Extended to May 15, 2019 2949304

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.

732001 11-28-17

		nue Service	■ Go to www.irs.g	ov/Form99	0 for instr	uctions and	the latest	information.		Inspection
A F	or the	2017 calend	lar year, or tax year beginning	JUL 1					018	
<u>В</u> с	heck if	C Name of	forganization					D Employer id		n number
	Addre	ss York	Public Library							
	Name chang		usiness as					0	1-0360	256
	Initial return		and street (or P.O. box if mail is not	delivered to	street addre	ss)	Room/suite	E Telephone r		
	Finat return/	15 L	ong Sands Road						07-363	-2818
	termin ated	City or t	own, state or province, country, a	nd ZIP or fo	reign post	al code		G Gross receipts 9	;	855,581.
	Ameno return	TOTK	, ME 03909					H(a) Is this a g	roup return	
	Applic	Finame a	nd address of principal officer ${f J} \epsilon$	ennife:	r Hunt	er		for suborc	linates?	Yes X No
	pendir	same	as C above					H(b) Are all subord	dinates included	n2 Yes
		empt status) 	rt no.)	4947(a)(1) c	or 🔙 52/F) 31f "No," at	tach a list. (s	see instructions)
			york.lib.me.us_	<u></u>		1		H(c) Group exe	emption num	nber ►
			X Corporation Trust	Association	Oth	er 🕨	L Year	of formation: 19	22 M State	e of legal domicile, ME
Pa	<u>rt []</u>	Summary								
ايو			e the organization's mission or m	-						y
auc		<u>service</u>	<u>s for area reside</u>	ents a	<u>nd vis</u>	<u>sitors</u>	to Yo	<u>rk, Main</u>	e •	
i a	2	Check this bo	x 🕨 📖 if the organization dis	continued i	ts operatio	ns or dispos	sed of more	than 25% of its	net assets	
ŏ	3	Number of vo	ting members of the governing bo	dy (Part VI,	line 1a)				3	10
8			lependent voting members of the	-					4	10
es	5	Total number	of individuals employed in calenda	ar year 2017	7 (Part V, III	ne 2a)			5	14
Activities & Governance			of volunteers (estimate if necessa						6	60
Act			d business revenue from Part VIII,						7a	0.
_	<u>b</u>	Net unrelated	business taxable income from Fo	rm 990-T, lır	ne 34		γ-		7b	0.
					B	ECEN		Prior Year		Current Year
e l			and grants (Part VIII, line 1h)		1	ECEIV	ED 🗀	71,278,4		737,292.
le l		-	ce revenue (Part VIII, line 2g)		181			$\frac{9,9}{60,3}$		9,821.
Revenue			come (Part VIII, column (A), lines 3		11 11 07	N 28 20	19 0	69,3		95,218.
			e (Part VIII, column (A), lines 5, 6d,		· ·		- 8	14,5 1,372,3	97.	13,250.
-0	12		- add lines 8 through 11 (must eq		1 /1 ~			1,3/2,3		855,581.
Ž	13		milar amounts paid (Part IX, colum			DEIN, I	JŦ 📙		0.	0.
2	14	•	to or for members (Part IX, column			l.man E 10\		427,3		433,824.
Ses	15	•	r compensation, employee benefit undraising fees (Part IX, column (A	•		ines 5·10)		421,3	0.	0.
(e):	loa		•			21,92	21			
麻如原小多型 2010	17		ing expenses (Part IX, column (D), es (Part IX, column (A), lines 11a 1			41,7	<u></u>	325,2	91	399,471.
Ω			es Add lines 13-17 (must equal Pa			25)		752,5		833,295.
回			expenses Subtract line 18 from li		, ,,	-0/		619,7		22,286.
Seasts Wilder			SAPSHOOD CODE ROLLING TO HOTH III				Re	ginning of Current		End of Year
age	20	Total assets (I	Part X, line 16)					6,848,0		6,915,653.
SSE		,	(Part X, line 26)					56,7		30,617.
25			fund balances Subtract line 21 fr	om line 20				6,791,3		6,885,036.
Pa	rt II	Signature								
Unde	r pena	Ities of perjury,	I declare that I have examined this retu	ırn, including	accompany	ing schedules	s and statem	ents, and to the be	st of my knov	vledge and belief, it is
			. Declaration of preparer (other than o							
			unto the te					1/	15/19	
Sign	1	Signature	of officer					Date /	1	
Here		Jenn	ifer Hunter, Trea	surer						
		Type or p	orint name and title							
		Print/Type pre	parer's name		's signature	11	^ ₽ ∧ d ^	if	heck	PTIN
Paid		David J	. Shorette, CPA	//WI	11/8h	routh	0 0	1/10/19 5		00086553
Prep	arer	Firm's name	▶ Purdy Powers &	Compa	ny			Firm's E	IN <u></u> 01	-0463013
Use (Only	Fırm's address	130 Middle Stre	et				1		
			Portland, ME 04					Phone r		75-3496
Mav	the if	RS discuss the	s return with the preparer shown a	above? (see	instructio	ns)			[X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2017)

