Department of the Treasury Internal Revenue Service

Firm's name

Firm's address

► 84 Covert Ave

May the IRS discuss this return with the preparer shown above? (see in BAA For Paperwork Reduction Act Notice, see the separate instruction

Stewart Manor, NY 11530

Use Only

M

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990 and its instructions is at www.irs.gov/form990. OMB No 1545-0047 2014

Open to Public

Inspection

For the 2014 calendar year, or tax year beginning 7/01 . 2014. and ending 6/30 2015 D Employer identification number Check if applicable WESTHAMPTON FREE LIBRARY Address change E Telephone number 7 LIBRARY AVENUE Name change WESTHAMPTON BEACH, NY 11978 631-288-3335 Initial return Final return/terminated G Gross receipts \$ 2.938.720. Amended return H(a) Is this a group return for subordinates F Name and address of principal officer Yes X No Application pending H(b) Are all subordinates included?

If 'No,' attach a list (see instructions) Same As C Above X 501(c)(3) 527) (insert no 4947(a)(1) or Tax-exempt status 501(c) (Website: ► WESTHAMPTONLIBRARY.NET H(c) Group exemption number M State of legal domicile ĸ Association X Other► L Year of formation 1897 NY Form of organization Corporation Trust CHARTER Part I - Summary Briefly describe the organization's mission or most significant activities: THE MISSION OF THE LIBRARY IS TO SERVE TO THE COMMUNITY, CULTIVATE KNOWLEDGE, Governance LIFELONG LEARNING Check this box ► If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) ৹ Number of independent voting members of the governing body (Part VI, line 1b) 4 6 **Activities** 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 68 Total number of volunteers (estimate if necessary) 6 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 7b Ô. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,831,541 2,905,795. Revenue 14,077.10,478 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,079. 22,447 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) 2,868,697. 2,938,720. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,454,404 1,411,219. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,180,514. 1,171,781. 17 Total expenses Add lines 13-17 (must equal Part IX, column (A) 2,583,000. 2,634,918 19 Revenue less expenses Subtract line 18 from line 12 233,779 355,720. Reginning of Current Year End of Year Total assets (Part X, line 16) 12,536,130. 12,548,120 20 21 Total liabilities (Part X, line 26) 6,363,099. 6,019,369. Net assets or fund balances Subtract line 21 from line 20 6,173,031. 22 6,528,751. Part II Signature Block Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Sign Here **⊚** (3) Print/Type preparer's name Albert Coster, CPA **Paid Preparer** ▶ Baldessari & Coster

	990 ³ (2014)	WESTHAMPTON FREE	LIBRARY						Р	age 2
Par		ement of Program Se			ırt III					
1		be the organization's missi						_		
	THE MISS	SION OF THE LIBRA	RY IS TO SE	ERVE TO THE C	OMMUNITY, CU	JLTIVATE KNO	WLEDG	E,_F	PROM	OTE_
	CURIOSIT	Y, AND INSPIRE L	IFELONG LEA	RNING.						
	Did the orgai	nization undertake any sign	iificant program s	ervices during the ye	ear which were not	listed on the prior				
	Form 990 or	- +						Yes	X	No
	,	ribe these new services on				_				
3	-	nization cease conducting, cribe these changes on Sch		nt changes in how it	conducts, any pro-	gram services?		Yes	X	No
4	Section 501(organization's program sei c)(3) and 501(c)(4) organiza , if any, for each program s	ations are require	ments for each of its id to report the amou	three largest progr unt of grants and a	ram services, as m llocations to others	easured , the tot	by ex al exp	pense enses	es ,
4 a	(Code.			including grants of	\$) (Revenue	\$)
	PROVIDE	LIBRARY SERVICES								
										-
				-						
					-					
4 b	(Code.) (Expenses \$		including grants of	\$) (Revenue	\$)
										_
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		·								
4	: (Code.) (Expenses \$		including grants of	\$) (Revenue	\$)
7.				molading grante or	<u> </u>		· —	_		
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4		am services. (Describe in S		in at t	\ / D-	uonuo ė			`	
	(Expenses	S source expenses	including grant) (Re	venue \$				
BAA		m service expenses	2,238	, 6 / Z .				Forn	n 990	(2014)

			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	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		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 Revenue Procedure 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		X
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,' complete Schedule D, Part III	8	Х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
1	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
â	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a	Х	
ł	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	11 b		Х
(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	11 c		Х
(d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
f	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
ŀ	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
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 8	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ı	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		х
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		Х
ı	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

