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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2013

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 Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization
 LITITZ PUBLIC LIBRARY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite
 651 KISSEL HILL ROAD

City or town, state or province, country, and ZIP or foreign postal code
 LITITZ, PA 17543

D Employer identification number
 23-6406263

E Telephone number
 (717) 626-2255

G Gross receipts \$ 986,312

F Name and address of principal officer
 LISA ENDERS
 651 KISSEL HILL ROAD
 LITITZ, PA 17543

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: WWW.LITITZLIBRARY.ORG

H(c) Group exemption number

K Form of organization Corporation Trust Association Other

L Year of formation 1964 **M** State of legal domicile PA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE LITITZ PUBLIC LIBRARY IS TO PROVIDE MATERIALS, SERVICES AND PROGRAMS FOR EDUCATIONAL, RECREATIONAL AND CULTURAL ENRICHMENT TO RESIDENTS OF LITITZ BOROUGH, WARWICK TOWNSHIP AND ELIZABETH TOWNSHIP		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	8
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	8
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	27
	6 Total number of volunteers (estimate if necessary)	6	130
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	538,443	514,680
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	55,570	53,792
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	55,293	56,757
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	485	815
		649,791	626,044
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	388,533	406,592
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 4,317		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	213,789	224,847
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	602,322	631,439	
19 Revenue less expenses Subtract line 18 from line 12	47,469	-5,395	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,175,509	2,261,730
	21 Total liabilities (Part X, line 26)	1,125	1,154
22 Net assets or fund balances Subtract line 21 from line 20	2,174,384	2,260,576	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

 Signature of officer
 Date 2014-09-26

LISA ENDERS TREASURER
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
 AMY S KOLLER EA

Preparer's signature

Date 2014-09-26

Check if self-employed

PTIN P01083823

Firm's name **INSITE CPAS LLP**

Firm's EIN **26-4723635**

Firm's address **535 WEST ORANGE STREET**

Phone no (717) 299-6340

LANCASTER, PA 176033668

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
THE MISSION OF THE LITITZ PUBLIC LIBRARY IS TO PROVIDE MATERIALS, SERVICES AND PROGRAMS FOR EDUCATIONAL, RECREATIONAL AND CULTURAL ENRICHMENT TO RESIDENTS OF LITITZ BOROUGH, WARWICK TOWNSHIP AND ELIZABETH TOWNSHIP

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 revenue, if any, for each program service reported

4a (Code) (Expenses \$ 497,243 including grants of \$) (Revenue \$)
TO OPERATE A PUBLIC LIBRARY FOR THE SURROUNDING COMMUNITY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 497,243

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)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i> <input checked="" type="checkbox"/>		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
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? <i>If "Yes," complete Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
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)? <i>If "Yes," complete Schedule D, Part X</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
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? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	No

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against 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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b 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

Section A. Governing Body and Management

		Yes	No
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 in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		No
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		No
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed PA
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website 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 financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
 LITITZ PUBLIC LIBRARY INC 651 KISSEL HILL ROAD
 LITITZ, PA 17543 (717) 626-2255

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a						
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	255,654					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	259,026					
	g	Noncash contributions included in lines 1a-1f \$	18,859					
	h	Total. Add lines 1a-1f	514,680					
Program Service Revenue	2a	FINES & COPIER	53,792	53,792				
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f	53,792					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	29,811			29,811		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real	815				
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)	815			
	d	Net rental income or (loss)	815	815				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	383,193	4,021			
			(ii) Other					
			b	Less cost or other basis and sales expenses	360,268			
			c	Gain or (loss)	22,925	4,021		
	d	Net gain or (loss)	26,946			26,946		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
	b	Less direct expenses						
c	Net income or (loss) from fundraising events							
9a	Gross income from gaming activities See Part IV, line 19							
b	Less direct expenses							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
		b	Less cost of goods sold					
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions	626,044	54,607		56,757			

