Return of Organization Exempt From Income Tax

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

Open to Public

OMB No. 1545-0047

Department of the Treasury

benefit trust or private foundation)

		The organization may have to use a copy or this return to satisfy state in the organization of the organiz		Inspection
			ending 6/30/2	
		WEST WILL TOUT THE LIDITARY	D Employer ide	entification number
	Address			
_		· •	E Telephone nui	mper
			(631) 288-333	5
□	Termina			
	Amende	d return WESTHAMPTON BEACH NY 11978	G Gross receipts	s \$ 2,761,655
$\prod I$	Applicati	on pending F Name and address of principal officer:	H(a) Is this a group return f	
_		MIKE LENNON 7 LIBRARY AVENUE, WESTHAMPTON BEACH, NY	1	
	av-even		I .	—: <u> </u>
				·
		rganization: Corporation Trust Association X Other ► CHARTERE LYe	ar of formation: 1897	M State of legal domicile: NY
P	art I	Summary		
	1		RARY SERVICES TO (COMMUNITY THE
Terminated Amended return Amended			CONOMIC	
ခို		SUPPORT IN ORDER TO PROVIDE SIGNIFICANT COMMUNITY INFORMATI	ONAL, EDUCATIONA	L AND CULTURAL
Ë			***************************************	
ove	2	Check this box if the organization discontinued its operations or disposed of more the	an 25% of its net assets.	
യ	3	Number of voting members of the governing body (Part VI, line 1a)		; 7
es	4	Number of independent voting members of the governing body (Part VI, line 1b) 4	7
Š	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a) .		45
ĄĊ	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12		
	b	Net unrelated business taxable income from Form 990-T, line 34		
63	8	Contributions and grants (Part VIII, line 1h)	189,45	200,840
Revenue	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,639,57	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)	7	
vs.	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).	957.14	
use	16a		711	0 0
ğ	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
W	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,024,23	9 1,031,780
	19	Revenue less expenses. Subtract line 18 from line 12		
500			Beginning of Current Year	
set	20		10,451,97	5 10,712,602
A As	21		7,397,820	0 7,107,820
			3,054,15	5 3,604,782
Summary 1				
Unde	r penaltie	s of perjury, I declare that I have examined this return, including accompanying schedules and statemen	ts, and to the best of my know	vledge
ano t	jeller, it is	title, context, any emplete, becaractly of preparer (office trian officer) is based on an information of wh	ich preparer has any knowled	ge.
Sig	n	Sidnature of officer	1/10-	10-11
Her	re	1		
			ASURER	
		1,	Date	LDTIN
Pai	d			
		JOSEPH C. GIAQUINTO CPA JOSEPH C. GIAQUINTO CPA	i I	<u> </u>
	-	Firm's name ► GIAQUINTO AND COMPANY CPA'S	Firm's EIN ▶	
USE	, Only			1)325-7762
Mari	the IP		11 Hone No. 1001	
			· · · · · · · · ·	Yes X No
LAP	レっちんじん	us neurocuru aci voure, see me senaraia institucions		- OOO

	9 9 O <u>(</u>2010)	WESTHAMPTON FREE LIBRARY			Page 2
Pa	at.III	Statement of Program Service Acc	complishments		
	,	Check if Schedule O contains a resp	onse to any question i	n this Part III	. 🔲
1	Briefly de	scribe the organization's mission:	······································		<u> </u>
		RARY EXISTS TO PROVIDE ALL SEGME	NTS OF THE POPULAT	FION WITH FEFECTIVE EDEC DUBLIC	
	L.BRAR	SERVICES. THE LIBRARY SHALL FXT	END SERVICES TO ALL	GEOGRAPHIC AREAS AND AGE LEVELS	
	GIVING	DUE REGARD TO THE VARIETY OF IND	IVIDITAL INTERESTS R	EDBESENTED IN THE COMMUNITY	• •
	I BRAR	SERVICES SHALL BE RENDERED ON	A STRICTI Y IMPARTIA	PASES TO ALL INDIVIDUALS AND	
2	Did the o	rganization undertake any significant prog	ram samicos durina tho	L BASES TO ALL INDIVIDUALS AND	 -
_	the prior	Form 990 or 990-EZ?	ram services during the		r
	If "Yes "	lescribe these new services on Schedule	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	X No
2					
3	Centices:	ganization cease conducting, or make signification			
				· · · · · · · · · · ·	X No
_	IT Yes,	lescribe these changes on Schedule O.			
4	Describe	the exempt purpose achievements for ea	ch of the organization's t	hree largest program services by expenses.	
	Section 5	U1(c)(3) and 501(c)(4) organizations and	section 4947(a)(1) trusts	are required to report the amount of grants an	nd
	allocation	s to others, the total expenses, and reven	ue, it any, for each progi	am service reported.	
		When the second			
4a	(Code:) (Expenses \$2,211,	D28 including grants of s	0) (Revenue \$ 2,761	,655)
	PŖŌŶĬĎĔ	LIBRARY SERVICES TO COMMUNITY			
			**		
				••••••••••••••	
		****		••	
			•••		
4b	(Code:	\/Evnenses \$	O including grants of \$	0) (Revenue \$	
710	(0000) (Σχροπούο ψ	_o moldaring grants or a	U) (Revenue \$	0_)
					·
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4c	(Code:) (Expenses \$	0 including grants of \$	0) (Revenue \$	0)
				· · · · · · · · · · · · · · · · · · ·	
			***		-
			• • •		
		•••			-
A A	Other pregr	am services (Describe in Cabadula C.)	<u> </u>		·
4d		am services. (Describe in Schedule O.)	<i>t</i>		
4 -	(Expenses) (Revenue \$ 0)	·
4e	rotat progr	am service expenses 🕨	2,211,028		

	AD 1.17 - 1 - C	D.	0.1
Part/ IV	l Checklist of	Keauirea	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	X	
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		^	
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	3		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		X
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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? If "Yes,"		ļ	
^	Complete Schedule D, Part III	8	 	X
9	Did the organization report an amount in Part X, line 21; 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			
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	9	<u> </u>	Х
10	quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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			10.010012
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Χ	2004000
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
C	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			
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11c		Х
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
	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			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		Х
12a	Schedule D, Parts XI, XII, and XIII	12a	v	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"	128	-	
~	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		<u> </u>
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		1	
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20a	-	<u>X</u>
D	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	-	
	(constitutions)	FAN		

