11c. See Forn	n 990, Part X, line 13.
	(a) Description of investment		(b) Book value		ethod of valuation d-of-year market value
(4)					
(1)					
(2)				···	
(3)					
(4)					
(5)	· · · · · · · · · · · · · · · · · · ·				
(6)		—. 			
(7)					
(8)					
	b) must equal Form 990, Part X, col (B) line 13.)		-	## : // n. h. (13)	
Part IX	Other Assets.		<u> </u>	1 18 3 24 - 1881 4888	**************************************
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, I	ine 11d. See Forn	n 990, Part X. line 15.
) Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)					
(2)				· · · · · · · · · · · · · · · · · · ·	-
(3)					
(4)			-	•	
(5)					
(6)			·		
(7)					
(8)			•		
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15)			
Part X	Other Liabilities.				
	Complete if the organization answ	wered "Yes" on Fo	rm 990, Part IV, I	ine 11e or 11f. Se	e Form 990, Part X,
	line 25.				
1.	(a) Description of liability	(b) Book value			
(1) Federal ır	ncome taxes		· V) / 4 / V		
(2)					
(3)					
(4)					
(5)					
(6)			1 16 45	i de la la la la la la la la la la la la la	
(7)					
(8)			4 1 4 1 2 2 1 1		
(9)			- 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)				

2. 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

Part			Return.			
	Complete if the organization answered "Yes" on Form 990,		,			
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.)	<u> </u>				
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	·	4a				
b	Other (Describe in Part XIII.)	4b				
-	Add lines 4a and 4b		4c			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5			
Part			er Return.			
	Complete if the organization answered "Yes" on Form 990,					
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: Donated services and use of facilities	20				
a	Prior year adjustments	2a 2b				
b	Other losses					
c d	Other (Describe in Part XIII.)					
e	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:	i . i				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)					
	Add lines 4a and 4b	<u> </u>	4c			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5			
Part	XIII Supplemental Information.					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	d 4; Part IV, lines 1b and 2b	; Part V, line 4; Part X, line			
2; Parl	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional in	formation.			
Part V,	line 4: The library has donor-restricted funds valued at \$204,505.					
		·····				
(a) Bay	les Fund, for classic books for children, \$10,799					
2-2						
(b) Her	rick Fund, for award-winning literature, \$13,335					
(c) Hop	kinson Fund, for beautifully illustrated children's books, \$17,510					
(d) Merrill Fund, income-only for general purposes, \$108,481						
(e) Smith Fund, for nonfiction books about religion, philosophy, government, or history, \$2,095						
(f) Oth	er Endowment Fund, income-only for general purposes, \$52,285					
	•••••••••••••••••••••••••••••••••••••••					

Schedule D (Fo	m 990) 2015	Page \$
Part XIII	Supplemental Information (continued)	
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Greensboro Free Library

Internal Revenue Service

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 2015

Employer identification number

030319989

► 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.

Open to Public Inspection

Part III, Line 4d. Other costs of providing program services include payroll, office expenses, occupancy costs and depreciation, professional development, and copying and printing. Part VI, line 11b. The complete 990, including attachments, has been provided to each trustee as well as the librarian for review and comment before filing. Their comments are reflected in the final version. The trustees also review monthly financial statements that serve as the source of the financial data provided here. Part VI, 12c. A conflict of interest policy is part of the library's policies and procedures manual, provided to each new trustee. Part VI, line 15a. No trustees receive compensation. Part VI, line 15b. The librarian is the only key employee. Her performance is reviewed and evaluated each by the board of trustees. That evaluation, along with data from a statewide survey of the compensation of librarians in similar libraries, is considered in the board's review and approval of the library's annual budget, including employee compensation. Part VI, line 19. Documents deemed public documents, including the library's 990 return, are made available upon request in compliance with Vermont law.

Schedule O (Form 990 or 990-EZ) (2015)	Page Z
Name of the organization	Employer identification number

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