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.

Department of the Treasury Internal Revenue Service

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

_		\approx 2022 calendar year, or tax year beginning JUL 1, 2022 and ending	JUN 30, 2023	
_		C Name of organization	D Employer identifi	cation number
	heck if pplicabl	e: Name of organization	Employer identifi	cation number
	7Addre	SAMUELS LIBRARY, INCORPORATED		
H	_ chang ¬Name	-	54-06103	0.0
H	_ chang ⊤Initial			
H	_return ∃Final	Number and street (or P.O. box if mail is not delivered to street address) Room/s	· · · · · · · · · · · · · · · · · · ·	
	returnـ termin		540-635-	
	ated ∃Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	1,492,717.
H	_lreturn □Applic	FRONT ROYAL, VA 22630	H(a) Is this a group re	
	⊥tion pendir	F Name and address of principal officer: ETHEEN GRADI	for subordinates	
		SAME AS C ABOVE	H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or		list. See instructions
	Vebsi		H(c) Group exemption	
	orm of I rt I	organization: X Corporation Trust Association Other L Summary	rear of formation: 1/99	M State of legal domicile: VA
ГС		-	NI OE A DIIDI TO	TTDADAV
ø	1	Briefly describe the organization's mission or most significant activities: OPERATIO	N OF A PUBLIC	LIBAKAI
auc				
Governance		Check this box if the organization discontinued its operations or disposed of m	1 -	i e e e e e e e e e e e e e e e e e e e
Š			3	15 15
		Number of independent voting members of the governing body (Part VI, line 1b)		25
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)	_	96
Ĕ		Total number of volunteers (estimate if necessary)		
Act			<u>7a</u>	0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	Prior Year	Current Year
		2		1,326,133.
ne		Contributions and grants (Part VIII, line 1h)	1,271,054.	
ē		Program service revenue (Part VIII, line 2g)	20,813.	22,371.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	48,339.	20,598.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	56,411.	50,591.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,396,617.	1,419,693.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	858,983.	899,493.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 24,476.	E10 700	E10 010
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	519,700.	518,012.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,378,683.	1,417,505.
	19	Revenue less expenses. Subtract line 18 from line 12	17,934. Beginning of Current Year	2,188. End of Year
Net Assets or Fund Balances			1,258,942.	
Ssel	20	Total assets (Part X, line 16)		1,336,604.
et A	21	Total liabilities (Part X, line 26)	31,685. 1,227,257.	48,811. 1,287,793.
Z ₁	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1,441,451.	1,401,193.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tomanta and to the heat of m	/ knowledge and helief it is
		itles of perjury, i declare that i have examined this return, including accompanying scriedules and sta- et, and complete. Declaration of preparer (other than officer) is based on all information of which prep		Kilowieuge aliu bellel, it is
uue,	Correc	is, and complete. Declaration of preparer (other than onicer) is based on an information of which prep [arer rias arry knowledge.	
0	_	Signature of officer	I Date	
Sign		EILEEN GRADY, LIBRARY DIRECTOR	Duto	
Her	е	Type or print name and title		
			Date Check	PTIN
Daid		Print/Type preparer's name OLIVIA A. HUTTON, CPA OLIVIA A. HUTTON, C	P 10/06/23 of self-employ	
Paid				4-1149263
Prep			FIRM'S EIN 3	#-TT#3703
use	Only	Firm's address 50 SOUTH CAMERON STREET WINCHESTER, VA 22602	Dh / E	40)662-3417
N 4 = :	the !"	RS discuss this return with the preparer shown above? See instructions	I Prione no. (3	X Yes No
ivia	uie ii	no diacuss this return with the preparet shown above? See Instructions		144 1 E2 INO