Form 990 (2014) WESTHAMPTON FREE LIBRARY Part V Checklist of Required Schedules (continued)

			Yes	No
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		Х
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		Х
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? <i>If 'Yes,' complete Schedule J</i>	23		Х
24 a	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	24 a		х
E	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?	24 c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
t	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		х
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes', complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	2	=	te de
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ŀ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
	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	ļ	Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	<u> </u>	Х
30	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, Part II, III, or IV, and Part V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ı	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		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
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Forn	n 990 ((2014)

Form 990 (2014) WESTHAMPTON FREE LIBRARY Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

- 301	Check if Schedule O contains a response or note to any line in this Part V				\Box
				Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a	34		,
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b	0		. , .
С	Did the organization comply with backup withholding rules for reportable payments to vendors (gambling) winnings to prize winners?	and reportable gaming	1 c	: X	
2 a	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 a	68		
	If at least one is reported on line 2a, did the organization file all required federal employment		2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see inst	ructions)	4:		
3 a	Did the organization have unrelated business gross income of \$1,000 or more during the year	7	3 a		Х
b	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b	,	
	At any time during the calendar year, did the organization have an interest in, or a signature financial account in a foreign country (such as a bank account, securities account, or other fin	or other authority over, a nancial account)?	4 a		Х
	If 'Yes,' enter the name of the foreign country				医
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Fin	• •	\$12		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax	•	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelte	r transaction?	5 b	↓ ——	<u>^</u>
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, ar solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6 a		Х
b	If 'Yes,' did the organization include with every solicitation an express statement that such coincit tax deductible?	ntributions or gifts were	6 b	,	
7	Organizations that may receive deductible contributions under section 170(c).		1		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and pa	irtly for goods and		7	
	services provided to the payor?		7 a		Х
	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for wh	uch it was required to file	7 b	+	├
·	Form 8282?	ich it was required to me	7 c	;	Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d	4		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal b	enefit contract?	7 e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit	efit contract?	7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization as required?	n file Form 8899	7 g]	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?		7 h	1	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint	ained by the sponsoring	42		
	organization have excess business holdings at any time during the year?		8		
	Sponsoring organizations maintaining donor advised funds.				
	Did the sponsoring organization make any taxable distributions under section 4966?	2	9 a	-	<u> </u>
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related pers Section 501(c)(7) organizations. Enter.	on,	9 b		
	Initiation fees and capital contributions included on Part VIII, line 12	10a		122	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b			
	Section 501(c)(12) organizations. Enter	100			
	Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources	-			
	against amounts due or received from them.)	11ь	10.		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of I		12 a		क्षा करें
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		13 a	1 3 Co. 5	ا تعکنا:
d	Note. See the instructions for additional information the organization must report on Schedule	. 0	138		
h		· U.			
ט	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	13Ь			
	Enter the amount of reserves on hand	13c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?		14 a	1	Х
b	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in S	chedule Q	14 b	,	1
BAA	TEEA0105L 05/28/14		Forn	n 990	(2014)

Form 990'(2014) WESTHAMPTON FREE LIBRARY Page 6 Partivi 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. 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 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents 4 since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 X Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more 7 a Х members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b X stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 a X a The governing body? X 8 b **b** Each committee with authority to act on behalf of the governing body? 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a X 10 a 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 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule 0 Х 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in X See Schedule 0 12 c Schedule O how this was done $\overline{\mathbf{x}}$ 13 Did the organization have a written whistleblower policy? X 14 Did the organization have a written document retention and destruction policy? 14 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? Х a The organization's CEO, Executive Director, or top management official See Schedule 0 15 a 15b X b Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 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 1023 (or 1024 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. Another's website Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. See Schedule 0

WESTHAMPTON BEACH NY 11978 631-288-3335

State the name, address, and telephone number of the person who possesses the organization's books and records. >

