Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

<u> </u>	ror un	e 2017 calendar year, or tax year beginning 000 1, 2017 and	ending U	UN 30, 2016										
В	Check if applicab	C Name of organization		D Employer identific	cation number									
	Addre													
	Name chang	Doing business as		**_*	**0300									
F	Initial return Final return		Room/suite	E Telephone numbe	r 635-3153									
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,361,067.									
	Amen Ireturn			H(a) Is this a group re										
F	Application			for subordinates										
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in										
$\overline{\mathbf{T}}$	Tax-ex	empt status: X 501(c)(3) 501(c) ()	or 527	1	list. (see instructions)									
		te: WWW.SAMUELSLIBRARY.NET	01 027	H(c) Group exemptio										
		forganization: X Corporation Trust Association Other	L Year		1 State of legal domicile: VA									
	art I	Summary		1	- oute or regul dominone,									
	T 1	Briefly describe the organization's mission or most significant activities: OPER	ATION	OF A PUBLIC	LIBARAY									
Activities & Governance														
rna	2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.												
Š	3	·		3	14									
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			14									
တ္	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)			29									
įţį	6	Total number of volunteers (estimate if necessary)		_	143									
ŧ	1	Total unrelated business revenue from Part VIII, column (C), line 12			0.									
Þ		Net unrelated business taxable income from Form 990-T, line 34			0.									
	1 -	, most instance standard most instance in the standard most in the standard most in the standard		Prior Year	Current Year									
•	8	Contributions and grants (Part VIII, line 1h)		1,143,313.										
ű	9	Program service revenue (Part VIII, line 2g)		39,958.	40,844.									
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		20,715.										
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		52,441.	49,721.									
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,256,427.	1,307,401.									
	+	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.									
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.									
S	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		795,366.	805,951.									
Expenses	16a			0.	0.									
ē	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 100,6	01.											
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		445,398.	460,166.									
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,240,764.										
	19	Revenue less expenses. Subtract line 18 from line 12		15,663.	41,284.									
or Ses		·		ginning of Current Year	End of Year									
sets	20	Total assets (Part X, line 16)		1,195,328.	1,252,727.									
ASS	21	Total liabilities (Part X, line 26)		55,257.	66,261.									
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		1,140,071.	1,186,466.									
	art II	Signature Block												
Unc	der pena	alties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is									
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.										
Sig	ın	Signature of officer		Date										
He		► HAROLD HAYES, LIBRARY DIRECTOR												
		Type or print name and title												
		Print/Type preparer's name Preparer's signature		Date Check	PTIN									
Pai	d	OLIVIA A. HUTTON, CPA OLIVIA A. HUTTO	N, CP	1/01/18 self-employe	ed №00964688									
Pre	parer	Firm's name VOUNT, HYDE & BARBOUR, P.C., CP		Firm's EIN	**-***9263									
Use	Only	Firm's address 50 SOUTH CAMERON STREET												
		WINCHESTER, VA 22602		Phone no. (5	40)662-3417									
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		······································	X Yes No									

Га	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO OPERATE A PUBLIC LIBRARY	
2	Did the organization undertake any significant program services during the year which were not listed on the	Yes X No
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Tes 121 NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the services of the se	
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 859,308 • including grants of \$) (Revenue \$ OPERATION OF A PUBLIC LIBRARY	73,794.
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
<u></u>	Total program service expenses 859,308.	,

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			ا ۔۔
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		Х
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		Х
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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			17
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	44.		X
4-	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	45		X
40		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		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-''		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	0		
	complete Schedule G, Part III	19		X

Part IV Checklist of Required Schedules (continued)