Check Schedule Coordinate response or note to any line in this Part III Description Check Schedule Coordinate response or note to any line in this Part III Description Check Schedule Coordinate response or note to any line in this Part III TO OPERATE A PUBLIC LIBRARY Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 cr 290 cr 27 Ves X No II *Ves, ** describe these now services or Schedule O. II *Ves, ** describe these now services or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe these changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** describe the changes or Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the changes of Schedule O. II *Ves, ** described the cha	Form			INCORPORATED	54-	0610300 Page 2
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990 E2? If "Yes," describe these new services on Schedule 0. If "Yes," describe these new services on Schedule 0. If "Yes," describe these new services on Schedule 0. If "Yes," describe these remarks of schedule 0. Describe the organization cause conducting, or make significant changes in how it conducts, any program services?	Pa		•			
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-027 If 'Yes,' describe these new services on Schedule 0. 3 Did the organization case conducting, or make significant changes in how it conducts, any program services?				any line in this Part III		
prior Form 990 or 990-EZ? If *Yes_**Celectribe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If Yes_**Celectribe these changes on Schedule 0. Section 901(c)(S) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 40 (Cools:	1					
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?		prior Form 990 or 990-EZ?				Yes X No
4c Code:	3	Did the organization cease condu	ucting, or make significan	t changes in how it condu	icts, any program services?	Yes X No
section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse use, if any, for each program service reported. 48 (Code) (Expenses 1, 1,052,876. Including grants of S	4			ents for each of its three l	argest program services, as measure	ad by expenses
Cooke	•	Section 501(c)(3) and 501(c)(4) or	ganizations are required t			
46 (Code) (Expenses 5	40			in all officers are also of the) (0	42 815 v
4b (Code:) (Expenses \$	4a	OPERATION OF A PI	JBLIC LIBRARY	including grants of \$		<u> </u>
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4e Total program service expenses 1,052,876.	4d	. •	e on Schedule O.)			
	<u></u>	•	including grants of \$	876) (Revenue \$)
	40	rotal program service expenses	1,002	,010•		Form 990 (2022)

Form 990 (2022) SAMUELS LIBRARY, INCORPORATED Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	L,		
•	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,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
8	, ,			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			3,7
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		7.7	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the constitution maintain on office constitution and the the the the the the total Obstace	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 4		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		4.5		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			 ₩
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
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		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

Form 990 (2022) SAMUELS LIBRARY, INCORPORATED Part IV Checklist of Required Schedules (continued)

	Continued)		V	
00	Did the averagination was at asset than \$\Phi 000 of average an athern assistance to average described individuals as		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			x
04 -	Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		x
h	Schedule K. If "No," go to line 25a	24a 24b		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		\vdash
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		\vdash
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
2 54	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
<u> </u>	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			1
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		У
27	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		<u> </u>
37		07		x
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		<u> </u>
50	Notes All Form 200 flow and maintain to a complete Orbertal to O	38	х	1
Pai		, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	¥ 12-13-22	Form	990	(2022)

Form 990				INCORPORATED		54-0610300	Pa	age 5
Part V	Statements	Regarding Otl	her IRS Filings	s and Tax Compliance	(continued)			
					-		-	

2a Committee of employees reported on Form Will, Transmittal of Wage and Tax Statements, Red for the calendary year ending with or within the year covered by this intum. 2a 25 X						Yes	No
the for the calendary year ending with or within the year covered by this return 2 a 2 5	2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.	1			100	110
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "has it filed a Form 990-T for this year?" If yo' to line 3b, provide an explanation on Schodule 0 3ch If Yes, "a file of the calendar year, did the organization that was an interest in, or a signature or other authority over, a financial accounts (FBAR). 5ch Was the organization appropriate on that It was or is a party to a prohibitote tax sheller transaction? 5ch Did any taxolization from 114, Report of Foreign Bank and Financial Accounts (FBAR). 5ch Did any taxolization from 90-T for organization that was or is a party to a prohibitote tax sheller transaction? 5ch Did any taxolization state organization file Form 88867? 5ch Did any taxolization state was on the state an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions. 5ch If Yes, "did the organization network spury solicitation and express statement that such contributions or gifts were not tax deductible? 6ch Did the organization received any primer in excess of \$5° naide party is a contribution and party for goods and services provided? 7ch Did the organization selection selection of the value of the goods or services provided? 7ch Did the organization selection selection of the value of the goods or services provided? 7ch Did the organization selection selection of the value of the goods or services provided? 8ch Did the segmanization of the goods of taxolity or indirectly, to pay premium on a			2a	25			
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SAMUELS LIBRARY, INCORPORATED 54-0610300 Form 990 (2022) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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		15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
800	tion C Disclosure			

18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available
	for public inspection. Indicate how you made these available. Check all that apply.
	X Own website Another's website Upon request Other (explain on Schedule O)
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

NONE

statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records EILEEN GRADY - 540-635-3153