DANIELLE WASKIEWICZ 7 LIBERTY AVENUE

~orm	990 (2014)	WESTHAMPTON	TREE	TTRRARV
OHIL	330 (2014)	MIL'S LUVIALE L'UN	LKEE	TIDKWLI

Page 7

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

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

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

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

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

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

				(C)	<u> </u>		_			
(A) Name and Title	(B) Average hours per	than	one both	box, an c ector/	unles officer truste		on I	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other compensation
	per week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W 2/1099 MISC)	related organizations (W 2/1099 MISC)	from the organization and related organizations
(1) JOAN LEVAN	1									
President	0	X		Х				0.	0.	0.
(2) KAREN ANDREWS	1_									
Vice President	0	Х		Х				0.	0.	0.
_(3)_JENNIFER_MENDELSON	1									
<u>Trustee</u>	0	Х						0.	0.	0.
(4) JUNE SELLIN	1									
Treasurer	0	X		X	<u> </u>		!	0.	0.	0.
_(5) MARIA MOORE	1	ļ								
Trustee	0	X						0.	0.	0.
(6) MARTH-ANN BETJEMANN	1	ļ								
Trustee	0	X						0.	0.	0.
(7) DANIELLE WASKIEWICZ	_ 35 _]								
DIRECTOR	0	<u> </u>			X			105,027.	0.	0.
(8)										
(9)						-				
(10)					_			-		
<u>(11)</u>										
(12)					_			,—,—		
(13)										
(14)							-			

Part VIII Section A. Officers, Directors, Tr	ustees,	Key	Er	npl	oye	ees,	an	d Highest Co	mpensated Em	ployees (conti	nued,
	(B)			((-					1	
(A) Name and title	Average hours per	I box.	. unle	SS DE	erson	than is bot	h an		(E) Reportable	(F) Estimated amount of other	ar
	week (list any hours for related organiza tions below dotted line)	or director		Officer		employee	Former	compensation from the organization (W 2/1099-MISC)	compensation from related organizations (W 2/1099 MISC)	compensation from the organization and related organizations	1
(15)										-	
(16)										 	
(17)											
(18)		-								<u> </u>	
(19)											
(20)			_							-	
(21)											
(22)		-									
(23)		-									
(24)											
(25)							ļ -				
1 b Sub-total		1		<u> </u>	L	<u> </u>		105,027.	0.		0.
c Total from continuation sheets to Part VII, Section	on A						•	0.	0.		0.
d Total (add lines 1b and 1c)							•	105,027.	0.		Ō.
2 Total number of individuals (including but not limform the organization ► 1	ited to the	se lis	ted	abo	ve)	who	rec		100,000 of reporta	ble compensation	'n
					_					Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for such	tor, or trus h individu	stee, al	key	emį	ploy	ee, c	or hi	ghest compensate	ed employee	3	Х
4 For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	reportabler than \$1	e con 50,00	nper 0? /	nsat If 'Yo	ion : es' d	and o	othe elete	er compensation fr Schedule J for	om	4	Х
5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes	e compen	satior te Sci	n fro hed	m a	iny i <i>J foi</i>	unrel suc	ated h pe	d organization or i	ndıvıdual	5	Х
Section B. Independent Contractors	<u> </u>									•	
1 Complete this table for your five highest compensation from the organization. Report compensation from the organization.	sated inde	pend for t	lent he c	con aler	trac ndar	tors yea	that r en	received more the ding with or within	an \$100,000 of the organization's	tax year	
(A) Name and business add	lress							Description	of services	(C) Compensation	I
			_					 			
2 Total number of independent contractors (include \$100,000 of compensation from the organization	-	limit	ed t	o th	ose	liste	d at	pove) who receive	d more than		
\$100,000 of compensation from the organization	U									5 000 (O	014

Par	t VIII Statement of Revenue Check if Schedule O contains a response or note to any	line in this Part VIII	-		П
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants venue and Other Similar Amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 d 2,813,179. f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Business Code 2 a COPIER REVENUE	2,905,795.	6, 354.		
Program Service Revenue	b MISCELLANEOUS c d e f All other program service revenue	4,124.	4,124.		
P	g Total. Add lines 2a-2f 3 Investment income (including dividends, interest and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss)	10,478. 22,447.			22,447.
	d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including . \$ of contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 a b Less. direct expenses c Net income or (loss) from gaming activities C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b				
	c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a b c d All other revenue				
BAA	e Total. Add lines 11a-11d 12 Total revenue. See instructions	2,938,720. 0109L 11/13/14	10,478.	0.	22,447. Form 990 (2014)