Form 990 (2017) York Public Library
Part IV Checklist of Required Schedules

			_ res	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?	2_	Х	-
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	١.		v
_	during the tax year? If "Yes," complete Schedule C, Part II	4_	 	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	-		Α_
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	1	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
٠	Schedule D, Part III	8		x
9.	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
0,	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	·	x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	<u> </u>		
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	x	ļ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	ļ
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_		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		,	ļ
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u> _
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	445		- v
4-	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	14b		<u>X</u>
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	45		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		<u> </u>
16	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,	<u>'</u>		
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>'</u>		_ <u></u> _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19_		X
			990	

Form 990 (2017) York Public Library Part IV Checklist of Required Schedules (continued)

20a Dd the organization operate one or more hospital facilities? If "Yes," complete Schedule II 20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 21 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II 22 Did the organization or more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and II 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II "No", or lone 25a 24d Did the organization have a tax-exempt bonds beyond a temporary period exception? 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 28 Section 501(2)3, 501(2)4, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 28 Section 501(2)3, 501(2)4, and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person for part IX in a special part of the programation and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with an disqualified person in a prior year, and that the transaction has not been reported on any of the organization prior Forms 990 or 990-E2? If "Yes," complete Schedule I, Part IV 28 Did the organizat				res	No
21 Did the organization report more than \$5,000 of graits or other assistance to any domestic organization or domestic operament on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III and II	20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 or grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part IVI, Section A, line 3, 4, or 3 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated amployees? if "Yes," complete Schedule J Schedule J Wiss, "complete Schedule I, Part IVI was "the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I, Schedule IVI Wiss," complete Schedule I, Part IVI was "the organization minist and are sorrow account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? Did the organization mantain an escrive account other than a refunding escrive at any time during the year? 24d	b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 22 If "Yes," complete Schedule I. Part IX and III 22 X X 23 Did the organization answer "Yes" to Part IXI, Section A, Ine 3, 4, or \$ about compensation of the organization current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule II IXI IXI IXI IXI IXI IXI IXI IXI IXI	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or]
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23 Did the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or \$ about compensation of the organization's current and Cormer Officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I I bill the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes,," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23		.Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
Schedule // 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a. 24a	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule N If "No"; got a line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? dead of the organization are as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
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b Is the organization aware that it engaged in an excess benefit transaction with a disqualfied person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms '990 or '990 EZ? If "Yes," complete Schedule L, Part II 25b	25a				
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		Note: All 1 of the 350 ments are required to complete our reduce of		_	(2017)

14b

Form **990** (2017)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes Nο 7 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 14 filed for the calendar year ending with or within the year covered by this return 2a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 'were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9ь 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a 14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Form 990 (2017)

York Public Library

01-0360256

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

	to line da, bb, or rob below, describe the circumstances, processes, or changes in Schedule O. See instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management		1	
4-	Enter the number of voting members of the governing body at the end of the tax year 10		Yes	No_
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing]	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
h	Enter the number of voting members included in line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		}	}
_	officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_ X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b_		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	_		37
500	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9_	L	<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)		Yes	No
1 ∩a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	iou		
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c	X	
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?	۵.	х	
a	The organization's CEO, Executive Director, or top management official	15a	X	
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	A	<u> </u>
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l fınan	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Jennifer Hunter, Treasurer - 207-363-2818			
	15 Long Sands Road, York, ME 03909			