330 EAST CRISER ROAD, FRONT 22630

List the states with which a copy of this Form 990 is required to be filed

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	more rson i	than is both	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MICHELLE ROSS	40.00							00.000	_	•
LIBRARY DIRECTOR	40.00			Х		├		90,230.	0.	0.
(2) EILEEN GRADY	40.00	4		,,				70 400	0	•
DIRECTOR OF OPERATIONS	2 00			Х		┝		79,400.	0.	0.
(3) MAJ. GEN. HENRY M. HOBGOOD PRESIDENT	2.00	х		х				0.	0.	0.
(4) MELODY HOTEK	1.00]								
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) PETE WALKER	2.00	J								
TREASURER		Х		Х		_		0.	0.	0.
(6) KATIE CARR	1.00	ļ								
SECRETARY	1 00	Х		X				0.	0.	0.
(7) VICKY COOK	1.00	ļ								•
COUNTY REPRESENTATIVE	1 00	Х				_		0.	0.	0.
(8) CELESTE BROOKS	1.00	٠,,								•
MEMBER AT LARGE	1 00	Х	_			┢		0.	0.	0.
(9) FRANK BRUGH	1.00	.,							_	0
TRUSTEE (10) KIM EMERSON	1.00	Х				-		0.	0.	0.
TRUSTEE	1.00	х						0.	0.	0.
(11) MICHELLE LEASURE	1.00	Α				\vdash		1	0.	· ·
TRUSTEE	1.00	Х						0.	0.	0.
(12) LISA COBB	1.00					\vdash			•	•
TRUSTEE		x						0.	0.	0.
(13) MADELINE HICKMAN	1.00	1				\vdash			•	
TRUSTEE		Х						0.	0.	0.
(14) LORI GIRARD	1.00								-	
FOSL REPRESENTATIVE		Х						0.	0.	0.
(15) SHANE ALAN GOODWIN	1.00									
TRUSTEE		Х						0.	0.	0.
(16) JOAN RICHARDSON	1.00									
TRUSTEE		Х						0.	0.	0.
(17) MARY KIM WADDELL	1.00									
TRUSTEE		X						0.	0.	0.

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Pai	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hi	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)			(0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos			one	Reportable	Reportable		Es	timate	∌d
		hours per	box	, unles	ss per	rson i	s both	an	compensation	compensatio			nount	of
		week (list any					174140	,	from	from related	- 1		other	tion
		hours for	directo				_		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	9e or (stee			nsated		(W-2/1099-MISC/	1099-NEC)	,0,		anizat	
		organizations	trust	nal tru		yee	om pe		1099-NEC)	,		•	d relat	
		below	Individual trustee or director	Institutional trustee	Jec	Key employee	Highest compensated employee	ner				orga	anizati	ons
		line)	Indi	Inst	Officer	Key	High	Former						
			ł											
			ł											
											-			
			ł											
											-			
			ł											
	Outhors	l	<u> </u>		<u> </u>	<u> </u>			169,630.		0.			0.
16	Subtotal								109,030.		0.			0.
	Total from continuation sheets to Part VI								169,630.		0.			0.
_ <u>d</u>	Total (add lines 1b and 1c)								•	000 of reportable				<u> </u>
2	Total number of individuals (including but n	ot iimitea to tri	ose	iiste	u al	ove) WII	o re	eceived more than \$100,	ooo or reportable	•			0
-	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director trust	امد	(A)/ C	mnl	OVA	o or	hia	heet compensated empl	ovee on	ſ		100	110
3	line 1a? If "Yes," complete Schedule J for s										ı	3		Х
4	For any individual listed on line 1a, is the su								per compensation from the		····			
7	and related organizations greater than \$150										ı	4		Х
5	Did any person listed on line 1a receive or a										·····	_		
Ū	rendered to the organization? If "Yes," com	•				•			•		- 1	5		Х
Sec	tion B. Independent Contractors	piete Scrieduit	<i>,</i> 0 1	UI SU	<i>icii</i> ,	<i>J</i> C/3	<u> </u>							
1	Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	s th	nat received more than \$	100.000 of comp	ensat	ion fro	om	
	the organization. Report compensation for													
	(A)				<u> </u>				(B)			(0	<u> </u>	
	Name and business	address	N	ONE	S				Description of s	ervices	С		nsatio	n
								T						
2	Total number of independent contractors (in	ncluding but n	ot lir	nited	d to	_		ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				()							