Form	990(2010) WESTHAMPTON FREE LIBRARY		,	age 4
_	Checklist of Required Schedules (continued)			aye -
	,	T	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Od the organization report more than \$5,000 of grants and other assistance to individuals in the			_
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Χ_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	o ganization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	 	X
24 a	\$ 100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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>	<u>X</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	251		V
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		X
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If 'Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			1204203
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	15012045 150015		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	201		v
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	28b		<u>X</u>
U	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ_
20	I us the ergenization cell evolution displace of extremeter more than 950/ at it and an all 0	. 1		

24a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines</i>			
	24b through 24d and complete Schedule K. If "No," go to line 25	24a	1	Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) 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		Х
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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	ļ		
	If "Yes," complete Schedule L, Part III	27	1	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	2000000	100	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
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		Х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R,			
	Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	2010)
		·	,	. ,

Form 990.(2010)

	Statements Regarding Other IRS Filings and Tax Compliance	
*	Check if Schedule O contains a response to any question in this Part	V

tale Enter the number reported in Box 3 of Form 1096. Enter (-) (Finot applicable. 1b				•	<u> </u>
b Enter the number of Forms W-26 Included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable perments to vendors and reportable garning (gamibling) withings to prize winners? 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. 2		Enter the number reported in Pay 2 of Form 1006. Enter, 0, if not applicable	_	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (ambhing) withings to pitze withmere? 2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 45 b It at load one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2 is greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b I'-Yes, has if filed a Form 990-T for this year? If I'Mo, "provide an explenation in Schedule O. 3b L-4 tary time during the calendar year, did the organization have an interest in, or a signature or other authority cyer, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1c See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1d See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1d See instructions for filting requirements for Form TD F 90-221, Report of Foreign Bank and Financial Accounts. 1d See ins			7		
garming (gambling) winnings to prize winners? Entert fine 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 1 it at least one is reported on line 2d, did the organization file all required federal employment tax returns? Note: If the sum of lines ta and 2 as greater than 250, you may be required to e-file. (see instructions) 1 if "Yes", has it filed a Form 990-T for this year? If "No," provide an explanation in Scheduler 1 if "Yes", thas it filed a Form 990-T for this year? If "No," provide an explanation in Scheduler 2 a			0		
Statements, filled for the calendar year ending with or within the year covered by this neturn 2 46 If at least one is reported on line 2a, did the organization file all required federal employment tex returns? Note: if the sum of lines a and 2a is greater than 250, you may be required to e-file. (see instructions) If "Yes," has it filled a Form 690-T for this year? If "No," provide an explanation in Schedular O 3 3b 11" Yes," has it filled a Form 690-T for this year? If "No," provide an explanation in Schedular O 3 3b 11" Yes," has it filled a Form 690-T for this year? If "No," provide an explanation in Schedular O 3 3b 11" Yes," has it filled a Form 690-T for this year? If "No," provide an explanation in Schedular O 3 3b 11" Yes," has it filled a Form 690-T for this year? If "No," provide an explanation in Schedular O 3 3b 11" Yes," has it filled a Form 690-T for this year? If "Yes," enter the name of the foreign country. If "Yes," enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If "Yes, enter the name of the foreign country. If year, enter the name of the foreign country to provide an explanation social and the organization sell and the organization name and the enter the provided as well and the organization and the organization sell and the enter the provided and sentence provided to the payor? If "Yes, if did the organization sell and the were not tax deductible? Organization sell, exchange, or otherwise dispose of fangible porso	С	gaming (gambling) winnings to prize winners?	1c	X	
b 1st least one is reported on line 2st, did the organization file all required federal amployment hax returns? 2b X Note. If the sum of lines is and 2s is greater than 250, you may be required to e-file. (see instructions) 2if the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b 1 1 "Yes," has it filled a Form 990.T for this year? If "No," provide an explanation in Schedule O 3b 3b 3b 3 3 3 3 3 3	2a	Of the sent Clad for the set and conservation to the St. of		S	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) A Did the organization have unrelated business gross income of \$1,000 or more during the year? A Larry time during the calendar year, did the organization have an interest in, or a signature or other authority over, a fluancial account in a foreign country (such as a bank account, securities account, or other financial accounts, escurities account, or other financial second organization and party to a prohibited tax sheller transaction at any time during the tax year? A larry time during the calendar year, did the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? A larry time during the party to a prohibited tax sheller transaction at any time during the tax year? B larry to fire organization solicit any contributions that were not lax deductible? B larry to fire organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? B larry the did the organization include with every solicitation an express statement that such contributions or griss were not tax deductible? C larganizations 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 services provided to the payor? A larry time organization receive and payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? A larry time organization receive and purple, discretly or indirectly, to pay premiums on a personal benefit contract? To bid the organization make any taxable distributions under section 50(a) (3) supporting organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? To bid the organization mechany and the property did the organization fice and contribution of case	h				1,000
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12. b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders. b Gross income from dher sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 11 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. c Enter the amount of reserves on hand. 13 Did the organization receive any payments for indoor tanning services during the tax year? 14a X	g		7 g		
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b Did the organization make a distribution to a donor, donor advisor, or related person?	9	· · · · · · · · · · · · · · · · · · ·			
Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12					
a Initiation fees and capital contributions included on Part VIII, line 12			9b	1600000	70000
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1 1	10 10 00 0 10 10 10 10 10 10 10 10 10 10 10 10 10 1		
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b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		12a	Ampropaga.	44 1/ 1/
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Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13				
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		Is the organization licensed to issue qualified health plans in more than one state?	13a		•
the organization is licensed to issue qualified health plans		Note. See the instructions for additional information the organization must report on Schedule O.	3,035	Tradit.	
c Enter the amount of reserves on hand	b				
14a Did the organization receive any payments for indoor tanning services during the tax year?					
	C		N. S.		
b If "Yes, has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule Ο 14b					<u>X</u>
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Part VI

