Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

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

Open to Public Inspection

<u>A I</u>	or the	2021 calendar year, or tax year beginning JUL 1, 2021 and	ل ending	UN 30, 2022	
B	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres	SAMUELS LIBRARY, INCORPORATED			
	Name change	Doing business as		54-06103	00
	□ Initial □ return □ Final □ return/	Number and street (or P.O. box if mail is not delivered to street address) 330 EAST CRISER ROAD	Room/suite	E Telephone numbe 540-635-	
	termin- ated			G Gross receipts \$	1,403,402.
	Ameno	FRONT ROYAL, VA 22630		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer: MICHELLE ROSS		for subordinates	? Yes X No
	pendin	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions
		e: WWW.SAMUELSLIBRARY.NET		H(c) Group exemption	
		organization: X Corporation	L Year	of formation: 1799 I	M State of legal domicile: VA
Pa	art I	Summary			
9	1	Briefly describe the organization's mission or most significant activities: OPERA	ATION	OF A PUBLIC	LIBARAY
Governance	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ş.	3	Number of voting members of the governing body (Part VI, line 1a)		3	15
		Number of independent voting members of the governing body (Part VI, line 1b)			15
တ္	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	25
Vitie	6	Total number of volunteers (estimate if necessary)		6	91
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.
				Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)		1,425,601.	1,271,054.
enc	9	Program service revenue (Part VIII, line 2g)		12,726.	20,813.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,478.	48,339.
_	ייי ן	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		39,188.	56,411.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,503,993.	1,396,617.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	1	Benefits paid to or for members (Part IX, column (A), line 4)		866,809.	858,983.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.00,009.	0.00,903.
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 23,19	90.	<u></u>	0.
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		513,125.	519,700.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,379,934.	1,378,683.
	1	Revenue less expenses. Subtract line 18 from line 12		124,059.	17,934.
- Jo		Total de les experiess. Cabitaet inte 16 from inte 12	Be	ginning of Current Year	End of Year
Assets or	20	Total assets (Part X, line 16)		1,420,022.	1,258,942.
ASS	21	Total liabilities (Part X, line 26)		48,383.	31,685.
Net	4	Net assets or fund balances. Subtract line 21 from line 20		1,371,639.	1,227,257.
Pa	art II	Signature Block			
Und	ler pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
					
Sig	n	Signature of officer		Date	
Her	·e	MICHELLE ROSS, LIBRARY DIRECTOR			
		Type or print name and title	Тг	Date Check F	PTIN
D-!		Print/Type preparer's name OT TYPE A HIMMON CDA OT TYPE A HIMMON		:, L	
Paid		OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON		3/04/23 self-employ	P00964688 54-1149263
	parer Only	Firm's name VOUNT, HYDE & BARBOUR, P.C., CPA Firm's address 50 SOUTH CAMERON STREET	<u>.</u>	Firm's EIN ▶	<u> </u>
USE	Only	Firm's address 50 SOUTH CAMERON STREET WINCHESTER, VA 22602		Dhone no / 5	40)662-3417
N/a:	v tha IF	RS discuss this return with the preparer shown above? See instructions		Priorie ilo. (3	X Yes No
ivia	y unent	no discuss this return with the preparer shown above? See instructions			LALITES IND

	Check if Schedule O contains a re	esponse or note to any line in this Part III		
1	Briefly describe the organization's missing TO OPERATE A PUBLIC	on:		
	Did the organization undertake any sign	ificant program services during the year which we	re not listed on the	_
_				Yes X No
3	Did the organization cease conducting,	or make significant changes in how it conducts, a	ny program services?	Yes X No
4	Section 501(c)(3) and 501(c)(4) organization	vice accomplishments for each of its three larges tions are required to report the amount of grants a		
4a	revenue, if any, for each program service (Code:) (Expenses \$ 1, OPERATION OF A PUBLI	080,707. including grants of \$) (Revenue \$	40,721.
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program services (Describe on Sc			\
4e	(Expenses \$ Total program service expenses ▶	including grants of \$) 1 , 080 , 707 •	(Revenue \$	
				Form 990 (2021)

Form 990 (2021) SAMUELS LIBRARY, INCORPORATED 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? See instructions	2	X	
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		Х
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		Х
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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		X
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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			3,7
	complete Schedule G, Part III	19		X
20a	t in the state of	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV	t of Required Sch		