20a Dit the organization operate one or more hospital facilities? If "Yes," complete Schedule II will be in ceil 20a in II was 10 to 10 the organization partial and active active point and state of the ceil 21 Did the organization report more than \$5.00 or grants or other assistance to any domestic organization or domestic government on Part IX, column (N _i), line 21 "If "Yes," complete Schedule I, Parts I and II 21 X 22 Did the organization report more than \$5.00 or grants or other assistance to or for domestic individuals on Part IX, column (N _i) line 21" (Yes," complete Schedule I, Parts I and III II 22" (Yes," complete Schedule I, Parts I and III II 22" (Yes," complete Schedule I, Parts I and III II 21" (Yes," complete Schedule I, Parts I and III II 22" (Yes," complete Schedule I, Parts I and III II 22" (Yes," complete Schedule I, Parts I II 24" (Yes," complete Schedule I, Part II II 24" (Yes," complete Schedule II Part II II 24" (Yes," complete Sched				Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic opseriment on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and III 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 27 if "Yes," complete Schedule I, Parts I and III 23 Did the organization never "Yes" to Part IX IS schedule I, Parts I and III 24 Did the organization answer "Yes" to Part IX IS schedule I, Parts I and III 25 Schedule II 26 Did the organization nave a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 20027 If "Yes," answer lines 24b through 24d and complete Schedule II, If It is on the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 26 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 27 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 28 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 29 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 20 Did the organization are sort with a disciplination of the organization and any time during the year? 21 Did be organization are that it engaged in an excess benefit transaction with a disqualified person during the year? 22 Did the organization are that it engaged in an excess benefit transaction with a disqualified person during the year? 22 Did the organization are port any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, with a second or any of the organization organization aparty to a business transaction with ore of a populate limiting the person during the y	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule (, Part I and II) Part IX, column (A), line 27 If "Yes," complete Schedule (, Part I and III) 2	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 M X 23 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "res," complete Schedule I, Parts I and III 2 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 Is and all of the year, that was sissed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was sissed after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease any tax-exempt bonds? 24c Did the organization aware many proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person using the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person using the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person using the year. Organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert any amount on Part X, line 5, 6 or 22 for receivables from or payables to any organization expert or any of these persons? If "Yes," complete Schedule I,	21				
Part IX. column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 IX 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 I, Part II			21		_X_
Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 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!, 9 to line 25a 24b Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 25c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 25d Did the organization invest as an 'no behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization as an 'no behalf of' issuer for bonds outstanding at any time during the year? 25d Did the organization aware that it engaged in an excess benefit transaction with a disqualified person out in the transaction with a disqualified person of with a disqualified person of with a disqualified person of with a disqualified person on a prior year, and that the transaction report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, circlectors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 25d Did the organization provide a grant or other assistance to an officer, director, trustee, key employees, bighest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part IV 27d In a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28d Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28	22				37
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and former officers, that was issued after December 31, 2002? If "Yes," answer lines 240 through 244 and complete Schedule I, "Pot," or Join Ince 25s 24b 24b 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 24c 24b 25b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 25c Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c did 25c Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year to defease any tax-exempt bonds? 35c Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year of the organization with a disqualified person during the year? 1f" "Yes," complete Schedule I, Part I 25b 1s the organization and state tengaged in an excess benefit transaction with a disqualified person during the year? 1f" "Yes," complete Schedule I, Part I 25b 1s the organization has not been reported on any of 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 I, Part IV 25b 12b 12b 12b 12b 12b 12b 12b 12b 12b 12			22		
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Schedule K. If "No", go to line 259 b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? c Did the organization invest any proceeds of tax exempt bonds period any tax exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? dd Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? dd Did the organization and that disqualified person 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-E27 If "Yes," complete Schedule L, Part II dd 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, director, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III db the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grants alection committee ember, or to a 59% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV at No A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV db the organization receive	∠ -r a				
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any tax-exempt bonds? did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d did 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					
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Schedule N, Part II 32 X 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 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 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35b 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 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 X 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 lines 11b and 19?			31		X
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 X 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 X Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 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	32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		Schedule N, Part II	32		_X_
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 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	33				37
Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 Y 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			33		_X_
Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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 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 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	34				v
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 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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	0.5				
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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			35a		
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 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	D		25h		
If "Yes," complete Schedule R, Part V, line 2 36 X 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 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	36		330		
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? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i> 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	55		36		Х
and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			37		Х
	38				
			38	X	

Form 990 (2017) SAMUELS LIBRARY, INCORPORATED 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					Ш			
					Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		0						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r				37				
	(gambling) winnings to prize winners?	 I		1c	X				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	_	20						
	filed for the calendar year ending with or within the year covered by this return		29		v				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu			2b	Х				
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions					Х			
	-			3a					
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		х			
h	If "Yes," enter the name of the foreign country:	accou	iii) !	44		- 11			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	ate (FRAR)						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year.			5a 5b		X			
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to								
-	any contributions that were not tax deductible as charitable contributions?			6a		Х			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu								
	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 se	rvices p	provided to the payor?	7a		X			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
С	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?			7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		ot?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	ract?		7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file F			7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	е						
	sponsoring organization have excess business holdings at any time during the year?			8					
9	Sponsoring organizations maintaining donor advised funds.								
				9a					
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b					
10	Section 501(c)(7) organizations. Enter:	۔مد ا							
	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b							
р 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מטו							
		11a							
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	114							
	amounts due or received from them.)	11b							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		7	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans	13b							
	Enter the amount of reserves on hand	13c							
				14a		X			
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O		14b					
				Form	aan	(2017)			