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

Γ	$\overline{}$	

Sec	tion A. Governing Body and Management			<u> </u>
			Yes	No
1a				
b	Enter the number of voting members included in line 1a, above, who are independent	7,000		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		1999	
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		_X_
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		_X_
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	7 , , , , , , , , , , , , , , , , , , ,			
	form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	195171E91		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		1	
	rise to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on	y)		
	available for public inspection. Indicate how you make these available. Check all that apply.			
	X Own website			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► MATTHEW BOLLERMAN (631) 288-33	35		
	7 LIBRARY LANE, WESTHAMPTON BEACH, NY 11978			

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	Part VII	Compensat	ion of Officers, Directors	, Trustees, Key Employees, Highest Compensate	d	
		Employees,	and independent Contra	actors		
				nse to any question in this Part VII		
				oyees, and Highest Compensated Employees	"	لمبيي

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	1		ſ	(C)			(D)	(€)	(F)
Name and Title	Average hours per	Position (check all that apply)				that ap	ply)	Reportable compensation	Reportable compensation	Estimeted
	week (describe hours for related organizations in Schedule O)	or director	Institutional taustee	Officer	key empkoyee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from releted organizations (W-2/1099-MISC)	amount of other compensation from the organization and felated organizations
(1) MATTHEW BOLLERMAN							-			•
DIRECTOR	40.	X			Х	X		<u>114,</u> 154	0	0
(2) MICHAEL LENNON PRESIDENT	1.	х		X				0	Ô	0
(3) KAREN ANDREWS									· · · · ·	
VICE PRES	1.	X		Χ				0	0	. 0
(4) JOAN LEVAN TREASURER	1,	х		Х						
(5) HANK TUCKER	1,	<u> </u>		$\hat{}$			-	. 0	<u> </u>	0
TRUSTEE	1,	Х						0	o	0
(6) ESTHER GLAZER TRUSTEE	1.	х						o	O	
(7) MARIA MOORE TRUSTEE	`								V	<u>.</u>
(8) JANE LAPPLE	1,	X				\dashv	\neg	0	0	. 0
TRUSTEE (9)		X	\dashv	\dashv			\dashv	0	Q	0
									ĺ	
(10)										
(11)										
(12)				+			-			
(13)		1	1	1	\dashv	_	+			-
(14)		\dashv	\dashv	\dashv	\dashv		+			
(15)			+	+	\dashv		+			
(16)		_	\downarrow	_	_		4			-
/16)			Ţ				_			

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	Section A. Officers, Directors, Ti		mplo T	yee			High	est		`		
	(A) Name and title	(8) Average hours per		_	thec		that ep		(D) Réportable compensation	Repo compe	dable	(F) Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Inslitutional trustee	Officer	ícy employee	Kighest compensated employee	Former	from the organization (W-2/1099-MISC)	from r organia (W-2/109	elated sations	other compensation from the organization and related organizations
(17)	7.1						υ.			-		· · · · · · · · · · · · · · · · · · ·
(18)												
(19)	z = 18 by>dda											
(20)												· · · · · ·
(21)									- The formation of the second		†	
(22)												
(23)												
(24)												
(25)							\dashv					
(26)						-			_			
										n.		
(28)										***		
1b c d	Sub-total . Total from continuation sheets to Part VII, S Total (add lines 1b and 1c).	ection A , , ,					, .	▶	114,15 0 0 114,45%	-	0 0	0
2	Total number of individuals (including but not li reportable compensation from the organization	mited to those I	isted	abo	ve)	wh	o rec	eive	d more than \$1	00,000	in	0
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector or trustee. Tule J for such in	key (emr	lov	ėe,			et compensated	* *************************************		Yes No
4	For any individual listed on line 1a, is the sum of the organization and related organizations greated individual.	of reportable co	mber	ısat	ion	and "co	othe mple	г co te S	empensation fro Schedule J for se	m vch	(5) (10) (10) (10)	
5	Did any person listed on line 1a receive or accr for services rendered to the organization? If "Ye	ue compensations." complete S	on fro ched	m e ule :	ny J <i>f</i> o	Unre	elated	i or	ganization or inc	dividual	997 700	4 X
Sec	tion B. Independent Contractors											5 X
1	Complete this table for your five highest compe compensation from the organization.	nsated indepen	dent	con	trac	tors	s that	rec	eived more that	n \$100,0	100 of	
	(A) Name and business addre	85					T		(B) Description of servi	ces	Com	(C)
<u></u>	AR KROPP & SONS 1515B 5TH	INDUSTRIAL	cou	RT,	ВА	ΥS	HOE	QU	IPMENT/FURN	ISHING		141,649
						_			· · · · · · · · · · · · · · · · · · ·			0
<u></u> .		· ·		_			_					0
2	Total number of independent contractors (included more than \$100,000 in compensation from the contraction from the	ling but not limit organization	ted to	the)\$e	liste	d ab	ove) who received			

