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Form 990-EZ

## Short Form

## Return of Organization Exempt From Income Tax

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

OMB No. 1545-1150

2016

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public.  
► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

## A For the 2016 calendar year, or tax year beginning

, 2016, and ending

, 20

B Check if applicable

Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

C Name of organization <span style="border: 1px solid black; padding: 2px;">?</span>	D Employer identification number <span style="border: 1px solid black; padding: 2px;">?</span>	
Friends of Ridgefield Library	060933081	
Number and street (or P.O. box, if mail is not delivered to street address) <span style="border: 1px solid black; padding: 2px;">?</span>	Room/suite	E Telephone number
472 Main Street		203-438-3200
City or town, state or province, country, and ZIP or foreign postal code	F Group Exemption Number ► <span style="border: 1px solid black; padding: 2px;">?</span>	
Ridgefield, CT 06877		

G Accounting Method:  Cash  Accrual Other (specify) ►H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ►

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527K Form of organization:  Corporation  Trust  Association  Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ► \$

Part I- Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?

Check if the organization used Schedule O to respond to any question in this Part I

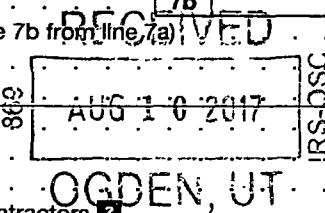
Revenue	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 0
	2 Program service revenue including government fees and contracts . . . . .	2 0
	3 Membership dues and assessments . . . . .	3 7,573
	4 Investment income . . . . .	4 57
	5a Gross amount from sale of assets other than inventory . . . . .	5a 89,334
	b Less: cost or other basis and sales expenses . . . . .	5b 5,048
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c 84,286
	6 Gaming and fundraising events	6d
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
Expenses	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	6b
	c Less: direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a
	b Less: cost of goods sold . . . . .	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c
	8 Other revenue (describe in Schedule O) . . . . .	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 91,916
	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 39,228
Net Assets	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits <span style="border: 1px solid black; padding: 2px;">?</span> . . . . .	12
	13 Professional fees and other payments to independent contractors <span style="border: 1px solid black; padding: 2px;">?</span> . . . . .	13
	14 Occupancy, rent, utilities, and maintenance . . . . .	14
	15 Printing, publications, postage, and shipping . . . . .	15
	16 Other expenses (describe in Schedule O) <span style="border: 1px solid black; padding: 2px;">?</span> . . . . .	16 10,648
	17 Total expenses. Add lines 10 through 16 ►	17 49,876
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 42,040
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19 116,735
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ►	21 158,776

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form 990-EZ (2016)

SCANNED AUG 21 2017



29

? **Part II Balance Sheets (see the instructions for Part II)**Check if the organization used Schedule O to respond to any question in this Part II . . . . . 

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	158,153	22 200,193
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	158,153	25 200,193
26	<b>Total liabilities</b> (describe in Schedule O)	41,417	26 41,417
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	116,735	27 158,776

? **Part III Statement of Program Service Accomplishments (see the instructions for Part III)**Check if the organization used Schedule O to respond to any question in this Part III . . . . . What is the organization's primary exempt purpose? education

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

? **28 Local book sales of donated used books held at the Ridgefield Library**

-----

? (Grants \$ 41,973) If this amount includes foreign grants, check here . . . . . ►  28a 3,034 

## 29 Internet book sales of donated used books via Amazon.com

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(Grants \$ 47,361) If this amount includes foreign grants, check here . . . . . ►  29a 2,014

## 30 Support for Library programs such as Summer Reading Program, Camp Snooze, Poetry Group, Folk Concerts, etc

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(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  30a 39,228

## 31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►  31a

## 32 Total program service expenses (add lines 28a through 31a)

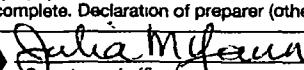
----- ► 32 44,276

**Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)**Check if the organization used Schedule O to respond to any question in this Part IV . . . . . 

? (a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Julie Yaun	5	0	0	0
President				
Ralph Clark	5	0	0	0
Treasurer				
Betsy Fitzpatrick	2	0	0	0
Secretary				
Cris Nichols	10	0	0	0
Director, Book Sales Chair				
Ginny Canfield	15	0	0	0
Director, Internet Sales				
Sandy Koppen	2	0	0	0
Director, Membership				
Rhonda Hill	2	0	0	0
Director				
Laura Fry	2	0	0	0
Director				
John Somma	2	0	0	0
Director				
Marie Pinchbeck	2	0	0	0
Director				
Ellen Darvic	2	0	0	0
Director				
Linda Massie	1	0	0	0
Director				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.