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year									
	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 1									
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		Х						
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		Х						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		Х						
7a										
	more members of the governing body?	7a		Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		X						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:									
а	The governing body?	8a	Х							
b	Each committee with authority to act on behalf of the governing body?	8b	Х							
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		Х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
			Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
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	Х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	Х							
13	Did the organization have a written whistleblower policy?	13	Х							
14	Did the organization have a written document retention and destruction policy?	14	Х							
15	Did the process for determining compensation of the following persons include a review and approval by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
b	Other officers or key employees of the organization	15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		X						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation									
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ► NONE									
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailab	le							
	for public inspection. Indicate how you made these available. Check all that apply.									
	X Own website									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial							
_	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's books and records:									
	EILEEN GRADY - 540-635-3153									
	330 EAST CRISER ROAD, FRONT ROYAL, VA 22630									

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

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

hours per week	(A)	(B)	(C)						(D)	(E)	(F)
TOM WILKINS	Name and Title	hours per	box	(do not check more than one box, unless person is both an				n an	compensation	compensation	Estimated amount of other
TRUSTEE		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization	•	compensation from the organization and related organizations
California Cal		1.00	ļ ,,						0	_	0
TRUSTEE		1 00	Α.						0.	0.	0.
Carron C		1.00	₩.						0	_	0.
TRUSTEE		1 00	^						0.	0.	0.
TRUSTEE		1.00	v						n	<u></u>	0.
TRUSTEE		1.00	^						0.	0.	•
Column		1.00	x						0.	0.	0.
TREASURER		2,00	123						<u> </u>	•	•
Column			x		$ _{\mathbf{x}} $				0.	0.	0.
SECRETARY		1.00	 								
CHUCK HUBER	SECRETARY		X		x				0.	0.	0.
RESIDENT	(7) CHUCK HUBER	2.00									
VICE PRESIDENT	PRESIDENT		Х		х				0.	0.	0.
TRUSTEE	(8) KIM EMERSON	1.00									
TRUSTEE	VICE PRESIDENT		Х		Х				0.	0.	0.
TRUSTEE	(9) BRIAN BARBOUR	1.00									
TRUSTEE	TRUSTEE		Х						0.	0.	0.
TRUSTEE	(10) TOM SAYRE	1.00									
TRUSTEE	TRUSTEE		Х						0.	0.	0.
Column C		1.00	ļ								
TRUSTEE X 0. 0. (13) MIKE RICHARDS 1.00 X 0. (14) BRIAN BENNETT 2.00 X 0. (15) EILEEN GRADY 40.00			X						0.	0.	0.
(13) MIKE RICHARDS 1.00 TRUSTEE X (14) BRIAN BENNETT 2.00 TRUSTEE X (15) EILEEN GRADY 40.00		1.00	١						0	_	_
TRUSTEE X 0. 0. (14) BRIAN BENNETT 2.00 X 0. (15) EILEEN GRADY 40.00		1 00	X						0.	0.	0.
(14) BRIAN BENNETT 2.00 TRUSTEE X (15) EILEEN GRADY 40.00		1.00	ļ ,,						0		_
TRUSTEE X 0. 0. (15) EILEEN GRADY 40.00		2 00	X						0.	0.	0.
(15) EILEEN GRADY 40.00		2.00	↓						^	_	_
		40 00	 ^						0.	<u> </u>	0.
	DIRECTOR OF OPERATIONS	40.00	1		х				69,276.	0.	0.
(16) HAROLD HAYES 40.00		40.00	\vdash		122				09,210.	· ·	.
LIBRARY DIRECTOR X 35,615.		40.00	1		х				35,615.	0.	0.
			1								

	t VII Section A. Officers, Directors, Trus (A)	(B)	Ì		(((D)	(E)			(F)	
	Name and title	Average			Posi	•	1		Reportable	Reportable		٠.d		
	Name and title	hours per		not c	heck ı	more	than		compensation	compensatio				
		week		cer an					from	from related			other	Oi
		(list any	rot						the	organizations			pensa	tion
		hours for	direct				P		organization	(W-2/1099-MIS			om the	
		related	e or	stee			sate		(W-2/1099-MISC)	(** 2) 1000 11110	,,,		anizati	
		organizations	truste	al trus		ee/	mper		(** = /* *******************************			_	d relat	
		below	dual	ition		nplo	st co						anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former						
			_	┢		Ť		_						
			1											
			1											
			1											
			1											
			-											
46	Cub total	l		<u> </u>		<u> </u>			104,891.		0.			0.
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V								104,891.		0.			
	Total (add lines 1b and 1c)										-			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	DOV	e) wł	no r	eceived more than \$100	,000 of reportabl	е			0
	compensation from the organization												1	0
											ı		Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y en	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	such individual										3		X
4	For any individual listed on line 1a, is the su	•							•	•				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual			4		X
5	Did any person listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	unr/	elat	ed organization or indivi	dual for services				
	rendered to the organization? If "Yes," com	plete Schedul	e J t	or su	ıch į	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	dep	ende	nt c	onti	racto	ors t	that received more than	\$100.000 of com	pens	ation f	rom	
	the organization. Report compensation for													
	(A)		-	01101			<u> </u>	<u> </u>	(B)	,		(0	:)	
	Name and business	address	N	INC	7				Description of s	ervices	С		nsatio	n
								\dashv	<u>'</u>			•		
								\dashv						
								\dashv						
								T						
2	Total number of independent contractors (i	includina but n	ot li	mite	d to	tho	se lis	ster	d above) who received m	ore than				
·	\$100,000 of compensation from the organi						0		,					
	+, 300 0. 00pobatton nom the organi													
												Form '	990 (2	2017\