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.				
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	107,546	48,221	59,325	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	249,083	224,078	25,005	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	7,475	4,389	3,086	
9	Other employee benefits.	9,600	6,720	2,880	
10	Payroll taxes.	32,888	25,490	7,398	
11	Fees for services (non-employees)				
a	Management.				
b	Legal.				
c	Accounting.	9,520		9,520	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	8,657		8,657	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12	Advertising and promotion.				
13	Office expenses.	5,850	4,173	1,677	
14	Information technology.	1,930	1,872	58	
15	Royalties.				
16	Occupancy.	50,145	47,857	2,288	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	42,455	41,293	1,162	
23	Insurance.	4,801	2,720	2,081	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	BOOKS	55,922	55,922		
b	SUPPLIES & MATERIALS	22,461	16,846	5,615	
c	PROGRAM EXPENSES	9,913	9,913		
d	FRIENDS EXPENDITURES	6,911	5,716		1,195
e	All other expenses	6,282	2,033	1,127	3,122
25	Total functional expenses. Add lines 1 through 24e.	631,439	497,243	129,879	4,317
26	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing		1	
	2 Savings and temporary cash investments	237,264	2	226,586
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, 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 employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	821	7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,761,267		
	b Less accumulated depreciation	10b 924,331	869,991	10c 836,936
	11 Investments—publicly traded securities	1,067,433	11	1,198,208
	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 34)	2,175,509	16	2,261,730	
Liabilities	17 Accounts payable and accrued expenses		17	
	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	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,125	25	1,154
	26 Total liabilities. Add lines 17 through 25	1,125	26	1,154
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,958,060	27	2,014,065
	28 Temporarily restricted net assets	216,324	28	246,511
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,174,384	33	2,260,576	
34 Total liabilities and net assets/fund balances	2,175,509	34	2,261,730	

Part 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	626,044
2	Total expenses (must equal Part IX, column (A), line 25)	2	631,439
3	Revenue less expenses Subtract line 2 from line 1	3	-5,395
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,174,384
5	Net unrealized gains (losses) on investments	5	93,302
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	-1,715
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,260,576

Part 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 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
LITITZ PUBLIC LIBRARY INC

Employer identification number
23-6406263

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, 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)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 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)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization'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						
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)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2012. 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 and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	557,125	463,376	434,857	538,443	495,821	2,489,622
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	56,724	61,166	55,051	55,570	53,792	282,303
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge					18,859	18,859
6 Total. Add lines 1 through 5	613,849	524,542	489,908	594,013	568,472	2,790,784
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	61,870	49,538	51,634	51,634	56,194	270,870
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	61,870	49,538	51,634	51,634	56,194	270,870
8 Public support (Subtract line 7c from line 6)						2,519,914

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	613,849	524,542	489,908	594,013	568,472	2,790,784
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	-4,940	36,846	51,497	55,778	56,757	195,938
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	-4,940	36,846	51,497	55,778	56,757	195,938
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	608,909	561,388	541,405	649,791	625,229	2,986,722
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	84.370 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	86.310 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	7.000 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	5.000 %

- 19a 33 1/3% support tests—2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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

Facts And Circumstances Test

Return Reference

Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

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

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

Department of the Treasury Internal Revenue Service

Name of the organization LITITZ PUBLIC LIBRARY INC

Employer identification number 23-6406263

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-9 regarding conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1a-2 regarding art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,064,059	1,013,001	978,734	887,028	805,960
b Contributions				1,100	
c Net investment earnings, gains, and losses	149,341	69,050	41,946	97,767	89,286
d Grants or scholarships					
e Other expenditures for facilities and programs	10,000	10,000			
f Administrative expenses	8,657	7,992	7,679	7,161	8,218
g End of year balance	1,194,744	1,064,059	1,013,001	978,734	887,028

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 79.370 %
 - b** Permanent endowment
 - c** Temporarily restricted endowment 20.630 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,277,261	476,035	801,226
c Leasehold improvements		131,742	120,208	11,534
d Equipment		74,749	58,573	16,176
e Other		277,515	269,515	8,000
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				836,936

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	719,346
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	93,302	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	93,302
3	Subtract line 2e from line 1		3	626,044
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	626,044