I ai	Officerist of nequired Scriedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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			l
	Schedule J	23		<u> X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
c				
_	(gambling) winnings to prize winners?	1c		
132004	4 12-09-21		990	(2021)

Pai	† V Statements Regarding Other IRS Filings and Tax Compliance (continued)	54-0610	300	Р	age o
· u	otatements riegarding other into rinings and rax compliance (continued)			Voc	No
22	Enter the number of employees reported an Form W.3. Transmittal of Wago and Tay Statements	l I		Yes	No
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 25			
h			2b	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions		20	25	
22			3a		Х
		······	3b		125
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule of At any time during the calendar year, did the organization have an interest in, or a signature or other a		30		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial ac		4a		x
h	If "Yes," enter the name of the foreign country				
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FRAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		Х
	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 the		"		
-	any contributions that were not tax deductible as charitable contributions?		6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices provided to the payor?	7a		х
		, , ,	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?		7c		Х
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 co	entract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ Did \ a \ donor \ advised \ fund \ maintained$	by the			
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	L., I			
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	445			
40-	amounts due or received from them.)	11b	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Is the organization licensed to issue qualified health plans in more than one state?		13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.		134		
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			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	<u> </u>	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Scheduling the tax year.		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
_	excess parachute payment(s) during the year?		15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	•	17		

If "Yes," complete Form 6069.

SAMUELS LIBRARY, INCORPORATED 54-0610300 Form 990 (2021) 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 on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 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 on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Х 14 14 Did the organization have a written document retention and destruction policy? 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? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a

Section C. Disclosure

exempt status with respect to such arrangements?

17	List the states with which a copy of this Form 990 is required to be filed ▶_	NONE
	Section 6104 requires an organization to make its Forms 1022 (1024 or 1024)	

330 EAST CRISER ROAD, FRONT ROYAL, VA

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website Another's website Upon request Other (explain on Schedule O)

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

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

taxable entity during the 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	

orm **990** (2021)

Х

16a

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average			((Pos	C) ition			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box	, unle	ss per	rson i	s both	n an	compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHELLE ROSS	40.00									
LIBRARY DIRECTOR				Х				82,250.	0.	0.
(2) EILEEN GRADY	40.00									
DIRECTOR OF OPERATIONS				Х				79,139.	0.	0.
(3) BARBARA WAY	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) MAJ. GEN. HENRY M. HOBGOOD	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) PETE WALKER	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) KATIE CARR	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) DELORES OATES	1.00									
COUNTY REPRESENTATIVE		Х						0.	0.	0.
(8) KIM EMERSON	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) FRANK BRUGH	1.00									
TRUSTEE		Х						0.	0.	0.
(10) BRIAN BARBOUR	1.00									
TRUSTEE		Х						0.	0.	0.
(11) CELESTE BROOKS	1.00									
TRUSTEE		Х						0.	0.	0.
(12) LISA COBB	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(13) MADELINE HICKMAN	1.00									
TRUSTEE		Х						0.	0.	0.
(14) JUDITH SIKORA	1.00									
TRUSTEE		Х						0.	0.	0.
(15) SHANE ALAN GOODWIN	1.00									_
TRUSTEE		Х						0.	0.	0.
(16) JOAN RICHARDSON	1.00									_
TRUSTEE		Х						0.	0.	0.
(17) MARY KIM WADDELL	1.00	_						_		_
TRUSTEE		Х						0.	0.	0 . Form 990 (2021)

132007 12-09-21

Form **990** (2021)