Pa	rt V	III Statemer	nt of Rever	nue					
		Check if Scl	nedule O cont	ains a response	e or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 :	a Federated camp	paigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership du	es	1b					
s, (Am		c Fundraising eve	nts	1c					
Gift Iar		d Related organiza	ations	1d	18,005.				
JS, imi		e Government gra	nts (contribut	ions) 1e 1	,123,516.				
tion er S		f All other contribut	ions, gifts, gran	ts, and					
jbu Th		similar amounts n	ot included abov	ve 1f	35,743.				
ont od (g Noncash contribution				1 188 064			
<u>a</u> C		h Total. Add lines	1a-1f			1,177,264.			
	_	ETNEC TN	COME		Business Code 519100	28,528.	20 520		
/ice		a FINES IN b COPIER I			519100	12,316.	28,528. 12,316.		
Ser			NCOME		319100	12,310.	12,310.		
Program Service Revenue		c							
gra Re									
Pro		e f All other prograr	m service reve	nu le					
		g Total. Add lines				40,844.			
	3	Investment inco				,			
		other similar am				25,321.			25,321.
	4	Income from inv							
	5	Royalties			>				
				(i) Real	(ii) Personal				
	6	a Gross rents							
		b Less: rental exp	enses						
		c Rental income of	, ,						
		d Net rental incom							
	7	a Gross amount fi		(i) Securities 63,341		-			
		assets other thatb Less: cost or other		03,341	•	-			
		and sales exper		48,614	. 476.				
		c Gain or (loss)		4 4 - 4 - 4	-476.	-			
		d Net gain or (loss				14,251.	14,251.		
ø.		a Gross income fr							
Other Revenue			·						
eve		contributions re							
er B		Part IV, line 18		8	35,485.				
Ť		b Less: direct exp			4,463.				
		c Net income or (I	<u>.</u>	-	<u></u>	31,022.			31,022.
	9	a Gross income fr							
		Part IV, line 19				_			
		b Less: direct exp			·				
		Net income or (IGross sales of ir			··········· P				
	10	and allowances	•		4,607.				
		b Less: cost of go			113.	-			
		c Net income or (I			·	4,494.	4,494.		
			neous Revenu		Business Code		,		
	11	1/7/0/07/7/3			519100	14,205.	14,205.		
		b							
		с							
		d All other revenue							
		e Total. Add lines				14,205.			F 6 2 4 2
	12	Total revenue. Se	e instructions.)	1,307,401.	73,794.	0.	56,343.