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	633,154
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	1,715	
e	Add lines 2a through 2d		2e	1,715
3	Subtract line 2e from line 1		3	631,439
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	631,439

Part XIII Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	THE TEMPORARILY RESTRICTED ENDOWMENT FUNDS ARE TO BE USED FOR THE PURCHASE OF BOOKS THE BOARD DESIGNATED ENDOWMENT FUNDS WERE SET ASIDE FROM BUILDING FUND CONTRIBUTIONS THAT REMAINED WHEN THE BUILDING WAS CONSTRUCTED THESE FUNDS ARE TO BE USED FOR MAINTENANCE AND OPERATION OF THE LIBRARY BUILDING AS NEEDED
SCHEDULE D, PAGE 4, PART XII, LINE 2D	BOOK / TAX DEPRECIATION DIFFERENCE 1,715

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
LITITZ PUBLIC LIBRARY INC

Employer identification number

23-6406263

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	NO REVIEW WAS OR WILL BE CONDUCTED
FORM 990, PAGE 6, PART VI, LINE 12C	THE LIBRARY MAKES SURE THAT NEW BOARD MEMBERS RECEIVE A COPY OF THE CONFLICT OF INTEREST POLICY EXISTING BOARD MEMBERS ARE ASKED TO SIGN ANNUALLY THAT THEY ARE IN COMPLIANCE
FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD DOES THE REVIEW OF THE DIRECTOR AND DETERMINES HER SALARY THE DISCUSSION OF HER REVIEW IS DOCUMENTED IN THE BOARD MINUTES
FORM 990, PAGE 6, PART VI, LINE 19	THE LIBRARY BOARD MEETINGS ARE OPEN TO THE PUBLIC SOMEONE FROM THE COMMUNITY COULD COME TO A MEETING AND REQUEST COPIES OF GOVERNING DOCUMENTS AND THEY WOULD BE PROVIDED
FORM 990, PART XI, LINE 9	BOOK / TAX DEPRECIATION DIFFERENCE -1,715

Form **4562**
 Department of the Treasury
 Internal Revenue Service (99)

Depreciation and Amortization
 (Including Information on Listed Property)

OMB No 1545-0172
2013
 Attachment
 Sequence No **179**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return LITITZ PUBLIC LIBRARY INC	Business or activity to which this form relates INDIRECT DEPRECIATION	Identifying number 23-6406263
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Part I Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	41,350

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		4,278	5 0	MQ	200 DB	861
c 7-year property		6,838	7 0	MQ	200 DB	244
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions.)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	42,455
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No
(a) Type of property (list vehicles first) (b) Date placed in service (c) Business/investment use percentage (d) Cost or other basis (e) Basis for depreciation (business/investment use only) (f) Recovery period (g) Method/Convention (h) Depreciation/deduction (i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25
26 Property used more than 50% in a qualified business use
27 Property used 50% or less in a qualified business use
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)
31 Total commuting miles driven during the year
32 Total other personal(noncommuting) miles driven
33 Total miles driven during the year Add lines 30 through 32
34 Was the vehicle available for personal use during off-duty hours?
35 Was the vehicle used primarily by a more than 5% owner or related person?
36 Is another vehicle available for personal use?
(a) Vehicle 1 (b) Vehicle 2 (c) Vehicle 3 (d) Vehicle 4 (e) Vehicle 5 (f) Vehicle 6
Yes No Yes No Yes No Yes No Yes No Yes No

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners
39 Do you treat all use of vehicles by employees as personal use?
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of vehicles, and retain the information received?
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year (see instructions)
43 Amortization of costs that began before your 2013 tax year 43
44 Total. Add amounts in column (f) See the instructions for where to report 44

TY 2013 GeneralDependencySmall

Name: LITITZ PUBLIC LIBRARY INC

EIN: 23-6406263



Business Name or Person Name:

Taxpayer Identification Number:

**Form, Line or Instruction
Reference:**

Regulations Reference:

Description: OUT OF BONUS DEPR-ALL PROP

Attachment Information: YEAR ENDED: DECEMBER 31, 2013 23-6406263 LITITZ PUBLIC LIBRARY, INC 651 KISSEL HILL ROAD LITITZ, PA 17543 ELECTING OUT OF BONUS DEPRECIATION ALLOWANCE FOR ALL ELIGIBLE DEPRECIABLE PROPERTY THE TAXPAYER ELECTS OUT OF FIRST-YEAR BONUS DEPRECIATION ALLOWANCE UNDER IRC SECTION 168 (K) FOR ALL ELIGIBLE ASSET CLASSES OF DEPRECIABLE PROPERTY ACQUIRED AFTER DECEMBER 31, 2007. THIS ELECTION APPLIES TO ALL ELIGIBLE DEPRECIABLE PROPERTY PLACED IN SERVICE DURING THE TAX YEAR.

2013 Tax Information Statement

Payer's Name and Address:
 SUSQUEHANNA TRUST & INVESTMENT CO
 1570 MANHEIM PIKE, PO BOX 3300
 LANCASTER, PA 17604-3300

Account Number: 61L115500
Recipient's Tax ID Number: XX-XXX6263
Payer's Federal ID Number: 25-6645030
Payer's State ID Number: PA
State: PA
Questions? (717)735-8735
 Corrected 2nd TIN notice

Recipient's Name and Address:
 LITITZ PUBLIC LIBRARY
 ATTN SUSAN TENANT
 651 KISSEL HILL RD
 LITITZ, PA 17543

2013 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums.
Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Date of Sale or Exchange (Box 1a)	Date of Acquisition (Box 1b)	Stocks, Bonds, etc (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
Short Term Sales Reported on 1099-B									
037411105	APACHE CORP	04/16/2013	03/11/2013	7,153.45	7,542.93	0.00	-389.48	0.00	0.00
037833100	Apple Computer	05/07/2013	01/16/2013	4,559.08	5,069.21	0.00	-510.13	0.00	0.00
060505104	BANK AMER CORP	05/29/2013	05/07/2013	8,079.46	7,862.40	0.00	217.06	0.00	0.00
055622104	BP PLC ADR SPON	05/14/2013	02/12/2013	4,305.44	4,318.33	0.00	-12.89	0.00	0.00
12673P105	CA INC	08/21/2013	11/09/2012	2,245.92	1,670.08	0.00	575.84	0.00	0.00
149123101	CATERPILLAR INC	11/01/2013	10/18/2013	6,237.95	6,558.43	0.00	-320.48	0.00	0.00
166764100	CHEVRONTEXACO CORP	03/01/2013	05/24/2012	2,921.17	2,488.04	0.00	433.13	0.00	0.00
166764100	CHEVRONTEXACO CORP	04/15/2013	05/24/2012	5,854.62	4,976.09	0.00	878.53	0.00	0.00

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 ATTN SUSAN TENANT
 651 KISSEL HILL RD
 LITITZ, PA 17543

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Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Date of Sale or Exchange (Box 1a)	Date of Acquisition (Box 1b)	Stocks, Bonds, etc (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
244199105	DEERE & CO	04/17/2013	12/26/2012	DE 6,178.72	6,514.96	0.00	-336.24	0.00	0.00
25179M103	DEVON ENERGY CORPORATION NEW	02/13/2013	01/11/2013	DVN 7,566.17	6,748.48	0.00	817.69	0.00	0.00
268648102	EMC CORPORATION	01/10/2013	05/21/2012	EMC 5,923.24	6,366.33	0.00	-443.09	0.00	0.00
351858105	FRANCO NEVADA CORP	12/05/2013	10/29/2013	FNV 7,484.09	9,073.02	0.00	-1,588.93	0.00	0.00
464287184	ISHARES FTSE CHINA 25 INDEX FUND	01/09/2013	11/02/2012	FXI 3,081.79	2,830.93	0.00	250.86	0.00	0.00
464287184	ISHARES FTSE CHINA 25 INDEX FUND	02/08/2013	11/02/2012	FXI 5,966.91	5,661.85	0.00	305.06	0.00	0.00
464286400	ISHARES MSCI BRAZIL CAPP INDEX ETF	04/03/2013	01/30/2013	EWZ 6,677.50	7,082.29	0.00	-404.79	0.00	0.00
46625H100	J P MORGAN CHASE & CO	03/18/2013	05/15/2012	JPM 2,467.20	1,823.50	0.00	643.70	0.00	0.00
46625H100	J P MORGAN CHASE & CO	05/02/2013	05/15/2012	JPM 1,200.05	911.75	0.00	288.30	0.00	0.00