প্রান্থ 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										
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				· · · · · · · · · · · · · · · · · · ·						
2	Grants and other assistance to domestic individuals. See Part IV, line 22		,	स्ति १८ क्षेत्रक का कि अधिकार स्ति	er en som state en						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		-		i vina a seema on la cini vide vide e es						
4	Benefits paid to or for members			entra esta e estada en el fi	entre se sentre en						
5	Compensation of current officers, directors, trustees, and key employees	105,438.	0.	105,438.	0.						
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.	0.	0.	0.						
7	Other salaries and wages	986,042.	936,740.	49,302.							
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	60,217.	52,148.	8,069.							
9	Other employee benefits	173,385.	150,152.	23,233.							
10	Payroll taxes	86,137.	77,722.	8,415.							
11	Fees for services (non-employees)	33/23/1		0, 110.							
а	Management										
b	Legal	1,500.		1,500.							
c	: Accounting	10,150.		10,150.							
c	l Lobbying										
e	Professional fundraising services See Part IV, line 17										
f	Investment management fees										
g	Other (If line 11g amt exceeds 10% of line 25, column	19,188.	-	10 100							
12	(A) amount, list line 11g expenses on Schedule 0) Advertising and promotion	26,175.	22,249.	19,188. 3,926.							
13	Office expenses	20,173.	22,249.	3,320.							
14	Information technology	6,066.	5,156.	910.							
15	Royalties	0,000.	3,130.	310.							
16	Occupancy	144,064.	122,454.	21,610.							
17	Travel	144,004.	122,434.	21,010.							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials			•							
19	Conferences, conventions, and meetings	16,812.	14,290.	2,522.							
20	Interest	254,452.	216,284.	38,168.							
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	213,049.	181,092.	31,957.							
23	Insurance	23,721.	20,163.	3,558.							
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)										
á	LIBRARY MATERIALS & PROGRAMS	312,343.	312,343.		<u> </u>						
	Printing and Publications	39,620.	33,677.	5,943.							
	OFFICE & LIBRARY SUPPLIES	28,522.	24,244.	2,139.	2,139.						
	SCLS SERVICE PLAN	20,437.	20,437.								
•	All other expenses	55,682.	49,521.	6,161.							
25	Total functional expenses. Add lines 1 through 24e	2,583,000.	2,238,672.	342,189.	2,139.						
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)										

		Check if Schedule O contains a response or note to				Γ '1	
					(A) Beginning of year		(B) End of year
	1	Cash — non-interest-bearing			1,555,809.	1	202,870
	2	Savings and temporary cash investments			2,523,542.	2	3,961,061
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			641,444.	4	774,625
	5	Loans and other receivables from current and former trustees, key employees, and highest compensated er Part II of Schedule L	officers, c nployees	lirectors, . Complete		5	
	6	Loans and other receivables from other disqualified pe section 4958(f)(1)), persons described in section 4958 employers and sponsoring organizations of section 50 beneficiary organizations (see instructions). Complete	and contributing Juntary employees'		6		
	7	Notes and loans receivable, net		7			
1	8	Inventories for sale or use		ľ		8	
	9	Prepaid expenses and deferred charges		Ì	12,959.	9	8,83
1	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10 a	0 EC1 202	12, 303.		0,03
	h	Less: accumulated depreciation	10 b	8,561,393.	7 000 276	10 c	7 600 730
١,	11	Investments — publicly traded securities	100	960,663.	7,802,376.	11	7,600,73
1	 12	Investments — publicly traded securities Investments — other securities. See Part IV, line 11				12	
1	13	Investments – program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
1	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equal line 3	24\	·	10 506 100	16	10 540 10
┺-	17	Accounts payable and accrued expenses			12,536,130. 35,577.	17	12,548,12
	18	Grants payable			35,511.	18	100,31
	19	Deferred revenue				19	
2	20	Tax-exempt bond liabilities				20	
1	21	Escrow or custodial account liability. Complete Part I	V of Sche	edule D		21	
1	22	Loans and other payables to current and former office key employees, highest compensated employees, and Complete Part II of Schedule L	rs, direct	ors, trustees.		22	
	23		urd nartin	c	6,177,820.	23	E 047 02
1	24	Unsecured notes and loans payable to unrelated third	-	3	0,111,020.	24	5,847,82
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Comp	•	ed third parties,	149,702.	25	71,23
:	26	Total liabilities. Add lines 17 through 25.		7. 0. 00.1042.0 5	6,363,099.	26	6,019,36
Γ		Organizations that follow SFAS 117 (ASC 958), check	here ► [and complete		·	
ì		lines 27 through 29, and lines 33 and 34.					!
2	27	Unrestricted net assets				27	
2	28	Temporarily restricted net assets				28	
2	29	Permanently restricted net assets		_		29	
		Organizations that do not follow SFAS 117 (ASC 958) and complete lines 30 through 34.	ere ► X			# 	
;	30	Capital stock or trust principal, or current funds		6,173,031.	30	6,528,75	
:	31	Paid-in or capital surplus, or land, building, or equipm	ent fund		2,2,0,001.	31	3,020,10
	32	Retained earnings, endowment, accumulated income		funds	-	32	
	33	Total net assets or fund balances			6,173,031.	33	6,528,75
	34	Total liabilities and net assets/fund balances			12,536,130.	34	12,548,12