Part IX | Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com	olete all columns. All oth	ner organizations must co	mplete column (A).	_							
	Check if Schedule O contains a response or note to any line in this Part IX											
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21											
2	Grants and other assistance to domestic											
	individuals. See Part IV, line 22											
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16											
4	Benefits paid to or for members											
5	Compensation of current officers, directors,	165 510	0 446	140 501	0.056							
	trustees, and key employees	165,513.	8,446.	148,791.	8,276.							
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and											
	persons described in section 4958(c)(3)(B)	404 005	244 205	F2 F24								
7	Other salaries and wages	491,895.	344,327.	73,784.	73,784.							
8	Pension plan accruals and contributions (include	20 202	15 (10	0 050	2 (21							
	section 401(k) and 403(b) employer contributions)	29,093.	15,612.	9,850.	3,631.							
9	Other employee benefits	70,547.		23,885.	8,806. 6,104.							
10	Payroll taxes	48,903.	26,242.	16,557.	6,104.							
11	Fees for services (non-employees):											
	Management											
	Legal	0 (50		0.650								
	Accounting	9,659.		9,659.								
	Lobbying											
	Professional fundraising services. See Part IV, line 17	2 1/5		2 145								
f	Investment management fees	3,145.		3,145.								
g	, ,											
40	column (A) amount, list line 11g expenses on Sch 0.)											
12	Advertising and promotion	20,899.	19,853.	1,046.								
13	Office expenses	76,525.	76,525.	1,040.								
14 15	Information technology	70,323.	70,323.									
16	Royalties Cocupancy	78,447.	74,525.	3,922.								
17	Travel	11,024.	/ • _ •	11,024.								
18	Payments of travel or entertainment expenses			,								
.0	for any federal, state, or local public officials											
19	Conferences, conventions, and meetings											
20	Interest	1,002.	1,002.									
21	Payments to affiliates	-										
22	Depreciation, depletion, and amortization	83,952.	79,754.	4,198.								
23	Insurance	6,940.	6,593.	347.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)											
_	amount, list line 24e expenses on Schedule 0.) BOOK, CASSETTES, AND VI	81,362.	81,362.									
a	EQUIPMENT RENTAL AND MA	30,162.	30,162.									
b	BOOK RELATED COSTS	27,347.	27,347.									
q	CHILDREN AND ADULT PROG	19,790.	19,790.									
d	All other expenses	9,912.	9,912.									
25	Total functional expenses. Add lines 1 through 24e	1,266,117.	859,308.	306,208.	100,601.							
26	Joint costs. Complete this line only if the organization		337,3301	333,200								
_0	reported in column (B) joint costs from a combined											
	educational campaign and fundraising solicitation.											
	Check here if following SOP 98-2 (ASC 958-720)											
	, , , , , , , , , , , , , , , , , , , ,											

Form 990 (2017)
Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or not	te to an	y line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			37,736.	1	55,169.
2	Savings and temporary cash investments			117,770.	2	156,193.
3	Pledges and grants receivable, net				3	
4	Accounts receivable, net			175.	4	175
5	Loans and other receivables from current and for					
	trustees, key employees, and highest compensi	ated em	ployees. Complete			
	Part II of Schedule L				5	
6	Loans and other receivables from other disquali					
	section 4958(f)(1)), persons described in section	n 4958(d	c)(3)(B), and contributing			
	employers and sponsoring organizations of sec					
ع	employees' beneficiary organizations (see instr).		6			
Assets	Notes and loans receivable, net		F	103,105.	7	52,062
ة ×	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			12,202.	9	10,399
10a	Land, buildings, and equipment: cost or other	1 1				
	basis. Complete Part VI of Schedule D	10a	957,059.			
b			637,899.	337,097.	10c	319,160
11	Investments - publicly traded securities			587,243.	11	659,569
12	Investments - other securities. See Part IV, line		12			
13	Investments - program-related. See Part IV, line		13			
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equ			1,195,328.	16	1,252,727
17	Accounts payable and accrued expenses			13,075.	17	1,252,727 37,013
18	Grants payable		18			
19	Deferred revenue			19		
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete			21		
ဖွ 22	Loans and other payables to current and former	r officers	s, directors, trustees,			
≝	key employees, highest compensated employee	es, and	disqualified persons.			
Liabilities 22	Complete Part II of Schedule L				22	
ם ₂₃	Secured mortgages and notes payable to unrela			42,182.	23	29,248
24	Unsecured notes and loans payable to unrelate	d third p	oarties		24	
25	Other liabilities (including federal income tax, pa	yables t	to related third			
	parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
	Schedule D				25	
26	Total liabilities. Add lines 17 through 25			55,257.	26	66,261
	Organizations that follow SFAS 117 (ASC 958	3), chec	k here ▶ X and			
S	complete lines 27 through 29, and lines 33 ar	nd 34.				
<u> </u>	Unrestricted net assets			1,117,204.	27	1,171,810
<u>ğ</u> 28	Temporarily restricted net assets	22,867.	28	14,656		
g 29	Permanently restricted net assets		<u></u>		29	
호	Organizations that do not follow SFAS 117 (A	SC 958	3), check here 🕨 🗌			
Net Assets or Fund Balances 2	and complete lines 30 through 34.					
ह 30	Capital stock or trust principal, or current funds				30	
န္တို 31	Paid-in or capital surplus, or land, building, or ed				31	
32	Retained earnings, endowment, accumulated in	come, d	or other funds		32	
ž 33	Total net assets or fund balances			1,140,071.	33	1,186,466
34	Total liabilities and net assets/fund balances		l l	1,195,328.	34	1,252,727