Part VIII Statement of Revenue

		Check if Schedule O	ontai	ins a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
							Turiotion revenue	business revenue	sections 512 - 514
ts ts	1 :	Federated campaigns		1a					
ran Min	_	b Membership dues		4.					
Ω,Ω	(c Fundraising events		1c					
i i	(d Related organizations		1d					
s, G	(e Government grants (contri	butio	ns) 1e 1 ,	220,513.				
ig is	1	f All other contributions, gifts,	grants	, and					
the the		similar amounts not included	above	: 1f	105,620.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g Noncash contributions included in I	ines 1a	ı-1f 1g \$	24,513.				
္ပိ မ		h Total. Add lines 1a-1f				1,326,133.			
					Business Code				
9	2 8				990009	11,860. 10,511.	11,860. 10,511.		
Program Service Revenue	ı	b COPIER INCOME			990009	10,511.	10,511.		
S c	(c							
ra Sev	(d							
S.		e							
Δ.	1	f All other program service	eveni	ue		20 254			
		g Total. Add lines 2a-2f				22,371.			
	3	Investment income (includ				22 202			22 202
						33,393.			33,393.
	4	Income from investment o			roceeas				
	5	Royalties	т	(i) Real	(ii) Personal				
	6 :	a Gross rents	6a	(i) Hear	(ii) i cisoriai				
	0 1	b Less: rental expenses	6b						
		c Rental income or (loss)	6c						
	Ì	d Net rental income or (loss)							
	7 :	a Gross amount from sales of	П	(i) Securities	(ii) Other				
		assets other than inventory	7a	40,852.	()				
		b Less: cost or other basis	1.0						
ē		and sales expenses	7b	44,626.	9,021.				
ther Revenue		c Gain or (loss)	7с	-3,774.	-9,021.				
Be		d Net gain or (loss)				-12,795.			-12,795.
ē	8 8	a Gross income from fundraisir	ıg evei	nts (not					
₹		including \$		of					
		contributions reported on	line 1	c). See					
		Part IV, line 18							
	ı	b Less: direct expenses		8b	19,377.				
	(c Net income or (loss) from t	undra	aising events		30,147.			30,147.
	9 8	a Gross income from gaming	-	I .					
		Part IV, line 19							
		b Less: direct expenses							
		c Net income or (loss) from		_	 T				
	10 a	a Gross sales of inventory, le			1 050				
		and allowances		I .	_				
		b Less: cost of goods sold) U.	1,850.	1,850.		
		c Net income or (loss) from s	sales	or inventory	Business Code	1,050.	1,000.		
sn	11 :	a MISCELLANEOUS	ਧਧ	ES	990009	18,594.	18,594.		
neo Iue		p WIRCEDHAMEOOR	1 12		22000	10,3340	10,334.		
Miscellaneous Revenue		C							
isce		d All other revenue							
Σ		e Total. Add lines 11a-11d				18,594.			
!	12	Total revenue. See instructio				1,419,693.	42,815.	0.	50,745.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 8,996. 168,878. 151,438. 8,444. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 535,980. 440,133. 85,111. 10,736. Other salaries and wages 7 Pension plan accruals and contributions (include 33,005. 21,031. 11,076. 898. section 401(k) and 403(b) employer contributions) 36,200. 2,935. 107,867. 68,732. Other employee benefits 9 53,763. 34,257. 18,043. 1,463. 10 Payroll taxes Fees for services (nonemployees): Management 10,173. 10,173. Legal 11,392. 11,392. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,445. 4,445. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,795. 1,795. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 20,143. 19,136. 1,007. Office expenses 13 64,256. 64,256. Information technology 14 15 Royalties 86,860. 82,517. 4,343. 16 Occupancy 9,889. 9,395. 494. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 56,306. 53,491. 2,815. Depreciation, depletion, and amortization 22 5,969. 5,671. 298. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 100,170. 100,170. BOOK, CASSETTES, AND VI 78,887. MAINTENANCE SERVICE AND 78,887. 29,629. 29,629. CHILDREN AND ADULT PROG 17,795. 17,795. d BOOK RELATED COSTS 18,780.20,303. 1,523. e All other expenses _ 1,417,505. 1,052,876. 340,153. 24,476. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Par	τ χ	Balance Sneet					
		Check if Schedule O contains a response or note	to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			105,265.	1	84,174
	2	Savings and temporary cash investments			20,059.	2	
	3	Pledges and grants receivable, net				3	5,125
	4	Accounts receivable, net			175.	4	175
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie					
		under section 4958(f)(1)), and persons described in		6			
က္က	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				12,822.	9	12,487
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,083,012.			
	b	Less: accumulated depreciation		795,275.	230,116.	10c	287,737 946,906
	11	Investments - publicly traded securities			890,505.	11	946,906
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal	line 3	3)	1,258,942.	16	1,336,604
	17	Accounts payable and accrued expenses		24,851.	17	48,811	
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	ırt IV c	of Schedule D		21	
ဖွ	22	Loans and other payables to any current or former	office	er, director,			
≝		trustee, key employee, creator or founder, substar	ntial co	ontributor, or 35%			
Liabilities		controlled entity or family member of any of these	perso	ons		22	
-	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t				24	
	25	Other liabilities (including federal income tax, paya	ıbles t	o related third			
		parties, and other liabilities not included on lines 1	7-24).	Complete Part X			
		of Schedule D			6,834.	25	0
_	26	Total liabilities. Add lines 17 through 25			31,685.	26	48,811
,		Organizations that follow FASB ASC 958, check	(here	· X			
<u>ĕ</u>		and complete lines 27, 28, 32, and 33.			4 405 455		1 050 560
[필	27				1,197,157.	27	1,252,568
<u>8</u>	28	Net assets with donor restrictions	30,100.	28	35,225		
<u> </u>		Organizations that do not follow FASB ASC 958	3, che	ck here			
_		and complete lines 29 through 33.					
13 (29	Capital stock or trust principal, or current funds				29	
Sse	30	Paid-in or capital surplus, or land, building, or equi				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			1 000 000	31	1 000 000
₽	32	Total net assets or fund balances		<u> </u>	1,227,257.	32	1,287,793
	33	Total liabilities and net assets/fund balances			1,258,942.	33	1,336,604