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

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

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

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

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

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

: (A)	(B)	Orga	111120		C)	npei	isai	(D)	(E)	(F)
Name and Title	Average hours per week	box	not c	Pos heck ss pe	ition more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Judith McAllister	1.00	X						0.	0.	0.
Trustee (2) Jennifer Hunter	2.00	-	_							
Treasurer		$ \mathbf{x} $		x				0.	0.	0.
(3) Dave Cohen	2.00									
Vice President		X		Х				0.	0.	0.
(4) Alice Larrea	1.00									
Trustee		X						0.	0.	0.
(5) Bob Luttman	1.00								_	•
Trustee		X				<u> </u>		0.	0.	<u> </u>
(6) Janice Plourde	2.00	}	, !		ļ]]			0
President		X	-	X		_	<u> </u>	0.	0.	0.
(7) Jen Ring	2.00			. ,	l			0.	0.	0.
Secretary	1.00	X		X	 			<u> </u>		<u> </u>
(8) Barbara Chase Trustee	1.00	X						0.	0.	0.
(9) Nancy Garrick	1.00	^		-		 				
Trustee		x					1	0.	0.	0.
(10) Marc Hovde	1.00									
Trustee		X					<u></u>	0.	0.	0.
(11) Michelle Sampson	40.00							76 610	0.	12,285.
Director		}—	_	X_	-	-	 	76,610.	0.	14,203.
									H	
		 	_	H					<u> </u>	
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Name and thie Average Name and thie Average Name and thie Name and	Part VII Section A. Officers, Directors (A)	. (B)			(C				(D)	(E)			(F)	
the Sub-total contractors from the organization sheets to Part VII, Section A Total from continuation sheets to Part VII, Section A Total from the organization of individual for services from part of the organization from the organization from the organization of individual for services from part of the organization from the calendar year ending with or within the o	- ·		Position						, ,	• •		Es		∍ď
Sub-total		hours per							· '	•			nount	
1b Sub-total 1 Total from continuation sheets to Part VII, Section A 1 Total from continuation sheets to Part VII, Section A 1 Total fadd lines 1b and 1c) 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization is any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a a receive or accurace compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If "Yes," complete Schedule J for such person 5 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization? If a person is section is the person is the		week							· .				other	
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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (B) Related or (D) Revenue excluded from tax under Total revenue exempt function business revenue revenùe 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 1d d Related organizations 544,144. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 193,148. similar amounts not included above 15,382 g Noncash contributions included in lines 1a-1f \$ 737,292. h Total. Add lines 1a-1f Business Code 9,821 9,821. 2 a Program service fees -519100 f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 95,218 95,218. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ contributions reported on line 1c) See 13,250. Part IV, line 18 Other 0. b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d 108,468. 855,581. 9,821. Total revenue See instructions. Form **990** (2017)

Form 990 (2017) York Public Library Part IX | Statement of Functional Expenses

Do	Check if Schedule O contains a responsion tinclude amounts reported on lines 6b,	(A)	(B)	(C)	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign	ţ	ł		,
	organizations, foreign governments, and foreign				
_	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members		- 		
5	Compensation of current officers, directors,	78,691.	55,083.	19,673.	3,935
6	trustees, and key employees Compensation not included above, to disqualified	70,031.	33,063.	19,073.	3,335
o	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			,	
7	Other salaries and wages	238,880.	228,279.	10,601.	
8	Pension plan accruals and contributions (include	230,000.	220/2/50		
_	section 401(k) and 403(b) employer contributions)	40,794.	35,899.	4,487.	408
9	Other employee benefits	48,515.	43,845.	4,258.	412
10	Payroll taxes	26,944.	23,711.	2,964.	269
11	Fees for services (non-employees)				
а	Management				
b	Legal	8,046.	1,770.	5,954.	322
С	Accounting	3,588.	2,512.	897.	179
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,350.	3,817.	12,839.	694
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	39,700.	17,557.	19,735.	2,408
12	Advertising and promotion	1,522.	1,446.		76
13	Office expenses				
14	Information technology				
15	Royalties	F0 000	FF 212	2 220	F 0 2
16	Occupancy	58,223.	55,312.	2,329.	582
17	Travel	3,748.	3,748.		
18	Payments of travel or entertainment expenses	}			
40	for any federal, state, or local public officials Conferences, conventions, and meetings	482.	482.		
19 20	Interest	402.	402.		
20 21	Payments to affiliates				
22	Depreciation, depletion, and amortization	125,033.	112,530.	5,001.	7,502
23	Insurance	12,692.	11,169.	1,396.	127
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	Maintenance Contracts	49,036.	45,956.	2,228.	852
b	Acquisitions	47,172.	46,323.	380.	469
c	Repairs & Maintenance	10,520.	9,994.	421.	105
d	Supplies	8,340.	7,923.	334.	83
е	All other expenses	14,019.	10,289.	232.	3,498
<u>25</u>	Total functional expenses Add lines 1 through 24e	833,295.	717,645.	93,729.	21,921
26	Joint costs Complete this line only if the organization	ļ	ı		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.		Ì		
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2017