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,30					
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,2	56,1	<u> 17.</u>			
3	Revenue less expenses. Subtract line 2 from line 1	3			284.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,1					
5	Net unrealized gains (losses) on investments	5		14,3	382.			
6	Donated services and use of facilities 6							
7	Investment expenses	7						
8	Prior period adjustments	8	-	-9,2	271.			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	1,18	36,4	166.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.							
2a	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 compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		20	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?							
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit								
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					
	· · · · · · · · · · · · · · · · · · ·			n 990	(2017)			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number **-***0300 SAMUELS LIBRARY, INCORPORATED Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. ☐ Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,047,683.	1,122,846.	1,118,327.	1,143,313.	1,177,264.	5,609,433.
2	Tax revenues levied for the organ-						_
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1,047,683.	1,122,846.	1,118,327.	1,143,313.	1,177,264.	5,609,433.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						5,609,433.
	ction B. Total Support						, , ,
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	1,047,683.	1,122,846.	1,118,327.	1,143,313.	1,177,264.	5,609,433.
	Gross income from interest,	, , ,	, ,	, , -	, , -	, , ,	, , .
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,847.	21,497.	21,198.	20,791.	25,321.	103,654.
a	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.)	63,748.	78.376	71,047.	63,936.	73.793.	350,900.
11	Total support. Add lines 7 through 10	, , ,	, , , , , ,	/			6,063,987.
12	Gross receipts from related activities,	etc. (see instruction	nns)			12	
13	First five years. If the Form 990 is for			I fourth or fifth tax			
	organization, check this box and stop				•		
Sec	ction C. Computation of Publ						
14	Public support percentage for 2017 (I	ine 6. column (f) di	vided by line 11, co	olumn (f))		14	92.50 %
15	Public support percentage from 2016					15	92.87 %
16a	33 1/3% support test - 2017. If the o					nore, check this bo	x and
	stop here. The organization qualifies	•		•		•	\triangleright X
b	33 1/3% support test - 2016. If the c						is box
	and stop here. The organization qual						ightharpoonup
17a	10% -facts-and-circumstances tes						or more.
	and if the organization meets the "fac	-					
	meets the "facts-and-circumstances"			-	· · · · · · · · · · · · · · · · · · ·	-	
h	10% -facts-and-circumstances tes						
	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		•		•		
12	Private foundation. If the organization						
	i invate iounidation. Il tile organizatio	in alla flot di lech a l	ook on mic to, toa	, 100, 110, 01 110	, or look if its box a	na see manuellon	·

Schedule A (Form 990 or 990-EZ) 2017

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, please com	ipiete i ait ii.)				
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and			, ,	` ,		.,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose		1				
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sed	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6	(4) 2010	(6) 2014	(0) 2010	(4) 2010	(6) 2017	(i) rotai
	Gross income from interest,						
100	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources		1				
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is						
	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.)						
	First five years. If the Form 990 is for	the organization	's first, second, thi	rd. fourth, or fifth t	ax vear as a sect	ion 501(c)(3) organiz	zation.
		ū			•		
Sec	ction C. Computation of Publi						
	Public support percentage for 2017 (li			column (f))		15	9
	Public support percentage from 2016					16	Ç
	etion D. Computation of Inves					10	
	Investment income percentage for 20					17	(
						18	
	Investment income percentage from 2						
ıya	33 1/3% support tests - 2017. If the	-					
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2016. If the	•			•	•	
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	▶∟

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **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.
- c 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.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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).
- 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).
- **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.**
- **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.**
- 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.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
OF		
9b		
9с		
10a		
,		
10b		

Pa	t IV Supporting Organizations (continued)			
	(GOTHINGO)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
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		
b	A family member of a person described in (a) above?	11b		
С	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		
	tion B. Type I Supporting Organizations			
			Yes	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			
	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,			
	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's 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			
800	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO
•	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?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	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		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
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 (see ins	tructions	Í I	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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	20		
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a		
J	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must co			
Sect	ion 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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)				
Secti	ion D -	Distributions		,	Current Year			
1	Amou							
2	Amou	ints paid to perform activity that directly furthers exemp	ot purposes of supported					
	organizations, in excess of income from activity							
3	Admir							
4		nts paid to acquire exempt-use assets						
5	Qualif	ied set-aside amounts (prior IRS approval required)						
6		distributions (describe in Part VI). See instructions.						
7		annual distributions. Add lines 1 through 6.						
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive					
	(provi	de details in Part VI). See instructions.						
9		outable amount for 2017 from Section C, line 6						
10	Line 8	amount divided by line 9 amount						
		•	(i)	(ii)	(iii)			
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable Amount for 2017			
1	Distrib	outable amount for 2017 from Section C, line 6						
2	Unde	rdistributions, if any, for years prior to 2017 (reason-						
	able c	ause required- explain in Part VI). See instructions.						
3	Exces	s distributions carryover, if any, to 2017						
а								
b	From	2013						
С	From	2014						
d	From	2015						
е	From	2016						
f	Total	of lines 3a through e						
g	Applie	ed to underdistributions of prior years						
h	Applie	ed to 2017 distributable amount						
i	Carry	over from 2012 not applied (see instructions)						
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distrib	outions for 2017 from Section D,						
	line 7:	\$						
а	Applie	ed to underdistributions of prior years						
b	Applie	ed to 2017 distributable amount						
С	Rema	inder. Subtract lines 4a and 4b from 4.						
5	Rema	ining underdistributions for years prior to 2017, if						
	any. S	Subtract lines 3g and 4a from line 2. For result greater						
	than z	zero, explain in Part VI. See instructions.						
6	Rema	ining underdistributions for 2017. Subtract lines 3h						
	and 4	b from line 1. For result greater than zero, explain in						
	Part \	/I. See instructions.						
7	Exces	ss distributions carryover to 2018. Add lines 3j						
	and 4	С.						
8	Break	down of line 7:						
а	Exces	ss from 2013						
b	Exces	ss from 2014						
С	Exces	ss from 2015						
d	Exces	ss from 2016						
		on from 2017						