54-0610300

Par	T VII Section A. Officers, Directors, Trus		oloy	ees,			ghe	st C	ompensated Employee	s (continued)		ı		
	(A)	(B)			•	C)	_		(D)	(E)			(F)	
	Name and title	Average	(do		Pos heck			one	Reportable	Reportable		l	timate	
		hours per week			ss per				compensation	compensatio		l	ount o	of
		(list any		Π				T	from the	from related organization		l	other pensa	tion
		hours for	Individual trustee or director				l,		organization	(W-2/1099-MIS		l .	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizati	
		organizations	trust	al tru		yee	om pe		1099-NEC)	,		ı -	d relate	
		below	/idual	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	ınizatio	ons
		line)	Indi	Insti	Officer	Key	High	Former						
				_										
			-											
				├			-							
			4											
				┢			-	-						
		-		\vdash			 				\longrightarrow			
			-											
				\vdash			1							
			1											
				\vdash										
			1											
			1											
1b	Subtotal	•						▶	161,389.		0.			0.
С	Total from continuation sheets to Part VI							•	0.		0.			0.
	Total (add lines 1b and 1c)							▶	161,389.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	oove	e) wh	no re	eceived more than \$100,	000 of reportable)			
	compensation from the organization													0
													Yes	No
3	Did the organization list any former officer,	director, trust	ee, ł	кеу е	empl	loye	e, o	r hig	hest compensated emp	loyee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$150											4		X
5	Did any person listed on line 1a receive or a	•				•			•	dual for services				37
Coo	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	ıch i	pers	on					5		X
	tion B. Independent Contractors		1					41	t : t t	100,000 - f				
1	Complete this table for your five highest co the organization. Report compensation for	•	•								pensa	tion irc	om	
	(A)	ine calendar ye	ear e	HIGH	ig w	iui (OI WI	ıtıııı	(B)	ear.		(C	٠,	
	Name and business	address	NO	INC	₹.				Description of s	ervices	С	omper		า
2	Total number of independent contractors (in		ot lir	nite	d to		_	sted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation)						000	

Form **990** (2021)

Form 990 (2021) SAMUELS
Part VIII Statement of Revenue

		Check if Schedule O contains a response	e or note to anv lir	ne in this Part VIII			
		•	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
9 0	4 .	a Federated campaigns 1a					
ant	' '			-			
ij g	'			-			
Contributions, Gifts, Grants and Other Similar Amounts	l '			4			
ig ig	,		,176,320.	-			
ns, Sim			,170,320.	4			
atio er (1	f All other contributions, gifts, grants, and	04 724				
έŧ		similar amounts not included above 1f	94,734.	-			
ont od C	!	Moncash contributions included in lines 1a-1f		1 001 054			
<u>ğ</u> <u>ğ</u>		h Total. Add lines 1a-1f		1,271,054.			
			Business Code	1000	1.0.0.1		
e	2 :	a FINES INCOME	519100	10,891.	10,891.		
e Ķ	- 1	b COPIER INCOME	519100	9,922.	9,922.		
Program Service Revenue		c					
am		d					
ogr Be	,	 e					
Prc		f All other program service revenue					
		g Total. Add lines 2a-2f		20,813.			
_	3	Investment income (including dividends, intel					
	Ū	other similar amounts)		32,257.			32,257.
	4	Income from investment of tax-exempt bond		32,237			32,2374
		•	<u>-</u>				
	5	Royalties(i) Real	(ii) Personal				
	_		(ii) i ersonai	-			
		a Gross rents 6a		-			
		b Less: rental expenses 6b		-			
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities		_			
		assets other than inventory 7a 16,082	•	4			
	- 1	b Less: cost or other basis					
ine		and sales expenses 7b 0					
her Revenue		c Gain or (loss) 7c 16,082	•				
Re		d Net gain or (loss)		16,082.			16,082.
ЭĒ	8 :	a Gross income from fundraising events (not					
₹		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18	a 43,288.				
		b Less: direct expenses 8					
		Net income or (loss) from fundraising events	•	36,503.			36,503.
		a Gross income from gaming activities. See					
		Part IV, line 19	а				
		b Less: direct expenses 9		-			
		c Net income or (loss) from gaming activities_	•				
		a Gross sales of inventory, less returns					
		and allowances10	a 1,926.				
		b Less: cost of goods sold 10		-			
		•	, <u>b</u>	1,926.	1,926.		
		c Net income or (loss) from sales of inventory	Business Code	1,520.	1,520.		
sn	44	a MISCELLANEOUS FEES	519100	17,982.	17,982.		
je j	113		317100	11,302.	11,304.		
llar		b		+			
Miscellaneous Revenue	'	C		+			
Ξ	'	d All other revenue	•	17,982.			
		Total royanua See instructions		1,396,617.	40,721.	0.	84,842.
	12	Total revenue. See instructions	····· <u> </u>	H, JJU, UII.	40,141•		Form 990 (2021)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 8,600. 163,882. 147,088. 8,194. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 535,585. 468,097. 56,798. 10,690. Other salaries and wages 7 Pension plan accruals and contributions (include 31,704. 21,607. 9,241 856. section 401(k) and 403(b) employer contributions) 50,457. 74,036. 21,581. 1,998. Other employee benefits 9 53,776. 36,649. 15,675 1,452. 10 Payroll taxes Fees for services (nonemployees): Management Legal 11,000. 11,000. Accounting Lobbying Professional fundraising services. See Part IV, line 17 5,182. 5,182. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 17,563. 16,685. 878. Office expenses 13 74,615. 74,615. Information technology 14 15 Royalties 79,210. 4,169. 83,379. 16 Occupancy 13,091. 13,091. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 945. 945. 20 Payments to affiliates 21 55,541. 52,764. 2,777. Depreciation, depletion, and amortization 22 6,035. 5,733. 302. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 121,197. 121,197. BOOK, CASSETTES, AND VI 78,303. MAINTENANCE SERVICE AND 78,303. 19,964. 19,964. CHILDREN AND ADULT 16,061. 16,061. BOOK RELATED COSTS 16,824. 16,729. 95. e All other expenses 1,378,683. 1,080,707. 274,786. 23,190. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form **990** (2021)