	Yes	No
33	33	✓
34	34	✓
35a	35a	✓
35b	35b	
35c	35c	✓
36	36	✓
37a	37a	
37b	37b	✓
38a	38a	
38b	38b	
39	39a	
	39b	
40a	40b	✓
40c	40c	
40d	40d	
40e	40e	✓
41	List the states with which a copy of this return is filed ►	
42a	The organization's books are in care of ► Ralph Clark Located at ► 472 Main Street, Ridgefield, CT	Telephone no. ► 203-431-1523 ZIP + 4 ► 06877
42b	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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	
42c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ►	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
44c	Did the organization receive any payments for indoor tanning services during the year?	
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	

46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No			
		46	✓			
<b>Part VI Section 501(c)(3) organizations only</b> All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI <input type="checkbox"/>						
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	No			
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓			
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓			
b	If "Yes," was the related organization a section 527 organization?	49b	✓			
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."					
(a) Name and title of each employee <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Average hours per week devoted to position <hr/> <hr/> <hr/> <hr/> <hr/>	(c) Reportable compensation (Forms W-2/1099-MISC) <hr/> <hr/> <hr/> <hr/> <hr/>	(d) Health benefits, contributions to employee benefit plans, and deferred compensation <hr/> <hr/> <hr/> <hr/> <hr/>	(e) Estimated amount of other compensation <hr/> <hr/> <hr/> <hr/> <hr/>	
f Total number of other employees paid over \$100,000 ► _____						
51	Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."					
(a) Name and business address of each independent contractor <hr/> <hr/> <hr/> <hr/> <hr/>		(b) Type of service <hr/> <hr/> <hr/> <hr/> <hr/>		(c) Compensation <hr/> <hr/> <hr/> <hr/> <hr/>		
d Total number of other independent contractors each receiving over \$100,000 ► _____						
52	Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A					► <input type="checkbox"/> Yes <input type="checkbox"/> No
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 <input type="checkbox"/>	 Signature of officer			Date		
	Ms Julie Yaun, President, Friends of Ridgefield Library					
	Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN	
	Firm's name ►		Firm's EIN ►			
	Firm's address ►		Phone no.			
May the IRS discuss this return with the preparer shown above? See instructions ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No						

**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.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

Name of the organization

Friends of Ridgefield Library

Employer identification number

060933081

**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 12, 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 (Form 990 or 990-EZ).)
- 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 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 university:
- 10  An organization that normally receives: (1) more than 33 $\frac{1}{3}$ % 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 $\frac{1}{3}$ % 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  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.
  - a  **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**.
  - 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**.
  - 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**.
  - d  **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**.
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 <b>Total.</b> 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 <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 VI.) . . . . .						
11 <b>Total support.</b> Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
15 Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	15	%
16a <b>33½% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>33½% support test—2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2016.</b> 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
b <b>10%-facts-and-circumstances test—2015.</b> 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
18 <b>Private foundation.</b> 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,145	8,070	8,106	6,657	7,573	38,550
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 . . .	62,199	74,222	64,207	79,668	84,286	364,582
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 . . .						
6 <b>Total.</b> Add lines 1 through 5 . . .	70,344	82,292	72,312	86,325	91,859	403,133
7a Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b . . .						
8 <b>Public support.</b> (Subtract line 7c from line 6.) . . . . .						403,133

**Section B. Total Support****Calendar year (or fiscal year beginning in) ►**

	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6 . . . . .	70,344	82,292	72,312	86,325	91,859	403,133
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .	445	641	169	46	57	1,358
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . .						
c Add lines 10a and 10b . . . . .	445	641	169	46	57	1,358
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 VI.) . . . . .						
13 <b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	70,789	82,933	72,481	86,371	91,916	404,491
14 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 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 2016 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	99.66 %
16 Public support percentage from 2015 Schedule A, Part III, line 15 . . . . .	16	99.65 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.34 %
18 Investment income percentage from 2015 Schedule A, Part III, line 17 . . . . .	18	0.35 %
19a <b>33½% support tests—2016.</b> If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33½% support tests—2015.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33½%, and line 18 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 <b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

**SCHEDULE O**  
**(Form 990 or 990-EZ)****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.

OMB No. 1545-0047

**2016**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service► 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](http://www.irs.gov/form990).Name of the organization  
Friends of Ridgefield Library

Employer identification number

**Form 990-EZ, Part I, Line 4, Investment Income**

Interest from checking and savings accounts .. . . . . Amount: \$57

**Form (0-EZ, Part I, Line 10, Payments to Affiliates (Ridgefield Library)**

Support for Library Programs (see Form 990-EZ, Part III, Line 30) .. . . . . Amount \$39,228

**Form 990-EZ, Part I, Line 16, Other Expenses**

Insurance (Liability + D&amp;O) .. . . . . Amount: \$3,868

Membership (Constant Contact + mailing expenses) .. . . . . Amount: \$174

Hospitality (Annual Meeting and Program Support) .. . . . . Amount \$2,909

Committee and Officers Expenses (Brochures, office equipment / supplies) .. . . . . Amount \$3,697

Total Other Expenses (from Form 990-EZ, Part I, Line 16) .. . . . . Amount \$10,648

**Form 990-EZ, Part II, line 26 (committed allocation payments to the Library)**

	Beginning of Year	End of Year
Liabilities	\$41,417	\$41,417

**Form 990-EZ, Part IV, List of Officers and Directors (continued)**

Name and Title	Avg Hrs/Wk	Compensation	Health Benefits	Oth Compensation
Cam Percival, Director	1	0	0	0
Jo Fainer, Director	1	0	0	0