Schedule A (Form 990 or 990-EZ) 2017

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SAMUELS LIBRARY, INCORPORATED

Employer identification number **-***0300

Schedule D (Form 990) 2017

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	
Day			
Pai		·	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	`	
	Preservation of land for public use (e.g., recreation or e		corically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
a	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired		
_	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax
	year •	annual to to a short	
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	nandling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerns	ation accoments during the year
7	\$	diling of violations, and emorcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0/b)/4)/R)/i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
5	include, if applicable, the text of the footnote to the organization		
	conservation easements.	tion's interioral statements that describes	the organization's accounting for
Pai	t III Organizations Maintaining Collections o	f Art. Historical Treasures, or O	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art.
	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	,	, · · · · · · · · · · · · · · · · · · ·
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
			· ·
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
	Assets included in Form 990, Part X		> \$

732051 10-09-17

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Par	t III Organizations Maintaining C	collections of A	rt, Hist	torical Tı	reasures, o	or Othe	r Similar <i>I</i>	Asset	S (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, checl	k any of the	following tha	at are a sig	nificant use	of its c	ollection ite	ems
	(check all that apply):									
а	Public exhibition	d		Loan or exc	change progra	ams				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how th	ney further	the organizati	on's exem	npt purpose	in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	asures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	No_
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the	organizatio	on answered	"Yes" on I	Form 990, Pa	art IV, lii	ne 9, or	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contributio	ns or other as	sets not i	ncluded		_	
	on Form 990, Part X?							Ш	Yes	No
b	If "Yes," explain the arrangement in Part XIII									
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or c	ustodial acco	ount liabilit	:y?	Ш	Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.							<u></u>	L	
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" on F	orm 990, Parl	t IV, line 10	0.			
		(a) Current year	(b) P	rior year	(c) Two year	rs back (d) Three years	back	(e) Four yea	ars back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	ce (line 1	g, column (a)) held as:	•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	and administe	ered for th	e organizatio	on		
	by:	-					-		Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on S	chedule R?	>				3b	
4	Describe in Part XIII the intended uses of the	organization's endo	owment	funds.						
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	0, Part I\	/, line 11a.	See Form 990	D, Part X, I	ine 10.			
	Description of property	(a) Cost or o basis (investr			t or other (other)		cumulated reciation	7	(d) Book va	alue
1a	Land									
	Buildings									
	Leasehold improvements				36,528.		1,536			992.
	Equipment				9,856.		24,912		234,	
	Other			46	0,675.	4	11,451	•		224.
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line	10c.)		>		319,	160.

(-) Description of acqueits as actuals:	on Form 990, Part IV, line			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or e	nd-of-year market value
Financial derivatives				
Closely-held equity interests				
Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
	F 000 D+ IV/ II	44 - O F 000	David V. Bara 40	
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value			nd-of-year market value
	(b) book value	(C) Method of	valuation. Cost of e	nu-or-year market valu
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes" of	on Form 990 Part IV line	11d See Form 990	Part X line 15	
	Description	114. 6661 6111 666	, 1 4117, 1110 10.	(b) Book value
(1)				` '
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(7) (8)				
(7) (8) (9)	215)			
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	· 15.)			>
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.		.11e or 11f See For	m 990 Part X line 2	> 25
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (Column of liability)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		: 11e or 11f. See For (b) Book value	m 990, Part X, line 2	25.
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)			m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		m 990, Part X, line 2	25.
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	on Form 990, Part IV, line	(b) Book value		