Pari	EVII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
क क	1a	Federated campaigns	. 1a	0				8. 72. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1
and	b			0				
g g	C	Fundraising events		0				
ft g	d			0				
igi ila		_		·				
sir	e	,		13,400				
er Sti	f		L	107.10				
ë f		similar amounts not included above .		187,440				ingipal (non-cit
Contributions, gifts, grants and other similar amounts	g	Noncash contributions included in lines 1a		103,780	1			
ਲੋਂ ਲੋ	h	Total. Add lines 1a-1f			200,840			
ě				Business Code				
Program Service Revenue	2a	TAX REVENUE		900099	2,402,136	2,402,136		
Ŗ	b	OTHER LIBRARY REVENUE		900099	48,454	48,454		
ice	С				0			
Š	d			0				
E	е			0				
g g	f	All other program service revenue			0			
P.	a	Total. Add lines 2a-2f			2,450,590			
	3	Investment income (including dividend other similar amounts)	s, interes	t, and	110,225			<u> </u>
	4	Income from investment of tax-exempt			0			
	5	Royalties	•		0			
	٦		Real	(ii) Personal	<u> </u>			4045.750.50.50.750.5
	60	Gross Rents	11001	(ii) i ciocilai				
	6a							
	b	Less: rental expenses	0					
	C	Rental income or (loss)	U _j	0	A reserve to the manufacture of the second o			
	d	· · · · · · · · · · · · · · · · · · ·			0	Leucelli Alexandro de Potenti ita Vetico		sangagrapikan tagai nasa ngan taga
	7a		ecurities	(ii) Other				
		assets other than inventory.	0	0				
	b	Less: cost or other basis						
		and sales expenses	0					
	С	Gain or (loss)	0	0				
	d	Net gain or (loss)			0			
Other Revenue	Яa	Gross income from fundraising						
en i	Ų.	events (not including \$	n					
ě		of contributions reported on line 1c).	<u>`</u>					
ir.		See Part IV, line 18	_					
the		Less: direct expenses		0				
ō		•					TWO AREAST AND AREAST.	Target gant for your terms
		Net income or (loss) from fundraising e	vents		U		BANGARAN SANTAN KERKANCAN SAN	C84884-6-03-67-65-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6
	9a	Gross income from gaming activities.		_				
		See Part IV, line 19	1	U				Yerrin Kengangan A. C.
		Less: direct expenses		0				
		Net income or (loss) from gaming activ	ities . .	▶	0			
	10a	Gross sales of inventory, less						
		returns and allowances	,	0				
:	b	Less: cost of goods sold	b	0				
		Net income or (loss) from sales of inve		<u></u> ▶	0			
		Miscellaneous Revenue		Business Code				
	11a				0			
	b		1		0			
	C		1		0			
	ں ہم	All other revenue		-	0			
	_ a	Total. Add lines 11a–11d			0		ude providente de la composició	
	e					0.500.045		
	12	Total revenue. See instructions		🟲 🛚	2,761,655	2,560,815	01	U

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) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A)		rea to complete col	umns (B), (C), and I	(D).
	not include amounts reported on lines 6b, கிம், 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and crganizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22		***		
3	Grants and other assistance to governments,	0			
•	crganizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	Ō	Autom.		
5	Compensation of current officers, directors,		P/II.		
	trustees, and key employees	114,154	114,154		
6	Compensation not included above, to disqualified			***	
	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	823,268	823,268	-	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	31,581	31,581		
9	Other employee benefits	132,083		*****	
10	Payroll taxes	78,162	78,162		
11	Fees for services (non-employees):				70000
а	Management	0			<u> </u>
b	Legal	0			
C	Accounting	9,625	9,625		
d	Lobbying.	0	7. The second of		
e	Professional fundraising services. See Part IV, line 17	0	Topological Control		
f	Investment management fees	0		****	
g	Other	9,042	9,042	····	
12	Advertising and promotion	0,	04.000		
13 14	Office expenses	81,023	81,023	11L-A	
15	Royalties	34,595 0	34,595		
16	Occupancy	98,322	98,322		
17	Travel	3,864	3,864		
18	Payments of travel or entertainment expenses	0,004	3,004	*****	***
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	10,903	10,903		
20	Interest	296,355	296,355		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	102,621	102,621	0	0
23	Insurance	30,085	30,085		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24f. If				
	line 24f amount exceeds 10% of line 25, column				
	(A) amount, list line 24f expenses on Schedule O.)				
a	LIBRARY SYSTEM FEES	34,694	34,694		
b	MEMBERSHIP DUES	2,219	2,219		
Q C	PROGRAMS BOOKS AND OTHER LIBRARY MATERIALS	91,215	91,215		
d	DOONG AND OTHER LIDRART WATERIALS	227,217	227,217		#W
e f	All other expenses	0			
25	Total functional expenses. Add lines 1 through 24f.	2,211,028	2,211,028	0	
26	Joint costs. Check here ▶ if following	4,411,020	<u> ۲٫۲۱۱٫۷۷۵</u>		0
40	SOP 98-2 (ASC 958-720). Complete this line				
	only if the organization reported in column				
	(B) joint costs from a combined educational		İ		
	campaign and fundraising solicitation				
				<u></u>	Form 990 (2010)

P	ar≴ X	Balance Sheet			_	
		,		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		-42,337	1	40,495
	2	Savings and temporary cash investments		2,933,047	2	2,340,016
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		0	4	0
	5	Receivables from current and former officers,	directors, trustees, key			
		employees, and highest compensated employ Schedule L			5	
	6	Receivables from other disqualified persons (a				
	"	4958(f)(1)), persons described in section 4958				
		employers and sponsoring organizations of se				
Ø.		employees' beneficiary organizations (see ins			6	
Assets	7	Notes and loans receivable, net		0		
ΑS	7	Inventories for sale or use		0	8	0
•	8				9	
	9	Prepaid expenses and deferred charges	, ₁		9	
	10a	Land, buildings, and equipment: cost or	40.			
	l .	other basis. Complete Part VI of Schedule D	10a 8,473,432		71 (9)717	
	b	Less: accumulated depreciation	10b 141,341			8,332,091
	11	Investments—publicly traded securities	8,842	1	0	
	12	Investments—other securities. See Part IV, Iir	0		0	
	13	Investments—program-related. See Part IV, li		0		0
	14	Intangible assets		0		0
	15	Other assets. See Part IV, line 11		6,802,207	15	0
	16	Total assets. Add lines 1 through 15 (must ed	ıual line 34)	10,451,975	16	10,712,602
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ģ	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, direct				
Ξ		employees, highest compensated employees,				
Ë		persons. Complete Part II of Schedule L			22	and the second of the second o
	23	Secured mortgages and notes payable to unre	elated third parties	7,397,820		7,107,820
	24	Unsecured notes and loans payable to unrelat	•	0		0
	25	Other liabilities. Complete Part X of Schedule		0		0
	26	Total liabilities. Add lines 17 through 25		7,397,820		7,107,820
	20_	Organizations that follow SFAS 117, check	here ▶ and	1,000,020		
ည		complete lines 27 through 29, and lines 33				
<u> </u>	27	Unrestricted net assets			27	
ñ	28	Temporarily restricted net assets			28	
헏	29	Permanently restricted net assets			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	check here ►X			
য়	30	Capital stock or trust principal, or current funds		3,054,155	30	3,604,782
šše	31	Paid-in or capital surplus, or land, building, or		0,004,100	31	3,004,702
Ă	32	Retained earnings, endowment, accumulated			32	
Ę	33	Total net assets or fund balances	3,054,155		3,604,782	
_	1	Total liabilities and net assets/fund balances.		10,451,975		
	34	Total liabilities and flet assets/fully balances.	<u></u>	10,401,970	J4	10,712,602