orm	990 (2014) WESTHAMPTON FREE LIBRARY			Paç	ge 12		
Pat	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				\Box		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,9	38,7	20.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		83,0			
3	Revenue less expenses. Subtract line 2 from line 1	3		55,7			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		73,0			
5	Net unrealized gains (losses) on investments	5					
6 Donated services and use of facilities 6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.		
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	6,5	28,7	<u>51.</u>		
16	Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
		_		Yes	No		
1	Accounting method used to prepare the Form 990. Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.						
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	d on a					
	Separate basis Consolidated basis Both consolidated and separate basis						
-	b Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separal basis, consolidated basis, or both	te					
	X Separate basis Consolidated basis Both consolidated and separate basis						
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	ne audit,	2 c	х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3 a		Х		
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits	ııred audıt	3 b				

Form **990** (2014)

BAA

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-F7.

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

OMB No 1545 0047

2014

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Schedule A (Form 990 or 990-EZ) 2014

Name of the organization Employer identification number WESTHAMPTON FREE LIBRARY Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 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 9 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 11 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 is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (ii) EIN (i) Name of supported organization (iii) Type of organization (described on lines 1 9 above or IRC section (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing (see instructions)) document? Yes No (A) (B) (C) (D) (E)

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

*Schedule 'A' (Form 990 or 990-EZ) 2014 WESTHAMPTON FREE LIBRARY 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.)

Sect	ion A. Public Support				· — — — — — — — — — — — — — — — — — — —		<u> </u>
begir	idar year (or fiscal year ining in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')	200,840.	91,627.	1,376,555.	100,413.	105,324.	1,874,759.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						13,167,544.
3	The value of services or facilities furnished by a governmental unit to the organization without charge			·			0.
4	Total. Add lines 1 through 3	2,650,621.	2,671,542.	3,982,804.	2,831,541.	2,905,795.	15,042,303.
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)						0.
6	Public support. Subtract line 5 from line 4			 		··	15,042,303.
Sec	tion B. Total Support						
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,650,621.	2,671,542.	3,982,804.	2,831,541.	2,905,795.	15,042,303.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	110,225.	110,524.	42,880.	23,079.	22,447.	309,155.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10		;	,	; ;		15,351,458.
12	Gross receipts from related activ	vities, etc (see ins	tructions)			12	0.
13	First five years. If the Form 990 organization, check this box and	is for the organiza	ation's first, secon	d, third, fourth, or	fifth tax year as a	a section 501(c)(3	→ □
	tion C. Computation of Pu						
	Public support percentage for 20	• .	• • • • • • • • • • • • • • • • • • • •	e 11, column (f))		14	97.99%
	Public support percentage from	·	·			15	97.26%
16 a	a 33-1/3% support test — 2014. If and stop here. The organization				d the line 14 is 33	-1/3% or more, cl	neck this box
ŀ	o 33-1/3% support test — 2013. If t and stop here. The organization	he organization di qualifies as a put	d not check a box blicly supported or	con line 13 or 16a rganization	a, and line 15 is 33	3-1/3% or more, o	heck this box
17 8	a 10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this	box and stop here	e. Explain in Part	VI how
	o 10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ition qualifies as a	box and stop here a publicly supporte	e. Explain in Part ed organization	VI how the ►
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line 1	კ, 16a, 16b, 17a,			ructions • 1
DAA	1				Sc	THEOLINE IN CHAIMS	MILL OF MMILLE / 1 2/11/1