Pa	rt X	Balance Sheet			
		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	-16,853.	1	-4,411.
	2	Savings and temporary cash investments	747,568.	2	-4,411. 89,804.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	ļ	trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
	[-	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
ñ		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
¥	<u>'</u> 8	Inventories for sale or use		8	
•	. 9	Prepaid expenses and deferred charges	15,153.	9	18,763.
•	10a	Land, buildings, and equipment cost or other			
	1	basis Complete Part VI of Schedule D 10a 6, 222, 616.			
	ь	Less accumulated depreciation 10b 2,156,301.	4,154,873.	10c	4,066,315.
	11	Investments - publicly traded securities	1,933,602.	11	2,730,068.
	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	13,706.	15	15,114.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,848,049.	16	6,915,653.
	17	Accounts payable and accrued expenses	56,736.	17	30,617.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Ě		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	<u></u>	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third		1	
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	56,736.	26	30,617.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es	-	complete lines 27 through 29, and lines 33 and 34.			- cma aaa
auc	27	Unrestricted net assets	5,595,041.	27	5,673,214.
Bal	28	Temporarily restricted net assets	173,842.	28	99,392.
5	29	Permanently restricted net assets	1,022,430.	29	1,112,430.
Ē	}	Organizations that do not follow SFAS 117 (ASC 958), check here			
ō		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund	 	31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	6 701 212	32	6 00E 026
_	33	Total net assets or fund balances	6,791,313. 6,848,049.	33_	6,885,036. 6,915,653.
	34_	Total liabilities and net assets/fund balances	0,040,043.	34	Form 990 (2017)

<u>Form</u>	1990 (2017) YORK PUBLIC Library	01-0)360 <u>256</u>	Pag	_{le} 12
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	855	5,58	81.
2	Total expenses (must equal Part IX, column (A), line 25)	2	833	3,29	95 <u>.</u>
3	Revenue less expenses Subtract line 2 from line 1	3	22	2,28	<u> 36.</u>
, 4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	<u>6,791</u>	.,31	<u>13.</u>
5	Net unrealized gains (losses) on investments	5	71	.,43	<u>37.</u>
6.	Donated services and use of facilities	6		 .	
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<u> </u>		0.
10:	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	6,885	0.03	<u> 36.</u>
Pa	rt XII Financial Statements and Reporting			,	
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
. 1	Accounting method used to prepare the Form 990. Cash X Accrual Other		_		
,	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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	
1	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	!	- 1	
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,		.,	
	review, or compilation of its financial statements and selection of an independent accountant?		_2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A·133?		_ 3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	200	
			Form 9	9 90 (2	2017)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization Employer identification number York Public Library 01-0360256 Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 4 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4: city, and state 5; [` An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7: X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) R An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2017 York Public Library 01-0360256 Page 2