Form **990** (2010)

	99 (2010) WESTHAMPTON FREE LIBRARY			Pag	ge 12
Pari	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				

1	Total revenue (must equal Part VIII, column (A), line 12)	1	i	2,761	1,655
2		2			,028
3	Revenue less expenses. Subtract line 2 from line 1	3		550),627
4		4		3,054	1,155
5	· · · · · · · · · · · · · · · · · · ·	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
		6		3,604	,782
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			. [
		<u>, </u>		Yes	No
1	Accounting method used to prepare the Form 990:			350000	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			Markey Markey	
	Schedule O.			960000	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	***************************************
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.		1945 200 1945 200 200		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:			Yes Care	
	X Separate basis		10000		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit 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 audit or audits, evolain why in Schedule O and describe any stone taken to undergo such audits.		101.1		

Form **990** (2010)

SCHEDULE A (Forem 990 or 990-EZ)

Public Charity Status and Public Support

20

OMB No. 1545-0047

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

Paritable trust.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ.

WES	THA	MPTON FRE	EE LIBRARY								
Par				harity Status (All org	ganizatio	ns must	complete	e this par	t.) See ir	nstructio	ns.
The 4	rga			dation because it is: (F							
1				urches, or association			oed in se	ction 170	(b)(1)(A)(i).	
2				on 170(b)(1)(A)(ii). (A							
3		· ·	· ·	hospital service organ							
4			esearch organiz ame, city, and s	ation operated in conjutate:	unction w	ith a hosp	ital descr	ibed in s e	ction 170	0(b)(1)(A)	(iii). Enter the
5		_		or the benefit of a colle (Complete Part II.)	ge or uni	versity ow	ned or op	erated by	a govern	ımental uı	nit described
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7	X			lly receives a substant)(1)(A)(vi). (Complete		its suppo	rt from a	governme	ental unit	or from th	e general public
8		A communit	ly trust describe	d in section 170(b)(1)	(A)(vi). (Complete	Part II.)				
9		receipts from support from	n activities relat n gross investm	lly receives: (1) more t ed to its exempt functi ent income and unrela n after June 30, 1975.	ons—sub ted busin	oject to ce less taxab	rtain exce le income	eptions, ar e (less sec	nd (2) no i otion 511	more thar	33 1/3% of its
10		An organiza	ition organized a	and operated exclusive	ely to test	for public	safety. S	ee sectio	n 509(a)((4).	
11		purposes of	one or more putheck the box th	and operated exclusive oblicly supported organ at describes the type of Type II c	nizations of of support	described	in section ization ar	n 509(a)(1 nd comple) or section te lines 1	on 509(a) 1e throug	(2). See section
е		persons oth		fy that the organizatior on managers and othe 2).			-	•	•		-
f			zation received , check this box	a written determination					II, or Typ	e III supp	oorting
g		•	-	the organization acce	pted any	gift or cor	ntribution	from any	of the		
		following pe									<u> </u>
			_	or indirectly controls,		_		•			Yes No
				verning body of the su person described in (i							11g(i)
				ty of a person describe							11g(ii) 11g(iii)
h				ation about the suppor							1.13(11)1
(i)	Name	of supported nization	(ii) EIN	(III) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) is the in col. (i) ii	***************************************	(v) Did the orga	you notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?	(vii) Amount of support
				, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No	-
(A)											
											0
(B)											0
(C)											0
(D)								-			0
(E)											0
Total											0

Parit II Support Sch

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.)

	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	38,091	82,379	129,103	189,451	200,840	639,864
2	Tax revenues levied for the organization's				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		000,004
	benefit and either paid to or expended on						
	its behalf	1,372,282	1,633,123	2,355,384	2,324,398	2,449,781	10,134,968
3	The value of services or facilities				_,0,,000	2,110,701	10,104,500
	furnished by a governmental unit to the					. 1	
	organization without charge	o					0
4	Total. Add lines 1 through 3	1,410,373	1,715,502	2,484,487	2,513,849	2,650,621	10,774,832
5	The portion of total contributions by each						10,114,002
	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)			54 6 A . 3 . 5 . 15 . 15 . 2			
6	Public support. Subtract line 5 from line 4.						10,774,832
Sect	ion B. Total Support						10,111,002
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	1,410,373	1,715,502	2,484,487	2,513,849	2,650,621	10,774,832
8	Gross income from interest, dividends,	1,170,010	1,1.10,002	2,10-1,107	2,010,040	2,000,021	10,774,032
-	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	34,416	115,933	186,797	125,724	110,225	573,095
9	Net income from unrelated business		110,000	100,707	120,124	110,220	373,083
-	activities, whether or not the business is					•	
	regularly carried on						0
10	Other income. Do not include gain or						0
	loss from the sale of capital assets	į				1	
	(Explain in Part IV.)	ol			İ		٥
11	Total support. Add lines 7 through 10						11,347,927
12	Gross receipts from related activities, etc. (se	ee instructions)			- nor the track of court of the co	12	11,041,821
13	First five years. If the Form 990 is for the or	ganization's firs	st. second. thir	d. fourth, or fift)	າ fax vear as a		(3)
	organization, check this box and stop here .					000110110011(0)	▶ □
Sect	ion C. Computation of Public Support	Percentage		***		· · · · · · ·	· · · · · · ·
14	Public support percentage for 2010 (line 6, c		d by line 11 c	volume (ft)	1	14	94.95%
15	Public support percentage from 2009 Schedu	ule A Part II lir	na 14		· · · ·	15	****
16a	33 1/3% support test–2010. If the organizati	ion did not che	rk the hoving	ine 13 and line	<u>.</u>	or more above	94.94%
	and stop here. The organization qualifies as	a publicly supr	onted organiz	ation	: 14 15 00 1/0/0	or more, check	K this box
b	33 1/3% support test—2009. If the organizati	ion did not ched	rk a hov on lin	e 13 or 16a an		1/20/ or more	· · ·▶X
	box and stop here. The organization qualifie	s as a publicly	supported ora:	e 10 01 10a, ali anization	d lille 13 18 33	17576 OF HIGHE,	CHECK IIIS
17a							🟲 🗀
114	10%-facts-and-circumstances test-2010. It is 10% or more, and if the organization meets	i the organization of	on ala not che: Laireumatana	ck a box on line	e 13, 16a, or 16	ob, and line 14	
	Port IV how the organization mosts the "facts	s the lacts-and	r-circumstance	s test, check t	nis box and st	op nere. Explai	in in
	Part IV how the organization meets the "facts						
h	organization	f the evenui		-11			▶∐
b	10%-facts-and-circumstances test-2009.	r the organization	on ala not che	ck a box on line	e 13, 16a, 16b,	or 17a, and lin	e
	15 is 10% or more, and if the organization me	eets me lacts-a	and-circumstai	nces test, che	ck this box and	stop here. Ex	oplain in
	Part IV how the organization meets the "facts	s-and-circumsta	inces" test. Th	e organization	qualifies as a p	oublicly	
	supported organization						▶∐
18	Private foundation. If the organization did no						
	instructions		<u> </u>		<u></u>	<u></u>	▶∐
	·						