Par	Support Schedule for (Complete only if you check to qualify under the tests li	ked the box on lir	ne 9 of Part I or if	the organization	9(a)(2) failed to qualify ur	der Part II. If the	organization fails	
Sec	tion A. Public Support			 _				
Calend	lar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
1	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.							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
7 a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons							
_	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		:					
	: Add lines 7a and 7b							
8	Public support (Subtract line 7c from line 6.)			¥3 ;	j. ;			
Sec	tion B. Total Support							
Calen	dar year (or fiscal yr beginning in) 🕨 👚	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
9	Amounts from line 6							
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	,						
13	Total support. (Add lines 9, 10c, 11 and 12.)		 					
14		is for the organization stop here	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3)	▶ □	
	tion C. Computation of Pr							
15	Public support percentage for 20	014 (line 8, colum	n (f) divided by lin	ne 13, column (f))		15	96	
16	Public support percentage from	2013 Schedule A	, Part III, line 15			16	8	
Sec	tion D. Computation of In	vestment Inco	ome Percenta	ge				
17	Investment income percentage	for 2014 (line 10c,	, column (f) dıvıde	d by line 13, colu	mn (f))	17	%	
18	nvestment income percentage from 2013 Schedule A, Part III, line 17							
19 8	a 33-1/3% support tests — 2014. It is not more than 33-1/3%, check	f the organization k this box and sto	did not check the p here. The organ	box on line 14, a nization qualifies a	nd line 15 is more as a publicly suppo	than 33-1/3%, and orted organization	d line 17 ►	
1	b 33-1/3% support tests — 2013. If line 18 is not more than 33-1/3%	the organization	did not check a b	ox on line 14 or li	ne 19a, and line 1	6 is more than 33-	1/3%, and IZation ►	
					heck this hov and	•		

图形图

Supporting Organizations

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

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).
- 3 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5 a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent 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 in line 7? If 'Yes,' complete Part I of Schedule L (Form 990)
- 9 a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))?

 If 'Yes,' provide detail in Part VI
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9(a)) 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**
- 10 a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below
 - **b** Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4a		
4b		
4c		
5a	_	
34		
5b		
5с		
6		
7		
8		
0.5		
9a		
9Ь		
9c		
10a		
101		

	Supporting Organizations (continued)			age 5
F/[-]	Supporting Organizations (continued)	——	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
;	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
ı	A family member of a person described in (a) above?	11Ь		
	A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		
Sec	tion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	No
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization	2		
Sec	tion C. Type II Supporting Organizations			
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1	Yes	No
Sec	tion D. All Type III Supporting Organizations		1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard	3		
Se	ction 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 instruct	ions):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structi	ons).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a 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 in (a) 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 these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3 a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 201-	MECTHAMPTON	चचप्रच	TTRRARY

Page 6

1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organize Check here if the organization satisfied the Integral Part Test as a qualifying trust other Type III non-functionally integrated supporting organizations must complete	on Nov	ember 20, 1970. See ins	structions. All
Sect	ion A – Adjusted Net Income	Jection	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions).	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	ion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		, , , , , , , , , , , , , , , , ,	
a	Average monthly value of securities	1a		
t	Average monthly cash balances	1b		
•	Fair market value of other non-exempt-use assets	1c		
C	Total (add lines 1a, 1b, and 1c).	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sec	tion C — Distributable Amount		The second secon	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2	The second secon	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-inte (see instructions)	egrated [*]	Type III supporting orga	nization
BA			Schedule A (Fo	rm 990 or 990-EZ)

Parl	dule A (Form 990 or 990-EZ) 2014 WESTHAMPTON FREE LIE V Type III Non-Functionally Integrated 509(a)(3) Supp	orting Organization	ns (continued)	
Sect	ion D - Distributions	<u> </u>		Current Year
1	Amounts paid to supported organizations to accomplish exempt purp	poses		
	Amounts paid to perform activity that directly furthers exempt purpoin excess of income from activity		izations,	
3	Administrative expenses paid to accomplish exempt purposes of sup	oported organizations		
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organ in Part VI). See instructions	iization is responsive (p	rovide details	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	on E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
	Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2014.			
а				
<u>b</u>				
c	ļ			
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D, line 7. \$			
a	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2015. Add lines 3 _j and 4c			,
8	Breakdown of line 7:			
		 		