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,41	9,6	<u>93.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,41	7,5	05.
3	Revenue less expenses. Subtract line 2 from line 1	3		2,1	88.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,22	7,2	<u>57.</u>
5	Net unrealized gains (losses) on investments	5	5	8,3	48.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,28	7,7	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	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 on Scho	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SAMUELS LIBRARY, INCORPORATED

Employer identification number 54-0610300

Pa	art I	Reason for Public Charity Status. (All organizations must complete this part.) See instructions.											
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)							
1	\Box	A church, convention of ch)(A)(i).						
2	一	A school described in sect i					X X7						
3	Ħ	A hospital or a cooperative		•		/b)(1)(A)(ii	i).						
4	H	A medical research organiza						the hospital's name					
7		city, and state:	anon operated in con	ijanotion with a noophar	GCCCTIDGG	000110	11 11 0(b)(1)(A)(iii). Entor	the hoopital o haine,					
5		•	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental unit describe	ad in					
3	ш	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)											
_		section 170(b)(1)(A)(iv). (Complete Part II.)											
6	₹	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in											
7	X	•	•	ntial part of its support fr	om a gove	ernmentai	unit or from the general p	oublic described in					
_		section 170(b)(1)(A)(vi). (C	•										
8	Н	A community trust describe			•								
9		An agricultural research org				-	-	-					
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of the college	or					
		university:											
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from					
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its support f	rom gross investment					
		income and unrelated busing	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	ıfter June 30, 1975.					
		See section 509(a)(2). (Cor	mplete Part III.)										
11	Ш	An organization organized a	and operated exclusi	vely to test for public sat	fety.See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform tl	he function	ns of, or to carry out the	purposes of one or					
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on					
		lines 12a through 12d that	describes the type of	f supporting organizatior	and com	plete lines	12e, 12f, and 12g.						
a	ı 🗀	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	orted org	anization(s), typically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees of the su	ıpporting					
		organization. You must o	complete Part IV, Se	ections A and B.									
k		Type II. A supporting org	anization supervised	or controlled in connect	ion with its	s supporte	d organization(s), by hav	ring					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the supp	ported					
		organization(s). You mus	t complete Part IV,	Sections A and C.									
c	; [Type III functionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functionally integrate	ed with,					
		its supported organization	n(s) (see instructions)). You must complete F	Part IV, Se	ctions A,	D, and E.						
c	ı 🗆	Type III non-functionally	integrated. A supp	orting organization oper	ated in cor	nnection w	rith its supported organiz	zation(s)					
		that is not functionally int	= ::				· · · · · · · · · · · · · · · · · · ·	* *					
		requirement (see instructi	-		•		='						
e	, [Check this box if the orga	,	•	•								
-		functionally integrated, or					.,po.,, .,po, .,po						
1	Ente	er the number of supported o	* *	nan, musgratea sapperm	.9 0.94=								
		vide the following information		d organization(s)				-					
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other					
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)					
				above (see instructions))									
Tot	al							I					