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

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

Sec	ction A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017 -	(f) Total		
· 1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
11	include any "unusual grants ")	538,671.	576,194.	601,989.	1282404.	699,337.	3698595.		
-2,	Tax revenues levied for the organ-				•				
	zation's benefit and either paid to								
	or expended on its behalf								
ં 3	The value of services or facilities								
1 1	furnished by a governmental unit to								
	the organization without charge								
. 4`	Total. Add lines 1 through 3	538,671.	576,194.	601,989.	1282404.	699,337.	<u>3698595.</u>		
÷5.	The portion of total contributions	The state of the s							
, '	by each person (other than a	Total Control of the							
	governmental unit or publicly	The state of the s	դ ինալ մի - և այս գերհա, Հայենայան գործ						
	supported organization) included	19 ¹¹⁻¹ 41, 19 ¹¹ -141, 1911,							
	on line 1 that exceeds 2% of the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			The state of the s			
	amount shown on line 11,		rept to the				•		
	column (f)	The state of the state of		replante all the table	Parish to the same of the	And the first of			
	Public support. Subtract line 5 from line 4		Company of the second		Market Market State	The state of the s	<u> 3698595.</u>		
	ction _i B. Total Support				r 	·			
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
7 -	Amounts from line 4	538,671.	576,194.	601,989.	1282404.	699,337.	<u>3698595.</u>		
8	Gross income from interest,						•		
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	50,788.	46,058.	87,720.	69,320.	95,218.	349,104.		
9	Net income from unrelated business				'				
	activities, whether or not the								
	business is regularly carried on	ļ							
10	Other income Do not include gain	·							
	or loss from the sale of capital								
	assets (Explain in Part VI)	116.1	1911 1 . 7 . 7	And the state of t	1 - 1,1 - 2 - 1 - 1 - 1	de Silving Silving	10.17.600		
11	Total support. Add lines 7 through 10	$= \{ \frac{n^{1/2}}{n^{1/2}} \ \frac{1}{n^{1/2}} \ _{L^{2}(\mathbb{R}^{2})}^{2} = \{ \frac{n^{1/2}}{n^{1/2}} \ \frac{1}{n^{1/2}} \ _{L^{2}(\mathbb{R}^{2})}^{2} = \}$	the state of the state of the	the state of the s	April 1 Company	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4047699.		
12	Gross receipts from related activities,	•	•			12	-10,839.		
13	First five years. If the Form 990 is for	_	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	. —		
,	organization, check this box and storection C. Computation of Publ	here	roomtogo						
							01 30 %		
	Public support percentage for 2017 (•	column (t))		14	91.38 % 92.40 %		
	Public support percentage from 2016			- مصالحمان	14 - 22 1/20/	15			
16a	33 1/3% support test - 2017. If the c				14 15 33 1/3% 01 11	nore, check this bo			
	stop here. The organization qualifies as a publicly supported organization								
0	b 33 1/3% support test - 2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
47~	and stop here. The organization qualifies as a publicly supported organization 7a 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,								
17 a	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization								
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization								
		_				17a and line 15 ic	10% or		
O	10% -facts-and-circumstances tes								
	more, and if the organization meets the organization meets the "facts-and-circ						.		
40	Private foundation. If the organization								
18	rivate foundation. If the organization	m did flot check a	DOX OIT IIII 13, 10	a, 100, 11a, 01 17L	O L				

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Aré all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Yes	No
	1		
			i
	_2		
	3a		
	3b		
	3c		—–
	4a		
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	4b		
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	5a	_	
	5b		
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	9b_		
	9c_		
	10a_		
	10b		
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a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

trustees of each of the supported organizations? Provide details in Part VI.

Sche	edule A (Form 990 or 990 EZ) 2017 York Public Library			01-0360256 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Organ		
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust on	Nov 20, 1970 (explain in	Part VI) See instructions. Al
	other Type III non functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3.	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6.	Portion of operating expenses paid or incurred for production or	1 1		
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		<u></u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
10	Aggregate fair market value of all non-exempt-use assets (see			
٠,	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3_	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by 035	6		<u> </u>
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		<u> </u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		<u> </u>
2	Enter 85% of line 1	2		
_3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5_	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	_ 6		<u></u>