Part_≈lii

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

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

	A Bublic Company of	idel the tests	iisted below,	picase comp	icie Fait II.		
	tion A. Public Support Indar year (or fiscal year beginning in)	(a) 2006	(b) 2007	T (a) 2000	(4) 2000	/-> 0040 I	(D. T. ()
Cale	Pluar year (or fiscar year beginning in)	(a) 2000	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	0					
2	Gross receipts from admissions, merchandise						-
	sold or services performed, or facilities furnished						
	in any adivity that is related to the	ļ					
	organization's tax-exempt purpose	0					0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.				-1		0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						_
_	its behalf	0	***				0
5	The value of services or facilities	[
	furnished by a governmental unit to the organization without charge						
	-	0	0		0		0
6	Total. Add lines 1 through 5	U,		0	0	0	0
7a	received from disqualified persons	ļ					0
h	Amounts included on lines 2 and 3 received	- I					0
b	from other than disqualified persons that	1					
	exceed the greater of \$5,000 or 1% of the	İ					
	amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from			`			<u> </u>
·	line 6.)						0
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
			· ·			7	
9	Amounts from line 6	0	0	0	0	0	0
10a	Gross income from interest, dividends,					·	
	payments received on securities loans,						•
	rents, royalties and income from similar sources Unrelated business taxable income (less						0
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
	Add lines 10a and 10b	0	0	0	0	0	<u>0</u> 0
11	Net income from unrelated business	<u> </u>			0.		U
•••	activities not included in line 10b, whether						
	or not the business is regularly carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets			1			
	(Explain in Part IV.)	o					0
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	o	o	o	o	o	0
14	First five years. If the Form 990 is for the organizat	ion's first, secon	d, third, fourth, c	or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Support F	ercentage			~~~~		
15	Public support percentage for 2010 (line 8, column (13, column (f))			15	0.00%
16	Public support percentage from 2009 Schedule A, F					16	0.00%
	tion D. Computation of Investment Incor					1	
17	Investment income percentage for 2010 (line 10c, co			mn (f))		17	0.00%
18	Investment income percentage from 2009 Schedule					18	0.00%
19a	33 1/3% support tests-2010. If the organization did						
	not more than 33 1/3%, check this box and stop he						> 🗆
b	33 1/3% support tests-2009. If the organization did						
	line 18 is not more than 33 1/3%, check this box and						▶ 🗍
	Private foundation. If the organization did not chec	le a have an line 1	4 400 00 400	ala ale Hila te escrib			, =

Part IV	Supplemental Information. Complete this part to provide the explanations	required by Part II line 1	Page 4 ∩∙
,	Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any a instructions).	additional information. (Se	e
		••••	·
	·		
	•••••		

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·		•	

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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal: Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization Employer identification number WESTHAMPTON FREE LIBRARY Organization type (check one): Section: Filers of: 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 H. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor. during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page	1 c	of	1	of Part I

Name of organization	
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WESTHAMPTON FREE LIBRARY

Pairt I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NORMAN LEO LEAVITT 44 APPLAUSE DR EASTPORT NY 11941 Foreign State or Province: Foreign Country:	\$ 5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	THE LEO WALSH FOUNDATION PO BOX 222 WESTHAMPTON BEACI NY 11978 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
3	NATHAN R. LORMAN 167 E 61ST STREET NEW YORK NY 10065 Foreign State or Province: Foreign Country:	\$ 50,000	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
4	GENTRY CONSTRUCTION CO INC PO BOX 1687 WESTHAMPTON BEACI NY 11978 Foreign State or Province: Foreign Country:	\$ 53,780	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
5	KELLY & HULME, PC 323 MILL ROAD WESTHAMPTON BEACI NY 11978 Foreign State or Province: Foreign Country:	\$50,000	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
6	NYS EDUCATION DEPT GRANT ROOM 10B41 CULTURAL EDUCATION CENTER ALBANY NY 12230 Foreign State or Province: Foreign Country:	\$13,400	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Namre	⊘ lorganization

WES HAMPTON FREE LIBRARY

Part II	Noncash Property (see instructions)		
(a) No from Part	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
4	CONSTRUCTION SERVICES	\$53,780	7/1/2010
(a) No. from Part	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
5	LAW SERVICES	\$ 50,000	7/1/2010
(a) NO. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$0	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ <u>0</u>	

For. Prov.