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1180098.	1202302.	1425601.	1271054.	1326133.	6405188.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1180098.	1202302.	1425601.	1271054.	1326133.	6405188.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						6405188.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	1180098.	1202302.	1425601.	1271054.	1326133.	6405188.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	31,870.	28,062.	26,919.	32,257.	33,393.	152,501.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						_
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	54,048.	47,816.	33,944.	40,270.	42,815.	218,893.
11	Total support. Add lines 7 through 10						6776582.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the	•					
_	organization, check this box and stop						
	ction C. Computation of Publi					Г	
	Public support percentage for 2022 (I					14	94.52 %
	Public support percentage from 2021					15	94.07 %
16a	33 1/3% support test - 2022. If the				14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		~				
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the fact				<u>=</u>	VI how the organiz	ation
	meets the facts-and-circumstances te	-			-		
b	10% -facts-and-circumstances test	_					10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	o, check this box ar		
						Schedule A	(Form 990) 2022

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to 						
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						
 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 						
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					1	
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						
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						
organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to						
 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 						
are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to						
iness under section 513 Tax revenues levied for the organization's benefit and either paid to						
Tax revenues levied for the organization's benefit and either paid to						
ization's benefit and either paid to						
· I						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
		T		I	1	
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included on line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	•		•		. , . ,	· —
check this box and stop here						
Section C. Computation of Public						
15 Public support percentage for 2022 (li	ne 8, column (f), c	livided by line 13,	column (f))		15	
16 Public support percentage from 2021					16	(
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	(
18 Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	(
19a 33 1/3% support tests - 2022. If the					33 1/3%, and line 17	' is not
more than 33 1/3%, check this box an						
b 33 1/3% support tests - 2021. If the						nd
line 18 is not more than 33 1/3%, chec						
	n did not check a					

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7?

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
_		
2		
За		
- Ou		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
0-		
9a		
9b		
35		
9с		
10a		
10b		

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of or	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	cers,		
	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 supporting organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	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 instr	uctions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b				
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	ty (see instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а				
	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	, ,			
	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 lines 3a and 3b below.			
а	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? If "Yes" or "No" provide details in Part VI.	3a		1

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

3b

Schedule	Δ	(Form	990)	2022

5

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

3

4 5

6

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

3 Minimum asset amount for prior year (from Section B, line 8, column A)

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

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2022

e Excess from 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors Attach to Form 990 or Form 990-PF.

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

INCORPORATED

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Name of the organization

SAMUELS LIBRARY,

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

Employer identification number

54-0610300

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

Schedule B (Form 990) (2022)

Name of organization Employer identification number

SAMUELS LIBRARY, INCORPORATED

54-0610300

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE LIBRARY OF VIRGINIA 800 EAST BROAD STREET RICHMOND, VA 23219	\$ <u>196,513.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WARREN COUNTY 220 NORTH COMMERCE AVENUE FRONT ROYAL, VA 22630	\$1,024,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

SAMUELS LIBRARY, INCORPORATED

54-0610300

SAMUE	LS LIBRARY, INCORPORATED	54	-0610300
Part II	Noncash Property (see instructions). Use duplicate copies of Part	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
000450 46 15			Cabadula B (Farma 000) (0000)