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2013 Tax Information Statement

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 LANCASTER, PA 17604-3300

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Payer's State ID Number: PA

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 LITITZ PUBLIC LIBRARY
 ATTN SUSAN TENANT
 651 KISSEL HILL RD
 LITITZ, PA 17543

State: PA
Questions? (717)735-8735

Corrected 2nd TIN notice

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums.
Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Stock or Other Symbol (Box 1d)	Stocks Bonds, etc (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
46625H100	(Box 1a) Date of Acquisition (Box 1b) J P MORGAN CHASE & CO	JPM	2,369 06	1,823 50	0 00	545 56	0 00	0 00
806857108	SCHLUMBERGER LTD COM	SLB	7,446 20	7,623 38	0 00	-177 18	0 00	0 00
913017109	UNITED TECHNOLOGIES CORP	UTX	7,957 98	7,748.37	0 00	209 61	0 00	0 00
75 0000	10/23/2013 09/04/2013	VLO	4,550 38	3,462 97	0 00	1,087 41	0 00	0 00
91913Y100	VALERO ENERGY CORP	VWILX	5,000.00	4,148.62	0 00	851 38	0 00	0 00
100 0000	12/05/2013 Various	VMISX	10,000 00	9,387 89	0 00	612 11	0 00	0 00
921910501	VANGUARD INTL GROWTH FUND ADML -581	VMISX	6,247.25	5,612.11	0 00	635.14	0 00	0 00
70 7110	10/10/2013 10/12/2012	AUY	2,575 08	2,889 90	0 00	-314 82	0 00	0 00
922908447	VANGUARD MID CAP INDEX FD SIG -1344		134,048.71	130,195.36	0 00	3,853.35	0 00	0 00
248-8180	10/10/2013 06/17/2013							
922908447	VANGUARD MID CAP INDEX FD SIG -1344							
148 7440	12/04/2013 06/17/2013							
98462Y100	YAMANA GOLD INC							
250 0000	10/02/2013 04/18/2013							
Total Short Term Sales Reported on 1099-B								



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 LANCASTER, PA 17604-3300

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 LITITZ PUBLIC LIBRARY
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 651 KISSEL HILL RD
 LITITZ, PA 17543

Account Number: 61L115500
Recipient's Tax ID Number: XX-XXX6263
Payer's Federal ID Number: 25-6645030
Payer's State ID Number: PA
State: (717)735-8735
Questions? 2nd TIN notice
 Corrected

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums
Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Quantity Sold (Box 1e)	Date of Sale or Exchange (Box 1a)	Date of Acquisition (Box 1b)	Stocks or Other Symbol (Box 1d)	Stocks or Bonds, etc (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss (Box 4)	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
Report on Form 8949, Part I, with Box A checked											
Long Term Sales Reported on 1099-B											
053015103	AUTOMATIC DATA PROCESSING				ADP						
50 0000			05/22/2013	02/07/2011		3,545 45	2,473 16	0 00	1,072 29	0 00	0 00
110122108	BRISTOL-MYERS SQUIBB CO COM				BMJ						
150 0000			04/18/2013	04/18/2011		6,072 27	4,120 04	0 00	1,952 23	0 00	0 00
110122108	BRISTOL-MYERS SQUIBB CO COM				BMJ						
50 0000			05/03/2013	04/18/2011		2,005 67	1,373 34	0 00	632 33	0 00	0 00
17275R102	CISCO SYS INC				CSCO						
25 0000			08/14/2013	09/12/2011		654 02	392 86	0 00	261 16	0 00	0 00
189054109	CLOROX COM				CLX						
25 0000			01/02/2013	12/14/2011		1,841 19	1,626 04	0 00	215 15	0 00	0 00
189054109	CLOROX COM				CLX						
25 0000			03/14/2013	12/14/2011		2,100 16	1,626 04	0 00	474 12	0 00	0 00
189054109	CLOROX COM				CLX						
25 0000			06/20/2013	12/14/2011		2,030 97	1,626 04	0 00	404 93	0 00	0 00