BAA

b

d Excess from 2013 e Excess from 2014

Schedule A (Form 990 or 990-EZ) 2014

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

	WESTHAMPTON FREE LIBRARY					
Par	t a Organizations Maintaining Don	or Advised Funds or Other Si	milar Funds or	Accounts.		
E-RY-	Complete if the organization ans	swered 'Yes' to Form 990, Par	t IV, line 6.			
		(a) Donor advised funds		(b) Funds and other acc	ounts	
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 dor are the organization's property, subject to the	nor advisors in writing that the assets to organization's exclusive legal control?	neld in donor advis	ed funds	∏ No	
6	6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No					
Pai	Conservation Easements. Complete if the organization ans	swered 'Yes' to Form 990, Par	t IV, line 7.			
1	Purpose(s) of conservation easements held b	y the organization (check all that apply	<i>i</i>).		-	
	Preservation of land for public use (e.g., i	ecreation or education)	servation of a histo	rically important land ar	rea	
	Protection of natural habitat	Pre	servation of a certif	fied historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organizati last day of the tax year.	on held a qualified conservation contri	bution in the form (of a conservation easen	nent on the	
	last day of the tax year.		100	Held at the End of the	no Tay Voar	
	a Total number of conservation easements		2 a		ie iax ieai	
	b Total acreage restricted by conservation ease	ments	2 8			
	c Number of conservation easements on a certi		20			
	d Number of conservation easements included	• • • • • • • • • • • • • • • • • • • •		' 	·	
•	structure listed in the National Register	if (c) acquired after 8/17/06, and not c	on a nistoric 2 c	1		
3	Number of conservation easements modified, tax year ►	transferred, released, extinguished, o	r terminated by the	e organization during the	e	
4	Number of states where property subject to co	onservation easement is located >				
5	Does the organization have a written policy re and enforcement of the conservation easeme		ection, handling of v	violations, Yes	☐ No	
6	Staff and volunteer hours devoted to monitori	ng, inspecting, and enforcing conserva	ation easements du	iring the year		
7	Amount of expenses incurred in monitoring, ii ►\$	nspecting, and enforcing conservation	easements during	the year		
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requireme	ents of section 170	(h)(4)(B)(ı) Yes	No	
9	include, if applicable, the text of the footnote	ports conservation easements in its reto the organization's financial stateme	venue and expense nts that describes t	e statement, and balanc the organization's accou	e sheet, and unting for	
Pa	conservation easements. Complete if the organization an	tions of Art, Historical Treasure	es, or Other Sim	ilar Assets.	·	
1	a If the organization elected, as permitted unde art, historical treasures, or other similar asse in Part XIII, the text of the footnote to its final	s held for public exhibition, education.	or research in furt	herance of public service		
	b If the organization elected, as permitted under historical treasures, or other similar assets he following amounts relating to these items.	r SFAS 116 (ASC 958), to report in its eld for public exhibition, education, or i	revenue statemen research in furthera	t and balance sheet wo ance of public service, p	rks of art, provide the	
	(i) Revenue included in Form 990, Part VIII,	line 1		►\$		
	(ii) Assets included in Form 990, Part X			►\$		
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or other simila 116 (ASC 958) relating to these items	r assets for financi	al gain, provide the follo	owing	
	a Revenue included in Form 990, Part VIII, line	1		► \$		
	b Assets included in Form 990, Part X			►\$		

"Schedule" D (Form 990) 2014 WESTH	AMDWON EDEE 1	VARAGA					D 2
Part (Organizations Maintain	AMPTON FREE I		reasures, or Other	Similar Assets (contin	ued)	Page 2
3 Using the organization's acquisition items (check all that apply):	n, accession, and ot	her records, check a	iny of the following tha	t are a significant us	e of its	collection	on
a X Public exhibition		d X Loan or ex	change programs				
b X Scholarly research		e Other	3 , 3				
c Preservation for future genera	itions	Ш	-				
4 Provide a description of the organ Part XIII.	ization's collections	and explain how they	further the organizati	on's exempt purpose	ın		
5 During the year, did the organizat to be sold to raise funds rather th	an to be maintained :	as part of the organi	zation's collection?		Yes		XNo
Escrow and Custodia line 9, or reported an	Arrangements. amount on Form	Complete if the 990, Part X, line	organization ansv e 21.	wered 'Yes' to Fo	orm 99	0, Pa	rt IV,
1 a Is the organization an agent, trust on Form 990, Part X?	ee, custodian, or oth	ner intermediary for o	contributions or other a	ssets not included	Yes	Γ	No
b If 'Yes,' explain the arrangement	n Part XIII and comp	olete the following ta	ble.	l			_
					Amoun		
c Beginning balance				1 c			
d Additions during the year				1 d			
e Distributions during the year				1 e			
f Ending balance				1 f			
2a Did the organization include an arb if 'Yes,' explain the arrangement Part Val Endowment Funds. Co	in Part XIII. Check he	ere if the explanation	has been provided in	Part XIII	Yes		No
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e)	our year:	s back
1 a Beginning of year balance							
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships							
Other expenditures for facilities and programs							
f Administrative expenses							
g End of year balance							
2 Provide the estimated percentage	of the current year	end balance (line 1g	column (a)) held as.				
a Board designated or quasi-endow	ment ►	%					
b Permanent endowment	ર						
c Temporarily restricted endowmen		8					
The percentages in lines 2a, 2b, a	and 2c should equal	100%.					
3a Are there endowment funds not in organization by.	the possession of the	he organization that	are held and administe	ered for the	ſ	Yes	No
(i) unrelated organizations					3a(i)		
(ii) related organizations					3a(ii)		†
b If 'Yes' to 3a(ii), are the related o	rnanizations listed as	required on Schedu	ıla ₽?		3h		+