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

Schedule A (Form 990 or 990-EZ) 2017

instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions Current Year Amounts paid to supported organizations to accomplish exempt purposes 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt use assets 5⁸⁷ Qualified set-aside amounts (prior IRS approval required) 6: Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions 9. Distributable amount for 2017 from Section C, line 6 10" Line 8 amount divided by line 9 amount (i) (n) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2017 Amount for 2017 9,75,152 Distributable amount for 2017 from Section C, line 6 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI) See instructions 医胡椒属 医温温酸化 医高温性斑 $\left(\frac{1}{n}\right)^{\frac{1}{1-2}} \left(\frac{1}{n}\right)^{\frac{1}{1-2}} \left(\frac{$ Cally of 3 Excess distributions carryover, if any, to 2017 a 2, 1, 145 ericality of the **b** From 2013 c From 2014 d From 2015 e From 2016 f Total of lines 3a through e - , 박, 최 - - - (라마) . . g Applied to underdistributions of prior years 1 - 1 - 10th - 10 ' $\frac{1}{1-2} \cdot \frac{1}{1} \cdot \frac{$ h 'Applied to 2017 distributable amount 7 7 Carryover from 2012 not applied (see instructions) j 'Remainder Subtract lines 3g, 3h, and 3i from 3f Distributions for 2017 from Section D. a Applied to underdistributions of prior years 行为"严重期的"。 **b** Applied to 2017 distributable amount 为你就说"我"一只说错气。 c Remainder Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2018. Add lines 3 and 4c Breakdown of line 7 a Excess from 2013 b Excess from 2014 c Excess from 2015 7 (2) (1) (1) d Excess from 2016 e Excess from 2017

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 York Public Library	01-0360256 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17: Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, line Ine 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Pastion D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b, Part III, line 12, es 1 and 2, Part IV, Section C, art V, Section B, line 1e, Part V.
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

<u>York Public Library</u>

Employer identification number

01-0360256 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year - Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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Pa	rt III Organizations Maintaining C									
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that	t are a s	ignificant	use of its	collection	n item	s
	(check all that apply)									
а	a Public exhibition d Loan or exchange programs									
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's co						ose in Par	t XIII.		
5	During the year, did the organization solicit o				er sımılaı	r assets	_	_	_	-
	to be sold to raise funds rather than to be ma							_ Yes		<u>No</u>
Pai	reported an amount on Form 990, Par		ete if the organization	on answered " 	'Yes" on	Form 99	0, Part IV, 	line 9, or		
1a	Isithe organization an agent, trustee, custodi	an or other intermed	ary for contribution	ns or other as	sets not	ıncluded	_	_	_	٦
	on Form 990, Part X?						L.	_ Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table							
	\$ 5					ļ		Amount		
Ç	Beginning balance					1c				——
-	Additions during the year					1d				
_	Distributions during the year					1e				
f	Ending balance					<u>_1f</u>		٦	_	T
	Did the organization include an amount on Fo					•	L_	_ Yes	<u> </u>	No
Pai	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete it									<u></u>
ı a	Endowment Funds: Complete						voore back	(=) Four	.vooro	haak
10	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two year			years back	(e) Four		
1a	Contributions	1,133,609.	422,067		2,430.		322,430.		322,	430.
b	Net investment earnings, gains, and losses	90,000.	700,000, 11,542,	T	637.					
d	Grants or scholarships	33,711.		•				-		
	Other expenditures for facilities			 				 		
-	and programs	-111,179,								
f	Administrative expenses		-	 	7			<u> </u>		
g	End of year balance	1,146,141,	1,133,609,	422	2,067.		322,430.		322	430.
2	Provide the estimated percentage of the curr				.,007.1		, 450 ,		JLL,	130.
-	Board designated or quasi-endowment	om your one bullette	%	-,,						
	Permanent endowment ▶ 97.10	%	<u></u> , •							
		2.9 0 %								
_	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	•	ation that are held a	and administer	red for t	he organi	zation			
	by.	•				-		ſ	Yes	No
	(i) unrelated organizations 3a(i) X									
	(ii) related organizations							3a(ıi)		X
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?									
4	Describe in Part XIII the intended uses of the		wment funds							
Pai	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a	See Form 990	, Part X,	line 10				
	Description of property	(a) Cost or ot basis (investing	, , ,	t or other (other)	` '	ccumulate preciation	L	(d) Bool	k value	Э
	Land			6,634.	3			45	6,6	34.
	Buildings			1,641.	1.	797,7	27.	3,54		
	Leasehold improvements				<u></u>					
	Equipment		42	4,341.		358,5	74.	6	5,7	67.
	Other									
	. Add lines_1a through 1e (Column (d) must e	gual Form 990, Part	X, column (B), line	10c)				4,06	6,3	$\overline{15.}$

Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

▶

Schedule D (Form 990) 2017

(8) (9)

SCHEDULE M (Form 990)

Noncash Contributions

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

Attach to Form 990.