Schedule B (Form 990) (2022) Page **4**

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

SAMUELS LIBRARY, INCORPORATED

Employer identification number 54-0610300

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Si	milar Funds o	r Ac	coun	ts. Complete if the
	organization anomorou neo orni om oco, natriv, iiii	(a) Donor adv	vised	funds	(1	b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v	vriting that the assets	held	d in donor advised	d fund	s	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor ad						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "	Yes	" on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that appl	y).				
	Preservation of land for public use (for example, recreat	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat			Preservation of a	certif	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation cont	ribu	tion in the form of	a cor	servat	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b						2b	
С	Number of conservation easements on a certified historic stru					2c	
d	Number of conservation easements included in (c) acquired a						
	historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	rminated by the o	organiz	zation	during the tax
	year						
4	Number of states where property subject to conservation eas	_					
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations,	, and	l enforcing conse	rvatioi	n ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and	enfo	orcina conservatio	on eas	ement	ts during the vear
		,		J			,
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	ents	of section 170(h)	(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its re	venu	ue and expense st	tateme	ent and	d
	balance sheet, and include, if applicable, the text of the footn	ote to the organization	n's f	inancial statemen	its tha	t desc	ribes the
Da	organization's accounting for conservation easements.	Aut Historiaal T		Oth	- · · · ·	:1	w Accete
Pai	t III Organizations Maintaining Collections of		rea	sures, or Oth	er Si	ımııaı	r Assets.
	Complete if the organization answered "Yes" on Form						
1a	If the organization elected, as permitted under FASB ASC 956	•					
	of art, historical treasures, or other similar assets held for pub	•				ce of p	DUBLIC
	service, provide in Part XIII the text of the footnote to its finan						
b	If the organization elected, as permitted under FASB ASC 956	•					
	art, historical treasures, or other similar assets held for public	exhibition, education	, or	research in furthe	rance	of pub	olic service,
	provide the following amounts relating to these items:						•
	(i) Revenue included on Form 990, Part VIII, line 1						
•							\$
2	If the organization received or held works of art, historical treat				gain, p	rovide	•
_	the following amounts required to be reported under FASB AS						¢
a	Revenue included on Form 990, Part VIII, line 1						Φ
D	Assets included in Form 990, Part X						φ

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Schedule D (Form 990) 2022

	t III Organizations Maintaining Co	llections of Art	, Historical Tre	asures, or	Other	Simila	r Assets	(continu	ıed)
3	Using the organization's acquisition, accession							100	
	collection items (check all that apply):	,	,	3		J			
а	Public exhibition	d	Loan or exc	hange progra	m				
b	Scholarly research	е		3 1 3					
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further th	ne organizatio	n's exen	not purpo	se in Part	XIII.	
5	During the year, did the organization solicit or								
_	to be sold to raise funds rather than to be mair							Yes	☐ No
Par	t IV Escrow and Custodial Arrange								
	reported an amount on Form 990, Part		o. gaa				,, ,		
1a	Is the organization an agent, trustee, custodiar	n or other intermedi	ary for contributions	s or other ass	ets not i	ncluded			
	on Form 990, Part X?		•					Yes	No
b	If "Yes," explain the arrangement in Part XIII ar							_	
			- · · · · · · · · · · · · · · · · · · ·					Amount	
С	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on For							Yes	No
	If "Yes," explain the arrangement in Part XIII. C					•			
Par									
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	/ears back
1a	Beginning of year balance	55,000.	55,000.	, ,		., .		, , ,	
b	Contributions	<i>'</i> 1	,	55	,000.				
c	Net investment earnings, gains, and losses	1,520.			,				
d	Grants or scholarships	, -							
	Other expenditures for facilities								
ŭ									
f	Administrative expenses								
	End of year balance	56,520.	55,000.	55	,000.				
g 2	Provide the estimated percentage of the current	•			,				
a	Board designated or quasi-endowment	1 0 0	" (iiiie 19, coluitiit (a)	ij riciu as.					
b	Permanent endowment	%							
	Term endowment %								
·	The percentages on lines 2a, 2b, and 2c should								
32	Are there endowment funds not in the possess	•	tion that are held ar	nd administer	ad for th	Δ			
Ja	organization by:	sion of the organizat	tion that are neid ar	id administere	ed for the	C		Г	res No
								3a(i)	X
	•							3a(ii)	X
h	(ii) Related organizations	one lieted as require	nd on Schedule B2						
4	Describe in Part XIII the intended uses of the o							OD	
	t VI Land, Buildings, and Equipme		vinicite farias.						
	Complete if the organization answered		. Part IV. line 11a. S	ee Form 990.	Part X.	line 10.			
	Description of property	(a) Cost or ot		or other		ccumulate	24	(d) Book	value
	Besonption of property	basis (investm		(other)		oreciation		(a) Book	value
12	Land	,	, , , , ,	, ,					
	Buildings								
	Leasehold improvements		13	9,919.		56,0	26.	83	,893.
	Equipment			3,640.	- 2	298,8			,816.
	Other			9,453.		140,4			,028.
	. Add lines 1a through 1e. (Column (d) must ea								,737.