Country

OCUBICIENC D	1 011 000, 000-22, 01 000-1 1 / (2010)			rage or or Part I
Nanie of o	rganization MPTON FREE LIBRARY	1 100000		Employer identification number
Pa rt III	Exclusively religious, charitable, etc., in aggregating more than \$1,000 for the year For organizations completing Part III, ente contributions of \$1,000 or less for the year	ear. Complet r the total of	e columns (a) through (e exclusively religious, ch	e) and the following line entry. aritable, etc.,
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Description of how gift is held
	1	(e) ~	Transfer of gift	
	Transferee's name, address, and 2	IP + 4	Relationsl	nip of transferor to transferee
	For Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(0	e) Use of gift	(d) Description of how gift is held
	••••••			
!	Transferee's name, address, and Z		ransfer of gift Relationsl	nip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) T	ransfer of gift	
-	Transferee's name, address, and Z	IP + 4	Relationsh	nip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Ī		(e) T	ransfer of gift	<u> </u>
-	Transferee's name, address, and Zl	P + 4	Relationsh	ip of transferor to transferee
	*			

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047 2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

WES	THAMPTON FREE LIBRARY		
Par		or Advised Funds or Other Similar	Funds or Accounts. Complete if
	the organization answered "Yes" to	p Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	16/41/20 Annie 11 annie 12 annie 12 annie 12 annie 12 annie 12 annie 12 annie 12 annie 12 annie 12 annie 12 an	
2	Aggregate contributions to (during year)	y	
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		<u> </u>
5	Did the organization inform all donors and d		
	funds are the organization's property, subject		
6	Did the organization inform all grantees, dor		
	used only for charitable purposes and not for		
	purpose conferring impermissible private be		
Par	Conservation Easements. Comp	lete if the organization answered "Ye	es" to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		
	Preservation of land for public use (e.g., recr	eation or education) Preservati	ion of an historically important land area
	Protection of natural habitat	Preservati	ion of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organiza	ation held a qualified conservation contri	bution in the form of a conservation
_	easement on the last day of the tax year.	mon nora a quantion dondorvation contain	batton in the form of a concervation
			Held at the End of the Tax Year
а	Total number of conservation easements .		
b	Total acreage restricted by conservation eas		P
C	Number of conservation easements on a ce		
d	Number of conservation easements include		
	historic structure listed in the National Regis		
3	Number of conservation easements modified		
	during the tax year	•	
4	Number of states where property subject to	conservation easement is located 💎 🕨	
5	Does the organization have a written policy		
	violations, and enforcement of the conserva-		
6	Staff and volunteer hours devoted to monito	ring, inspecting, and enforcing conserva	tion easements during the year
	•		
7	Amount of expenses incurred in monitoring,	inspecting, and enforcing conservation	easements during the year
_	\$		
8	Does each conservation easement reported	• •	
	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization re		
	balance sheet, and include, if applicable, the	•	s financial statements that describes
Par	the organization's accounting for conservation	ons of Art, Historical Treasures, or Oti	har Similar Assats
Fall	Complete if the organization answered		iei Siiiliai Assets.
1a	If the organization elected, as permitted und		
	works of art, historical treasures, or other sin	•	
	of public service, provide, in Part XIV, the ter		
b	If the organization elected, as permitted und		
	works of art, historical treasures, or other sin		ucation, or research in turnerance
	of public service, provide the following amou		. •
	(i) Revenues included in Form 990, Part VIII(ii) Assets included in Form 990, Part X	, ш.с г	· · · · · · · • • • · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · • • • · · · · · · • • • · · · · · · • • • · · · · · · • • • · · · · · · • • • · · · · · · • • • · · · · · · • • • · · · · · · · • • • · · · · · · · • • • · · · · · · · • • • · · · · · · · · • • • · · · · · · · · · • • • ·
•	If the organization received or held works of		
2	following amounts required to be reported ur		
	Revenues included in Form 990, Part VIII, lir	na 1	500 स्टाप्त3. ▶ ¢
a b	Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
Ŋ	, 1000to included in 3 offit ood, 1 alt A	· · · · · · · · · · · · · · · · · · ·	

WESTHAMPTON FREE LIBRARY

. Sched	iule D (l	Form 990) 2010										Page
Par	t III	Organizations Maintaining	Colle	ections of A	rt, Histe	orical Tre	easures, o	Other	Similar Asset	s (conti	nued)	Lugo
3	Usin	g the organization's acquisition, of its collection items (check all	acces	sion, and oth	er record	ds, check	any of the fo	llowing	that are a signif	icant		
а		Public exhibition	mar ap	۰۴۰۶/۰	d [Loar	or exchang	e progr	ome			
	-	Scholarly research				_		=				
b		•			е _	_ Othe	:i	-				
C	c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in											
4	Part	XIV.								purpose	in	
5	Durii asse	ng the year, did the organization ts to be sold to raise funds rathe	solicit r than	or receive do to be mainta	nations ined as	of art, his part of the	torical treas	ures, or n's colle	other similar	Пу	es [No
Par	t IV	Escrow and Custodial Arr	angei	ments. Com	plete if	the orga	nization an					
		IV, line 9, or reported an am								"		
1a	inclu	e organization an agent, trustee, ded on Form 990, Part X?...	custo	dian or other	intermed	diary for co	ontributions	or other	assets not	г ,		٦.,
b		es," explain the arrangement in F								Y	es _	No
Ŋ	11 10	o, oxplain the arrangement in i	art M	v and comple	ic the it	MOWING to	ine.	Г		Amount		
С	Beair	nning balance						1	<u> </u>	Amount		
ď		ions during the year							~			
е		butions during the year								- /4		
f		ng balance								-		0
2a	Did th	ne organization include an amou	int on I	Form 990. Pa	ırt X. line	21?			***	Пу	es X	
b		s," explain the arrangement in F			•					Ш'	<u> </u>	110
Part	V	Endowment Funds. Compl	ete if	the organiza	ition an	swered "	Yes" to For	m 990.	Part IV. line 1	0.		
				Current year		rior year	(c) Two yea	- 1	(d) Three years bad		оиг уеаг	s back
1a	Begir	nning of year balance		0		0						
b	Contr	ibutions								ioria esta della		
C	Net in	vestment earnings, gains,										
	and id	osses										
d	Grant	s or scholarships										
е		expenditures for facilities		į								
	•	rograms										
f		nistrative expenses										
g		f year balance		0		0		0				
2		de the estimated percentage of t		_								
а		designated or quasi-endowmer	It	>	%	<u>-</u>						
b		anent endowment endowment	0/	<u>%</u> .								
Ç		ere endowment funds not in the	<u>%</u>	secion of the	oraoniza	dian that a	لبينة أحاما معج		. 6 1 . 6 13			
3a		ization by:	posse	ssion or the t	Jigailiza	illon mai a	are neio ano	adminis	stered for the	i	V.	1
	•	unrelated organizations								20(1)	Yes	No
		related organizations								3a(i) 3a(ii)	~	
b		s" to 3a(ii), are the related organ								3b		
4		be in Part XIV the intended use			-					[00]		<u> </u>
Part		Land, Buildings, and Equip							****		****	
		Description of investment		(a) Cost or oth	er basis	(b) Co	ost or other s (other)	1 .	Accumulated epreciation	(d) Bo	юk valu	e
1a	L and				0		700,000	 	op. columni	11.1	70	0.000
b		ngs	-		0		7,074,548		72,707			0,000
C		hold improvements		 .	0		7,074,546 0	1	12,101		1,00	1,841
d		ment			0		698,884		68,634		62	0,250
e			7		0		000,004	1	08,034	-	03	0,250
		nes 1a through 1e. (Column (d)		equal Form 9		:			•		8 33	2,091
								· / / ·			2,00	<u>-, -, -, -, -, -, -, -, -, -, -, -, -, -</u>