York Public Library

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

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 01-0360256

Pa	rt i Types of Property	T				Γ				
-		(a) Check if	(b) Number of	(c) Noncash conti	ribution	١,	(d) Nethod of det	tormin	ına	
-	•	applicable	contributions or	amounts repo	rted on	1	ash contribu		-	s
			items contributed	Form 990, Part V	III, line 1g					
1	Art - Works of art									
2 ;	Art - Historical treasures									
3,	Art - Fractional interests				. _ _					
4	Books and publications									
5	Clothing and household goods									
6	Cars and other vehicles	_			_					
7	Boats and planes									
8,	Intellectual property									
9	Securities · Publicly traded						<u>-</u>			
10	Securities - Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities · Miscellaneous						·			
13	Qualified conservation contribution -						······			
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential				_					
16	Real estate - Commercial						· 			
17	Real estate - Other								-	
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies						· -			
21	Taxidermy									
	Historical artifacts		 							
22		-	 						-	
23	Scientific specimens									
24	Archeological artifacts	<u> </u>	1	1 2	200	Fair	Market	375	1,,,	
25	Other (Piano)				<u>. 200 -</u>	raii	<u>market</u>	<u>va</u>	<u>rue</u>	
26	Other ()					· –.			_	
27	Other ()		 							
28	Other ()	L	<u> </u>	l	γ	!				
29	Number of Forms 8283 received by the organiz		-							
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29					
									Yes	No
30a	During the year, did the organization receive by	_					t it			l
	must hold for at least three years from the date		al contribution, and	which isn't requi	red to be u	sed for				
	exempt purposes for the entire holding period'	?					}	30a		<u> X</u> _
b	If "Yes," describe the arrangement in Part II							1		
31						_X_				
32a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash					l _				
	contributions?									
b	If "Yes," describe in Part II							j		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	y for which colum	n (a) is che	cked,				
	describe in Part II									
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.			Schedule M	(Forn	n 990)	2017

Schedule N	Supplemental Information	olic Library		<u> 01-0360256</u>	Page 2
Part II	Supplemental Information is reporting in Part I, column (b), the this part for any additional informations.	 Provide the information required e number of contributions, the nu- lion. 	d by Part I, lines 30b, 32b, and imber of items received, or a c	l 33, and whether the organization of both. Also com	ation iplete
•					
1 2°C	_				
F.L.					
Wi E	_				
		<u> </u>			
		· · · · · · · · · · · · · · · · · · ·			

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

2017
Open to Public Inspection

OMB No 1545-0047

Name of the organization

York Public Library

Employer identification number 01-0360256

Form 990, Part III, Line 4a, Program Service Accomplishments:
community center, providing programs and activities; materials and
services; and opportunities for lifelong learning and enrichment.
Form 990, Part VI, Section A, line 8b:
Does not apply
;
Form 990, Part VI, Section B, line 11b:
Form 990 is reviewed by the Treasurer and the Director prior to filing with
the IRS and then reviewed with the Executive Committee after filing with
the IRS.
Form 990, Part VI, Section B, Line 12c:
The Library has established a written conflict of interest policy
subsequent to June 30, 2017.
Form 990, Part VI, Section B, Line 15:
All staff reviews and compensation decisions are administered by the
immediate supervisor: Library Director. Results are reported to the
Executive committee Board of Trustees by the Director. The Director's
performance review and compensation award is administered by the Executive
Committee and reported to the Board of Trustees.
Form 990, Part VI, Section C, Line 19:
Governing documents are available on request from the Library Director.

Schedule O (Form 990 or 990-EZ) (2017)	Page 2
Name of the organization York Public Library	Employer identification number 01-0360256
Form 990, Part XII, Line 2c:	
The financial statements are reviewed and approved by the	Library
Director, Bookkeeper and Board Treasurer. The selection o	f the auditor
os made by the Board of Trustees.	
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