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Recipient's Name and Address:
 LITITZ PUBLIC LIBRARY
 ATTN SUSAN TENANT
 651 KISSEL HILL RD
 LITITZ, PA 17543

Corrected 2nd TIN notice

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums
Covered (Box 6a is not checked)

Quantity Sold	Date of Sale or Exchange	Description (Box 8)	Stocks Bonds, etc (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
254687106	01/18/2013	DISNEY WALT COMPANY	DIS	3,237.76	0.00	1,952.83	0.00	0.00
100.0000	09/19/2011	DUPONT DE NEMOURS EI CO COM	DD	1,133.05	0.00	64.38	0.00	0.00
263534109	02/01/2013	DUPONT DE NEMOURS EI CO COM	DD	1,133.05	0.00	216.85	0.00	0.00
25.0000	08/10/2011	EMERSON ELECTRIC COMPANY	EMR	1,221.50	0.00	159.61	0.00	0.00
263534109	05/23/2013	DUPONT DE NEMOURS EI CO COM	DD	1,133.05	0.00	216.85	0.00	0.00
291011104	03/26/2013	EMERSON ELECTRIC COMPANY	EMR	1,221.50	0.00	159.61	0.00	0.00
25.0000	01/13/2012	EMERSON ELECTRIC COMPANY	EMR	1,221.50	0.00	159.61	0.00	0.00
291011104	05/21/2013	EMERSON ELECTRIC COMPANY	EMR	2,443.00	0.00	498.97	0.00	0.00
50.0000	01/13/2012	EMERSON ELECTRIC COMPANY	EMR	2,443.00	0.00	498.97	0.00	0.00
30231G102	06/03/2013	EXXON MOBIL CORPORATION	XOM	2,051.86	0.00	228.10	0.00	0.00
25.0000	07/11/2011	GOLDCORP INC NEW	GG	2,051.86	0.00	228.10	0.00	0.00
380956409	08/20/2013	GOLDCORP INC NEW	GG	2,255.91	0.00	-678.43	0.00	0.00
50.0000	09/26/2011	KINDER MORGAN INC	KMI	2,255.91	0.00	-678.43	0.00	0.00
49456B101	08/06/2013	KINDER MORGAN INC	KMI	823.36	0.00	121.58	0.00	0.00
25.0000	06/04/2012	KINDER MORGAN INC	KMI	823.36	0.00	121.58	0.00	0.00
49456B101	09/05/2013	KINDER MORGAN INC	KMI	823.36	0.00	62.35	0.00	0.00
25.0000	06/04/2012	KINDER MORGAN INC	KMI	823.36	0.00	62.35	0.00	0.00

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2013 Tax Information Statement

Payer's Name and Address.
 SUSQUEHANNA TRUST & INVESTMENT CO
 1570 MANHEIM PIKE, PO BOX 3300
 LANCASTER, PA 17604-3300

Recipient's Name and Address:
 LITITZ PUBLIC LIBRARY
 ATTN SUSAN TENANT
 651 KISSEL HILL RD
 LITITZ, PA 17543

Account Number: 61L115500
 Recipient's Tax ID Number: XX-XXX6263
 Payer's Federal ID Number: 25-6645030
 Payer's State ID Number: PA
 State: (717)735-8735
 Questions? Corrected 2nd TIN notice