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Partivia	I and.	Buildings.	and	Fauinm	ent
	Lanu.	Dullullus.	anu	Luuiviii	CIII.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		700,000.		700,000.
b Buildings		7,074,548.		6,420,183.
c Leasehold improvements		<u> </u>		
d Equipment		786,845.	306,298.	480,547.
e Other		<u> </u>	, ,	
otal. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, co	lumn (B), line 10c.)	•	7,600,730.

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Schedule **D** (Form 990) 2014

Investments - Other Securities.		N/A
		Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests (3) Other		
(A)		
(B)	-	
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(l)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		
Investments — Program Related. Complete if the organization answered	'Yes' to Form 990	N/A Part IV, line 11c. 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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) (10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		Control of the contro
Part X Other Assets.	N/A	
	es to Form 990, Pa	ort IV, line 11d. See Form 990, Part X, line 15.
(1)	scription	(b) Book Value
(2)		
(3)		
(4)		
(5) (6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B,), line 15).	>
Other Liabilities. Complete if the organization answered 'Yes' to Form	000 Part IV June 11e or 1	116 Can Farm 000 Dart V June 25
(a) Description of liability	(b) Book value	TTI. See FUIII 550, FAIL A, IIIIE 25
(1) Federal income taxes	(3) 25011 10:25	
(2) COMPENSATED ABSENCES	71,23	33.
(3)		
(4)		
(5) (6)		
7)	- 	
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	► 71,23	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footax positions under FIN 48 (ASC 740). Check here if the text of the footnote has	itnote to the organization's fir as been provided in Part XIII	nancial statements that reports the organization's liability for uncertain

Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. Total revenue, gains, and other support per audited financial statements 2,938,720. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments 2 a b Donated services and use of facilities 2 b c Recoveries of prior year grants 2 c d Other (Describe in Part XIII.) 2 d e Add lines 2a through 2d 2 e 3 Subtract line 2e from line 1 3 2,938,720. 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 a b Other (Describe in Part XIII.) 4 b c Add lines 4a and 4b 4 c 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2,938,720. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1 2,583,000. 2 Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities 2 a **b** Prior year adjustments 2 b c Other losses 2 c d Other (Describe in Part XIII.) 2d e Add lines 2a through 2d 2 e 3 Subtract line 2e from line 1 3 2,583,000. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b 4 a b Other (Describe in Part XIII.) 4 b c Add lines 4a and 4b 4 c 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 2,583,000.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Part III, Line 1a - F/S Footnote For Art, Treasures, Etc.

Part XIII Supplemental Information.

AS A PUBLIC LIBRARY THE ORGANIZATION HAS ACCUMULATED A VAST COLLECTION OF BOOKS, PERIODICALS, ELECTRONIC MEDIA, ETC. THAT IS AVAILABLE TO THE PUBLIC FOR LOAN. THE LIBRARY MATERIALS ARE EXPENSED WHEN PURCHASED AND ARE NOT CAPITALIZED DUE TO THEIR SHORT LIFE AND/OR EXPIRATION.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Employer identification number

WESTHAMPTON FREE LIBRARY

Form 990, Part VI, Line 11b - Form 990 Review Process

990 IS REVIEWED BY THE OFFICERS AND TRUSTEES AT A REGULAR BOARD MEETING.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts OFFICERS, DIRECTORS AND TRUSTEES ARE MADE AWARE OF THE POLICY AT THE ANNUAL ORGANIZATIONAL MEETING.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management DIRECTOR'S SALARY IS BASED ON INFORMATION GATHERED BY THE BOARD FROM DATA OF COMPARABLE LIBRARIES.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available DOCUMENTS ARE AVAILABLE UPON REQUEST.