Par	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			92,079.	1	105,265
	2	Savings and temporary cash investments			47,207.	2	20,059
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		175.	4	175	
	5	Loans and other receivables from any current or f					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified	ed per	nssons (as defined			
		under section 4958(f)(1)), and persons described i	in sec	ion 4958(c)(3)(B)		6	
s,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9				15,812.	9	12,822
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	997,280.			
	b	Less: accumulated depreciation		767,164.	280,595.	10c	230,116
	11	Investments - publicly traded securities			984,154.	11	890,505
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal			1,420,022.	16	1,258,942
	17	Accounts payable and accrued expenses		28,439.	17	24,851	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D		21	
ွှ	22	Loans and other payables to any current or forme	r offic	er, director,			
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ns		22	
ן כ	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	arties		24	
	25	Other liabilities (including federal income tax, paya	ables [·]	o related third			
		parties, and other liabilities not included on lines	17-24)	Complete Part X			
		of Schedule D			19,944.	25	6,834
	26				48,383.	26	31,685
,		Organizations that follow FASB ASC 958, chec	k here	• ► X			
Ses		and complete lines 27, 28, 32, and 33.			1 251 622		1 100 100
lan	27	Net assets without donor restrictions	1,351,639.	27	1,197,157 30,100		
Ra	28	Net assets with donor restrictions			20,000.	28	30,100
nu		Organizations that do not follow FASB ASC 95	8, che	ck here 🕨 📖			
Ī		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
sse.	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			4 254 622	31	1 005 05-
Š	32	Total net assets or fund balances			1,371,639.	32	1,227,257
	33	Total liabilities and net assets/fund balances			1,420,022.	33	1,258,942

Form **990** (2021)

Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	1 2	1,39 1,37		
3		3			$\frac{34.}{34.}$
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		$\frac{1}{1,37}$		
5	Net unrealized gains (losses) on investments	5	-16		
6	Donated services and use of facilities	6		_ , _	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,22	7.2	57.
Pai	rt XII Financial Statements and Reporting		· ·		
	Check if Schedule O contains a response or note to any line in this Part XII				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 on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	-			
	Act and OMB Circular A-133?		3a		<u> X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

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

2021

Open to Public Inspection

Employer identification number Name of the organization SAMUELS LIBRARY, INCORPORATED 54-0610300 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) 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 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 on 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and					• •	
	membership fees received. (Do not						
	include any "unusual grants.")	1177264.	1180098.	1202302.	1425601.	1271054.	6256319.
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	1177264.	1180098.	1202302.	1425601.	1271054.	6256319.
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)						
	Public support. Subtract line 5 from line 4.						6256319.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1177264.	1180098.	1202302.	1425601.	1271054.	6256319.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	25,321.	31,870.	28,062.	26,919.	32,257.	144,429.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		- 4 0 4 0	4= 046		40.000	040 074
	assets (Explain in Part VI.)	73,793.	54,048.	47,816.	33,944.	40,270.	249,871.
	Total support. Add lines 7 through 10						6650619.
	Gross receipts from related activities,	-				12	
13	First 5 years. If the Form 990 is for th	-	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	. —
0	organization, check this box and stop						>
	ction C. Computation of Public			. (5)			94.07 %
	Public support percentage for 2021 (li					14	
	Public support percentage from 2020					15	
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the o	•		•		•	
4-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the facts				ranization	-	▶□
1-	meets the facts-and-circumstances te	-	•	* **	-	70 and line 15 is 1	
a	10% -facts-and-circumstances test	ū				•	1U% OF
	more, and if the organization meets the				•		_
40	organization meets the facts-and-circu						
18	Private foundation. If the organization	n aid not check a l	oox on line 13, 16a	a, 160, 1/a, or 17b	, cneck this box ar	na see instructions	PL

Schedule A (Form 990) 2021

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.)