Reported to the IRS is Sales Price of stocks, bonds etc., less commissions and option premiums.
Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Stock or Other Symbol (Box 1d)	Stocks Bonds, etc. (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
(Box 1e) 651639106	Date of Sale or Exchange (Box 1a) 06/20/2013	Date of Acquisition (Box 1b) 03/15/2011	NEWMONT MINING	736 16	1,300 23	0 00	-564 07	0 00
712704105	PEOPLE'S UNITED FINANCIAL INC	PBCT	2,171 69	2,004 80	0 00	166 89	0 00	0 00
712704105	PEOPLE'S UNITED FINANCIAL INC	PBCT	2,146 69	2,004 79	0 00	141 90	0 00	0 00
713448108	PEPSICO INC	PEP	2,055 09	1,561 00	0 00	494 09	0 00	0 00
717081103	PFIZER INC COM	PFE	766 61	515 50	0 00	251 11	0 00	0 00
742718109	PROCTER & GAMBLE COM	PG	2,050 40	1,608 91	0 00	441 49	0 00	0 00
742718109	PROCTER & GAMBLE COM	PG	1,991 27	1,487 07	0 00	504 20	0 00	0 00
871829107	SYSCO CORP	SY	2,383 81	2,098 21	0 00	285 60	0 00	0 00
89353D107	TRANSCANADA CORP COM	TRP	1,162 92	1,020 52	0 00	142 40	0 00	0 00

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 ATTN SUSAN TENANT
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 LITITZ, PA 17543

State: PA
Questions? **Corrected** **2nd TIN notice**

Reported to the IRS as Sales Price of stocks, bonds etc., less commissions and option premiums.
Covered (Box 6a is not checked)

Cusip	Description (Box 8)	Stock or Other Symbol (Box 1d)	Quantity Sold	Date of Sale or Exchange	Date of Acquisition	Stocks Bonds, etc (Box 2a)	Cost or Other Basis (Box 3)	Wash Sale Loss Disallowed (Box 5)	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
921910501	VANGUARD INTL GROWTH FUND ADML -581	VWILX	355	12/04/2013	10/12/2012	25,695 49	20,851 38	0 00	4,844 11	0 00	0 00
922908447	VANGUARD MID CAP INDEX FD SIG -1344	VMISX	476	12/04/2013	10/12/2012	19,999 98	15,000 00	0 00	4,999 98	0 00	0 00
92343V104	VERIZON COMMUNICATIONS	VZ	25	09/12/2013	08/28/2012	1,167 88	1,069 50	0 00	98 38	0 00	0.00
931422109	WALGREEN CO COM	WAG	25	05/07/2013	03/12/2012	1,230 63	842 66	0 00	387 97	0 00	0 00
931422109	WALGREEN CO COM	WAG	25	08/27/2013	03/12/2012	1,183 44	842 66	0.00	340 78	0 00	0 00
94106L109	WASTE MANAGEMENT INC NEW	WM	25	06/03/2013	10/25/2011	1,040 51	847 84	0 00	192 67	0 00	0 00
98462Y100	YAMANA GOLD INC	AUY	300	10/02/2013	10/21/2011	3,090 10	4,305 12	0 00	-1,215 02	0 00	0 00
Total Long Term Sales Reported on 1099-B							104,871.49	85,720.56	0.00	19,150.93	0.00

Report on Form 8949, Part II, with Box D checked

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2013 Tax Information Statement

Recipient's Name and Address:

LITITZ PUBLIC LIBRARY
 ATTN SUSAN TENANT
 651 KISSEL HILL RD
 LITITZ, PA 17543

Account Number: 61L115500

Recipient's Tax ID Number: XX-XXX6263

Payer's Federal ID Number: 25-6645030

Payer's State ID Number: PA

State: (717)735-8735

Questions? Corrected 2nd TIN notice

Payer's Name and Address:

SUSQUEHANNA TRUST & INVESTMENT CO
 1570 MANHEIM PIKE, PO BOX 3300
 LANCASTER, PA 17604-3300

2013 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is Sales Price of stocks, bonds, etc., less commissions and option premiums.