Par	<u> </u>		Revenue per R	eturn	l .
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 226 250
	Total revenue, gains, and other support per audited financial statements			1	1,326,359.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا مما	14,382.		
	Net unrealized gains (losses) on investments Donated services and use of facilities		14,502.		
	Recoveries of prior year grants				
	Other (Describe in Part XIII.)		4,576.	•	
	Add lines 2a through 2d			2e	18,958.
3	Subtract line 2e from line 1			3	1,307,401.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,307,401.
Par	t XII Reconciliation of Expenses per Audited Financial Stat		i Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				1 270 602
1	Total expenses and losses per audited financial statements			1	1,270,693.
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا مما			
	Donated services and use of facilities				
	Prior year adjustments Other losses				
	Other (Describe in Part XIII.)		4,576.		
	Add lines 2a through 2d			2e	4,576.
3	Subtract line 2e from line 1			3	1,266,117.
	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,266,117.
	t XIII Supplemental Information.				
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			, r art	A, III 6 2, 1 at Ai,
PAR	T XI, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES NETTED AGAINST REVE	NUE			4,463.
COS	T OF GOODS SOLD				113.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				4,576.
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				
SPE	CIAL EVENT EXPENSES NETTED AGAINST REVE	NUE			4,463.
COS	T OF GOODS SOLD				113.
TOT	AL TO SCHEDULE D, PART XII, LINE 2D				

Schedule D (Form 990) 2017	SAMUELS LIBRARY	, INCORPORATED	**-***0300 Page 5
Schedule D (Form 990) 2017 Part XIII Supplemental Inf	formation (continued)		<u> </u>
Саррістана по	(eenimaea)		

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

SAMUELS LIBRARY, INCORPORATED

Employer identification number

Schedule G (Form 990 or 990-EZ) 2017

SAMUELS	LIBRARY, INCORPOR	ATE.	ע		" " = " " " U	300			
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No						
「otal			•						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration			

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

	e G (Form 990 or 990-EZ) 2017 SAMUEL	-			***0300 Page 2	
Part	Fundraising Events. Complete if	the organization answered	d "Yes" on Form 990, Pa	rt IV, line 18, or reported	more than \$15,000	
	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.					
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	

		of fundraising event contributions and gr	oss income on Form 990	J-EZ, lines I and 6b. List	events with gross receip	ots greater than \$5,000.
			BOOKS	(b) Event #2 DIRECT MAIL CAMPAIGN	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	. "
Revenue	1	Gross receipts	25,381.	10,104.		35,485.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	25,381.	10,104.		35,485.
	4	Cash prizes				
Se	5	Noncash prizes				
xbens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	4,343.	120.		4,463.
	10		n 9 in column (d)		>	4,463.
	11	Net income summary. Subtract line 10 from li				31,022.
Pa	rt I		answered "Yes" on Forn	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		I D III I		T
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
ď	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct I	4	Rent/facility costs				
	_	Other direct expenses				
	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		,	, , ,		·	
9 Enter the state(s) in which the organization conducts gaming activities:						
a Is the organization licensed to conduct gaming activities in each of these states?b If "No," explain:					Yes No	
-		, L				
10-	\\/\	are any of the organization's gaming licenses w	avoked suspended or t	erminated during the tay	vear?	Yes No
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year b If "Yes," explain:				your:		

732082 09-13-17

Schedule G (Form 990 or 990-EZ) 2017

Sch	edule G (Form 990 or 990-EZ) 2017 SAMUELS LIBRARY, INCORPORATED **-	***0300	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:	•	
	The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		, -
• •	Enter the hame and dadress of the person who propares the organization of garning special events books and records.		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
-	The state of the s		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	<u> </u>		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	└── No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year ▶ \$		
Pa	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III	, lines 9, 9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	i (Form 990 or 990-EZ)	SAMUELS	LIBRARY,	INCORPORATED	**-***0300	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continu	ued)			<u> </u>
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury 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. ► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

SAMUELS LIBRARY TNCORPORATED **Employer identification number** **-***0300

SAMUELS LIBRARI, INCORPORATED	0300
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWS A COPY OF THE 990 BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF IN	TEREST POLICY BY
REQUIRING THE BOARD TO DISCLOSE CONFLICTS OF INTEREST ANN	UALLY.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF TRUSTEES DETERMINES THE LIBRARY DIRECTOR'S C	COMPENSATION
PACKAGE BASED ON PERFORMANCE. THE LIBRARY DIRECTOR REVIE	WS THE PERFORMANCE
OF THE DIRECTOR OF OPERATIONS AND RECOMMENDS AN APPROPRIA	TE COMPENSATION TO
THE BOARD OF TRUSTEES, WHO UTLIMATELY APPROVES THE DIRECT	OR OF OPERATIONS
COMPENSATION PACKAGE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR THE OVER	RSIGHT OF THE
REVIEW.	