Section A. Public Support		•				
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 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						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	(1)	, , , , , , , , , , , , , , , , , , ,	(2)	(1)	(7)	(1)
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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.)		-			1	
14 First 5 years. If the Form 990 is for the	•			•		. —
check this box and stop here Section C. Computation of Public						>
•			1 (6)		T 45 T	
15 Public support percentage for 2021 (lii		•	.,,		15	<u>%</u>
16 Public support percentage from 2020 Section D. Computation of Inves		<u> </u>			16	%
•			ino 13 column (f)		17	04
17 Investment income percentage for 20.18 Investment income percentage from 2					18	<u>%</u>
19a 33 1/3% support tests - 2021. If the			on line 14 and line			
more than 33 1/3%, check this box an					- 4.5	▶ □
b 33 1/3% support tests - 2020. If the	=	-				
line 18 is not more than 33 1/3%, chec	ū					. \square

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 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 on 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 on 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 line 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		
Ja		
3b		
Зс		
4a		
4b		
4c		
-10		
5a		
5b		
5c		
6		
7		
8		
9a		
a a		
9b		
9с		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	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 officers, 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,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
	tion of type it cupperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	NO
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, ,			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
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		100	110
-	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 on line 2, above, 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 year (see instructions)	ı -		
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 governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more 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	01		
_	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	0.5		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in Part VI.	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

132025 01-04-22

Schedule A (Form 990) 2021

5

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Schedule A (Form 990) 2021

e Excess from 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

SAMUELS LIBRARY,

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

INCORPORATED

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

OMB No. 1545-0047

54-0610300

2021

Name of the organization Employer identification number

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

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that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

SAMUELS LIBRARY, INCORPORATED

54-0610300

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE LIBRARY OF VIRGINIA 800 EAST BROAD STREET RICHMOND, VA 23219	\$ <u>195,060.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WARREN COUNTY 220 NORTH COMMERCE AVENUE FRONT ROYAL, VA 22630	\$ <u>1,003,100</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

Name of organization Employer identification number

SAMUELS LIBRARY, INCORPORATED

54-0610300

SAMUE	LS LIBRARY, INCORPORATED	54	-0610300
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
100450 46 11			Cabadula B (Farma 000) (0004)

Schedule B (Form 990) (2021) Name of organization **Employer identification number** 54-0610300 SAMUELS LIBRARY, INCORPORATED Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (d) Description of how gift is held (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

SAMUELS LIBRARY, INCORPORATED

Employer identification number 54-0610300

Schedule D (Form 990) 2021

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	or Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	visec	I funds	(b) Fun	ds 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 v		hel	d in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	'Yes	" on Form 990, P	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	ly).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of	a histo	rically	important land area
	Protection of natural habitat			Preservation of	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation cont	tribu	tion in the form o	f a cor	serva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)				2c	
d	Number of conservation easements included in (c) acquired a				е		
	listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished,	or te	rminated by the	organiz	zation	during the tax
	year ▶						
4	Number of states where property subject to conservation eas		_				
5	Does the organization have a written policy regarding the peri		ecti	on, handling of			
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	nandling of violations	, and	d enforcing conse	ervatio	n ease	ments during the year
-	Amount of auroration madin manifolian instables bounds						to alcoring the consen
7	Amount of expenses incurred in monitoring, inspecting, hand > \$	ling of violations, and	ente	ording conservation	on eas	semeni	is during the year
8	Does each conservation easement reported on line 2(d) above	a satisfy the requirem	onto	of section 170/h	\/ <i>4</i> \/D\/	(i)	
0		•					Yes No
9	and section 170(h)(4)(B)(ii)?						
3	balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	ote to the organization	/113	manolal Statemen	113 1116	ii ucso	indes tric
Par	t III Organizations Maintaining Collections of	Art, Historical T	rea	sures, or Oth	ner S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		•			
1a	If the organization elected, as permitted under FASB ASC 95		reve	nue statement an	ıd bala	ınce sh	neet works
	of art, historical treasures, or other similar assets held for pub	•					
	service, provide in Part XIII the text of the footnote to its finan	•					
b	If the organization elected, as permitted under FASB ASC 958					sheet	works of
	art, historical treasures, or other similar assets held for public	•					
	provide the following amounts 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 trea					orovide)
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1	-				•	\$
b	Assets included in Form 990, Part X						\$