chedule D (Form 990) 2016	chedule	Di	(Form	990)	201	0
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Part VII ≉	Investments—Other Securitie	es. See Form 990, Part X,	line 12.	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
	derivatives	0		
• •	eld equity interests	0	-Mar	
		0	NA.	
		0		
		0	Auto-	
		. 0	- AND THE WAS A CONTROL OF THE CONTR	
	· · · · · · · · · · · · · · · · · · ·	0		
(星) (F)	• • • • • • • • • • • • • • • • • • • •	0		
(G)		0		
(H)		0	-	
(l)		0		
	must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII	Investments—Program Relat	ed. See Form 990, Part X	, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1)		0		
(2)		0		
		0		
(4)		0		
(5)		0		
(6) (7)	up aparticular	0		
(8)		0		
(9)	and the state of t	0		
(10)		0		•
	must equal Form 990, Part X, col. (B) line 13.)	0		47797V (1371
Part IX	Other Assets. See Form 990,	Part X, line 15.		
		a) Description	(b) Book valu	ie
(1)				0
(2)				0
(3)				0
(4)				0 0
(5) (6)				0
(7)				0
(8)				0
(9)				0
(10)				0
	nn (b) must equal Form 990, Part X, o	col. (B) line 15.)	<u> </u>	0
Part X	Other Liabilities. See Form 99	0, Part X, line 25.	-	
1.	(a) Description of liability	(b) Amount		
(1) Federal	income taxes	O		
(2)		0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
(7)		0		
(8)		0		
(9) (10)		0		
(11)		0		
	nust equal Form 990, Part X, col. (B) line 25.)	0		entrij.
		e the text of the footnate to the	ne organization's financial statements that report	s the

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

WESTHAMPTON FREE LIBRARY

Sc⁄n∉dule D (form	n990) 2010	Page 5
Part XIV	Supplemental Information <i>(continued)</i>	
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

► Attach to Form 990.

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Pa	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) d of determini ontribution ar	
1	Art—Works of art					***	
2	Art—Historical treasures						
3	Art—Fractional interests			***			
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles			****			
7	Boats and planes						
8	Intellectual property					*	
9	Securities—Publicly traded						
10	Securities—Closely held stock		***	*****			
11	Securities—Partnership, LLC,			****			
	or trust interests						
12	Securities—Miscellaneous		***	-			
13	Qualified conservation			**	1	100	
	contribution—Historic						
	structures						
14	Qualified conservation					W.	
	contribution—Other						
15	Real estate—Residential	,			·····		
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles		·····	****	 	***	
19	Food inventory		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
20	Drugs and medical supplies .			****			
21	Taxidermy				-		
22	Historical artifacts		71			TW4-01-	
23	Scientific specimens						
24	Archeological artifacts				-	····	
25	Other ▶ (LEGAL SERVICES)	Х	1	50,000	FMV	***	
26	Other ▶ (CONSTRUCTION)	Х	1	53,780		- William	
27	Other ► (0	0	· -		
28	Other ► ()		0	0			
29	Number of Forms 8283 received by	y the orga	nization during the tax year	for contributions for			*****
	which the organization completed	Form 8283	3, Part IV, Donee Acknowle	dgement	29		
				'	1	Yes	No
30a	During the year, did the organizati	on receive	by contribution any propert	ly reported in Part I, lines 1	i–28	Alexa neces	Sales in
	that it must hold for at least three						No.
	required to be used for exempt pu	rposes for	the entire holding period?.			30a	Х
b	If "Yes," describe the arrangemen	t in Part II.					
31	Does the organization have a gift		e policy that requires the re-	view of any non-standard	•		
						31	Х
32a	Does the organization hire or use	third partie	s or related organizations to	o solicit, process, or sell			<u> </u>
	noncash contributions?					32a	х
b	If "Yes," describe in Part II.					V343415 - April 27	trinicki Janes K
33	If the organization did not report a	n amount ii	n column (c) for a type of pr	roperty for which column (s	a) is		
	checked, describe in Part II.		., ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	. ,	,		

Schedule M (F	om 990) (2010) WESTHAMPTON FREE LIBRARY		Page 2
Partell	Supplemental Information. Complete this part to provide the information required by Part I	, lines 30b.	
	'32b, and 33. Also complete this part for any additional information.	,	
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SCHEDULE 0

(Fc/cm+990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service
Narane of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Employer identification number WESTHAMPTON FREE LIBRARY

Form 990 Part VI Section B Line 11 990 IS PRESENTED AND REVIEWED BY OFFICERS AND TRUSTEES AT A
REGUALAR BOARD MEETING.
Form 990 Part VI Section B Line 12C OFFICER, DIRECTORS AND TRUSTEES ARE MADE AWARE OF POLICY
AT ANNUAL ORGANIZATIONAL MEETING.
Form 990 Part VI Section B Line 15A DIRECTOR'S SALARY IS BASED ON INFORMATION GATHERED BY THE
BO ARD FROM DATA OF COMPARABLE LIBRARIES.
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Sched: U (Form 990 or 990-EZ) (2010) Neme C, (the organization	Page 2
NET & (Ine organization	Employer identification number
WE SHAMPTON FREE LIBRARY	
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