Schedule D (Form 990) 2022

CAMURIC LIF	TNOODDO	D 3 III D F 4	0610200 - 4
Schedule D (Form 990) 2022 SAMUELS LIE Part VII Investments - Other Securities.	BRARY, INCORPOR	KATED 54	-0610300 Page
Complete if the organization answered "Yes"	on Form 990 Part IV line	11h 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	d-of-vear market value
	(b) Dook value	(c) Method of Valuation. Cost of end	d-or-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)	+		
(B)			
(C)	+		
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.			
	L F 000 D-+ IV I'	14 - O Farra 200 Park V. Para 40	
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	T
(a)) Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1. (a) Description of liability	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
\''			l

(5) (6) (7) (8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2022

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten	nents With R	evenue per Re	turn.	·9-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	1,473,596.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	58,348.		
b					
С					
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	58,348.
3	Subtract line 2e from line 1			3	1,415,248.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,445.		
	Other (Describe in Part XIII.)	l I			
	Add lines 4a and 4b			4c	4,445.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,419,693.
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments With I	Expenses per F	Returr	۱.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total expenses and losses per audited financial statements			1	1,413,060.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С					
d		l l			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	1,413,060.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	4,445.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	4,445.
5	THIS THASE COUGHT STITLE OF THE TELL			5	1,417,505.
Ра	rt XIII Supplemental Information.				
	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; P s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a				,, =, ,

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number 54-0610300 SAMUELS LIBRARY, INCORPORATED Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

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Schedule G (Form 990) 2022

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
			(a) Event #1 ANNUAL APPEAL	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
-			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	49,524.			49,524.
	2	Less: Contributions				
	_	2000. Contributions				
	3	Gross income (line 1 minus line 2)	49,524.			49,524.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	19,377.			19,377.
	10	,				19,377.
Do	11 rt l					30,147.
Pa	II L I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$13,000 011 F01111 990-EZ, III1e 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
ď	1	Gross revenue				
S	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	nonnine i, column (d)			
9	En	ter the state(s) in which the organization condu	icts gaming activities:			
					Yes No	
	_					
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No If "Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 SAMUELS LIBRARY, INCORPORATED 54-0	<u>06103</u>	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Y	'es	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?	Y	'es	No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility	13b		// %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	The the fiame and address of the person who prepares the organization's gaining/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	'es	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
c	: If "Yes," enter name and address of the third party:			
	Name			
	Address			
10				
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	Y	'es	☐ No
b	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•		
~	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III line	e 0 0	h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 11110	o o, c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	100, 100, 10, and 170, as applicable. Also provide any additional information. Occ instructions.			
				-

Sendule of Form 900 SAMUKES LIBRARY, INCORPORATED 54-U610300 Page 4 Part V Supplemental Information (continued)	Schedule G (Form 990) SAMUELS LIBRARY, INCORPORATED	54-0610300 Page 4
	Part IV Supplemental Information (continued)	

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

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

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

DAMOELD LIBRARY, INCORPORATED	34 0010300
FORM 990, PART VI, SECTION B, LINE 11B:	
THE BOARD REVIEWS A COPY OF THE 990 BEFORE IT IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION MONITORS AND ENFORCES THE CONFLICT OF INTE	
REQUIRING THE BOARD TO DISCLOSE CONFLICTS OF INTEREST ANNUA	LLY.
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF TRUSTEES DETERMINES THE LIBRARY DIRECTOR'S COM	
PACKAGE BASED ON PERFORMANCE. THE LIBRARY DIRECTOR REVIEWS	THE PERFORMANCE
OF THE DIRECTOR OF OPERATIONS AND RECOMMENDS AN APPROPRIATE	COMPENSATION TO
THE BOARD OF TRUSTEES, WHO UTLIMATELY APPROVES THE DIRECTOR	OF OPERATIONS
COMPENSATION PACKAGE.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE DOCUMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE BOARD OF TRUSTEES ASSUMES RESPONSIBILITY FOR THE OVERSI	
REVIEW.	