132051 10-28-21

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	t III Organizations Maintaining C	ollections of Art				r Other		Asset			age ∠
3	Using the organization's acquisition, accession		-		· · · · · · · · · · · · · · · · · · ·				COITE	<i>lucu)</i>	
3	collection items (check all that apply):	on, and other records	s, crieck	any or the i	Ollowing trial	i make siç	gillioani c	136 01 113			
_											
b	Scholarly research	е	ш	Other							
C	Preservation for future generations	. Harakia wa araba a waka ka		6 41 41-					VIII		
4	Provide a description of the organization's co							se in Part	XIII.		
5	During the year, did the organization solicit o				•				٦.,	_	٦
Da	to be sold to raise funds rather than to be ma								_ Yes		<u>No</u>
Par	t IV Escrow and Custodial Arranger reported an amount on Form 990, Par		ete if the	organizatio	n answered '	"Yes" on	Form 990	, Part IV,	line 9, or		
10	Is the organization an agent, trustee, custodi		ion, for		or other sec	acto not ir	adudad				
Ia	on Form 990, Part X?		-						Yes		No
h	If "Yes," explain the arrangement in Part XIII								165	L	_
b	ii res, explain the arrangement in Fart Allia	and complete the lor	iowing t	able.					Amoun		
	Designing belows						4-		7 1110011		
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance								٦.,		
	Did the organization include an amount on Fo						ty?	∟	_ Yes	<u> </u>	∐ No
	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete i								L		
		(a) Current year	(b) H	Prior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	75,000.									
b	Contributions			75,000.							
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
	End of year balance	75,000.		75,000.							
2	Provide the estimated percentage of the curr		e (line 1c	a. column (a)) held as:	•			•		
а	Board designated or quasi-endowment		%	, ()	,						
	Permanent endowment	%									
		<u></u> , °									
·	The percentages on lines 2a, 2b, and 2c short										
32	Are there endowment funds not in the posses	•	tion tha	t are held an	nd administer	red for the	a organiza	tion			
oa		331011 01 the organiza	tion tha	t are ricid ar	ia administri	ca for the	o organize	illoi i	ſ	Yes	No
	by:								20(i)		X
	(i) Unrelated organizations								3a(i)		X
	(ii) Related organizations								3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza								3b		<u> </u>
Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		vment t	unas.							
Fai	Complete if the organization answered		Dort IV	/ lino 11a C	00 Form 000	Dort V I	ino 10				
				Ī				. 1			
	Description of property	(a) Cost or o basis (investn			or other (other)		ccumulate preciation	ed	(d) Boo	k valu	е
1a	Land										
	Buildings										
	Leasehold improvements			12	1,154.		47,94	19.	7	3,2	05.
	Equipment				5,329.	2	80,98			4,3	
	Other				0,797.		38,23			2,5	
	. Add lines 1a through 1e. (Column (d) must e		X colum					ightharpoonup		0,1	
		yuarı villi 330, Falli	, coluit	<u>, , , , , , , , , , , , , , , , , ,</u>	····					 -	

Schedule D (Form 990) 2021

	RARY, INCORPO	RATED 54	l-0610300 Page 3
Part VII Investments - Other Securities.	F 000 B+ N/ E	14b Occ Farry 000 Book V Page 10	
Complete if the organization answered "Yes"			d af.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	F 000 B+ IV I'	14 - O Farm 000 Bart V Fra 40	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	: 15.)		

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	CAPITAL LEASE PAYABLE	6,834.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,834.

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

4-0610300 Page	2 ب
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Pai	Reconciliation of Revenue per Audited Financial State				
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.		1 1	1 000 110
1	Total revenue, gains, and other support per audited financial statements			1	1,229,119.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-162,316.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-162,316.
3	Subtract line 2e from line 1			3	1,391,435.
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	5,182.		
b	Other (Describe in Part XIII.)		•		
c	Add lines 4a and 4b	·		4c	5,182.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.			5	1,396,617.
	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With	Expenses per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, lir				
_				1	1,373,501.
1	Total expenses and losses per audited financial statements			-	1,3/3,301.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ء ا			
a	Donated services and use of facilities				
b	Prior year adjustments				
С	Other losses				
d	,				•
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,373,501.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	5,182.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	5,182.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1			4c 5	5,182. 1,378,683.
5				-	
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 1	9.)		5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1st XIII Supplemental Information.	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.
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5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1st XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	8.) 1; Part IV, lines 1b a	nd 2b; Part V, line 4	5	1,378,683.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