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

Cusip (Box 1e)	Quantity Sold (Box 1a)	Description (Box 8) Date of Sale or Exchange Date of Acquisition	Stock or Other Symbol (Box 1d)		Wash Sale Loss Disallowed	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
			Bonds, etc (Box 2a)	Cost or Other Basis				
Long Term Sales Reported on 1099-B								
00206R102		A T & T INC						
100 0000		06/03/2013 03/11/2010	3,485 37	2,547 54	0 00	937 83	0 00	0 00
00287Y109		ABBVIE INC						
50 0000		01/08/2013 08/19/2009	1,681 49	1,174 73	0 00	506 76	0 00	0 00
067901108		BARRICK GOLD CORP						
250 0000		04/18/2013 Various	4,463 76	11,227 23	0 00	-6,763 49	0 00	0 00
110122108		BRISTOL-MYERS SQUIBB CO COM						
25 0000		06/20/2013 01/24/2008	1,120 88	572 13	0 00	548 75	0 00	0 00
191216100		COCA COLA COMPANY						
25 0000		06/21/2013 01/24/2008	996 43	748 38	0 00	248 05	0 00	0 00
194162103		COLGATE-PALMOLIVE COMPANY COM						
25 0000		04/03/2013 05/26/2010	2,932 15	1,975 27	0 00	956 88	0 00	0 00
263800AE4		DUBOIS PA 2 000% 06/15/2013						
55000 0000		06/15/2013 01/25/2011	55,000 00	55,309 10	0 00	-309 10	0 00	0 00

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2013 Tax Information Statement

Account Number: 61L115500

Recipient's Name and Address:
LITITZ PUBLIC LIBRARY
ATTN SUSAN TENANT
651 KISSEL HILL RD
LITITZ, PA 17543

Recipient's Tax ID Number: XX-XXX6263

Payer's Federal ID Number: 25-6645030

Payer's State ID Number: PA

State: (717)735-8735

2nd TIN notice

Questions?

Corrected

Payer's Name and Address:

SUSQUEHANNA TRUST & INVESTMENT CO
1570 MANHEIM PIKE, PO BOX 3300
LANCASTER, PA 17604-3300

For noncovered securities (Box 6a is checked) shown on this statement, cost basis information including wash sale disallowed loss is not being reported to the IRS.

Cusip	Description (Box 8)	Date of Sale or Exchange	Date of Acquisition	Quantity Sold (Box 1e)	Stocks or Other Symbol (Box 1d)	Stocks Bonds, etc. (Box 2a)	Cost or Other Basis	Wash Sale Loss Disallowed	Net Gain or Loss	Federal Income Tax Withheld (Box 4)	State Tax Withheld (Box 15)
3133XPNZ3	FED HOME LOAN BKS 3 500% 03/08/13	03/08/2013	02/19/2008	350000 0000	FHLB13	34,599 39	34,599 39	0 00	0 00	0 00	0 00
380956409	GOLDCORP INC NEW	08/20/2013	10/06/2009	25 0000	GG	788 74	1,049 66	0 00	-260 92	0 00	0 00
494368103	KIMBERLY CLARK CORP	03/11/2013	03/16/2010	25 0000	KMB	2,355 75	1,511 32	0 00	844 43	0 00	0 00
58933Y105	MERCK & CO INC	04/25/2013	Various	50 0000	MRK	2,366 16	1,657 63	0 00	708 53	0 00	0 00
651639106	NEWMONT MINING	06/20/2013	01/24/2008	50 0000	NEM	1,472 31	2,585 00	0 00	-1,112 69	0 00	0 00
651639106	NEWMONT MINING	08/20/2013	01/24/2008	25 0000	NEM	821 89	1,292 50	0 00	-470 61	0 00	0 00
651639106	NEWMONT MINING	08/28/2013	01/24/2008	25 0000	NEM	800 10	1,292 50	0 00	-492 40	0 00	0 00
125 0000	NEWMONT MINING	09/13/2013	Various	125 0000	NEM	3,492 93	5,060 65	0 00	-1,567 72	0 00	0 00
931142103	WAL-MART STORES INC COM	06/04/2013	01/24/2008	25 0000	WMT	1,894 51	1,233 50	0 00	661 01	0 00	0 00
Total Long Term Sales Reported on 1099-B						118,271.86	123,836.53	0 00	-5,564 69	0 00	0 00

Report on Form 8949, Part II, with Box E checked

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