Schedule G (Form 990) 2021

SAMUELS	LIBRARY,	INCORPORA	ATEI)		54-0610	300	
Part I Fundraising Activities.		rganization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
required to complete this part					<u> </u>			
1 Indicate whether the organization rais a Mail solicitations	ed funds through							
a					overnment grants nment grants			
c Phone solicitations		g Special						
d In-person solicitations		g opecial	idildie	iisii ig (Svents			
2 a Did the organization have a written o	r oral agreement v	vith any individual	(includ	ing of	ficers, directors, trus	tees, or		
key employees listed in Form 990, Pa	art VII) or entity in	connection with pr	ofessi	onal fu	undraising services?	Yes	☐ No	
b If "Yes," list the 10 highest paid indiv	viduals or entities (fundraisers) pursua	ant to a	agreer	ments under which th	ne fundraiser is to be		
compensated at least \$5,000 by the	organization.							
			(iii)	Did		(v) Amount paid		
(i) Name and address of individual	(ii) Ad	ctivity	(iii) fundr have ci	aiser ustodv	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)	
or entity (fundraiser)	or entity (fundraiser) (ii) Activity			or control of contributions?		fundraiser listed in col. (i)	organization	
			Yes	No				
F-4-1								
Total 3 List all states in which the organizatio				ıtions	or has been notified	it is exempt from re-		
or licensing.	ir is registered or i	icensed to solicit c	OHUIDI	1110115	or rias been notilied	it is exempt from re	gistration	

132081 10-21-21

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part 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

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.	
			(a) Event #1 ANNUAL APPEAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through	
			(event type)	(event type)	(total number)	col. (c))	
Revenue	1	Gross receipts	43,288.	, ,,,		43,288.	
E		Less: Contributions					
	3	Gross income (line 1 minus line 2)	43,288.			43,288.	
	4	Cash prizes					
ű	5	Noncash prizes					
xpense	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses	6,785.			6,785.	
	10	,				6,785. 36,503.	
Pa	ırt I	Net income summary. Subtract line 10 from line III Gaming. Complete if the organization a		000 Part IV line 10 or i		30,303.	
		\$15,000 on Form 990-EZ, line 6a.	answered res on rollin	990, 1 art IV, line 19, 01 i	reported more triair		
		,	(a) Din sa	(b) Pull tabs/instant	(a) Other maning	(d) Total gaming (add	
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))	
Seve							
	1	Gross revenue					
ses	2	Cash prizes					
Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No	Yes % No	Yes % 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)		>		
		,	, , , ,				
		ter the state(s) in which the organization condu	-				
a Is the organization licensed to conduct gaming activities in each of these states?							
b	If "	No," explain:					
	_						
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax y	/ear?	Yes No	
b	lf "	Yes," explain:					
	_						
	_						

Schedule G (Form 990) 2021

132082 10-21-21

Sch	ledule G (Form 990) 2021 SAMUELS LIBRARY, INCORPORATED 54-	061030	0 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	102	
•	The file half and address of the person who propares the organization organization organization of the person 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	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	s the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	. L Yes	⊢
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 > \$		
Ра	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	${ t SAMUELS}$	LIBRARY,	INCORPORATED	54-0610300	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (contin	ued)			
		COntin	ucu)			
-						
-						
					 	

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

SAMILETS LIBRARY TNCORPORATED **Employer identification number** 54-0610300

DAMOELD LIBRARY, INCOMPORATED	34 0010300
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 INTE	
REQUIRING THE BOARD TO DISCLOSE CONFLICTS OF INTEREST ANNUA	ALLY.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF TRUSTEES DETERMINES THE LIBRARY DIRECTOR'S COM	
PACKAGE BASED ON PERFORMANCE. THE LIBRARY DIRECTOR REVIEWS	THE PERFORMANCE
OF THE DIRECTOR OF OPERATIONS AND RECOMMENDS AN APPROPRIATE	E COMPENSATION TO
THE BOARD OF TRUSTEES, WHO UTLIMATELY APPROVES THE DIRECTOR	R 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 OVERSI	
REVIEW.	