PUBLIC

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 2021 Open to Public

Department of the Treasury

_	nai Revenue Ser		s.gov/rorm990 for instructions and the latest			mspection
<u>A</u>	For the 202		7/01/21 , and ending $06/30/2$	22		
B (Check if applicable	C Name of organization			D Employe	r identification number
	Address change	KELLOGG-H	UBBARD LIBRARY			
Π.	Name change	Doing business as			0.3 - 0.1	181056
Н,	ivanie change	Number and street (or P.O. box if mail is not delive	ered to street address)	Room/suite	E Telephon	e number
	Initial return	135 MAIN STREET			802-2	223-3338
	Final return/ terminated	City or town, state or province, country, and ZIP of	r foreign postal code			
		MONTPELIER	VT 05602		G Gross rec	eipts\$ 1,345,818
<u> </u>	Amended return	F Name and address of principal officer:			-	
	Application pendir	JESSIE LYNN		H(a) Is this a gr	oup return for s	subordinates Yes X No
		135 MAIN STREET		H(b) Are all sul	oordinates incl	luded? Yes No
		MONTPELIER	VT 05602	If "No.	" attach a list.	See instructions
_	T			1		
	Tax-exempt state			┥		
		WWW.KELLOGGHUBBARD.O		H(c) Group exe		
	Form of organizat		Other L Y	ear of formation: 1	894	M State of legal domicile: VT
P	T	Summary				
		describe the organization's mission or mo				
ဥ	OUF	MISSION IS TO EMPOWER C	OMMUNITY MEMBERS TO BECOM	E LIFELON	IG LEAR	NERS BY
٦a	PRO	VIDING EASY ACCESS TO MA	TERIALS, ONLINE RESOURCES	, PROGRAM	IS AND	A
Je.	WEI	COMING PLACE.				
Governance	2 Check	this box if the organization disconting	ued its operations or disposed of more than	25% of its net	assets.	
		r of voting members of the governing bod	· (D-+1)// !: 4-)			12
S			overning body (Part VI, line 1b)			12
Activities &	F Total n	umber of individuals employed in calenda	r year 2021 (Part V, line 2a)		5	30
춪						62
ĕ		umber of volunteers (estimate if necessar				
	7 a Fotal U	nrelated business revenue from Part VIII,	column (C), line 12		7a	0
	b Net un	related business taxable income from For	m 990-T, Part I, line 11			0
	O Comtrib	utions and grants (Dort VIII line 1h)	-	Prior Ye		Current Year
ne	8 Contri	utions and grants (Part VIII, line 1h)			7,507	816,824
Revenue	9 Progra	m service revenue (Part VIII, line 2g) $_{\dots \dots}$			1,961	36,727
ě	10 Investr	nent income (Part VIII, column (A), lines 3	, 4, and 7d)		1,172	482,464
ш.	11 Other	evenue (Part VIII, column (A), lines 5, 6d,	8c, 9c, 10c, and 11e)		3,568	9,803
	12 Total r	evenue – add lines 8 through 11 (must eq	ual Part VIII, column (A), line 12)	1,74	4,208	1,345,818
	13 Grants	and similar amounts paid (Part IX, colum	n (A), lines 1–3)			0
		s paid to or for members (Part IX, column				0
S		s, other compensation, employee benefits		62!	5,948	681,197
benses	16aProfes	sional fundraising fees (Part IX, column (A). line 11e)			0
<u>B</u>	b Total f	indraising expenses (Part IX, column (D),	line 25) ► 90,436			
Ä		expenses (Part IX, column (A), lines 11a-	Id 11f_24e)	30.	3,784	550,431
	17 Other 6	xpenses. Add lines 13–17 (must equal Pa	rt IV solumn (A) line 25)		9,732	1,231,628
					4,476	
es	19 Reven	ue less expenses. Subtract line 18 from lir	ne 12	Beginning of Cu		114,190 End of Year
Net Assets or Fund Balances	20 Total a	ssets (Part X, line 16)	<u> </u>		1,824	7,538,885
Asse Bal	20 Total 8	shilitian (Dort V. line OC)			3,884	50,378
nd/	21 Total II		·····			
		sets or fund balances. Subtract line 21 fro	m line 20	8,24.	2,940	7,488,507
		Signature Block				
			eturn, including accompanying schedules and sta			my knowledge and belief, it
	ue, correct, an	r complete. Declaration of preparer (other than	officer) is based on all information of which prepare	arer has any kno	wiedge.	
Sig	gn 📗	Signature of officer			Date	
He	re 📗	JESSIE LYNN	CO-DI	RECTOR		
		Type or print name and title				
	Print/1	ype preparer's name	Preparer's signature	Date	Check	if PTIN
Pai	d RAND	ALL L. SARGENT, CPA			self-em	ployed P00136499
Pre	naror	, TMM 6 7 CCCCT	TES, PC	<u> </u>	Firm's EIN	03-0280081
	Only	336 WATER TOW	•	<u> </u>	IIII S EIN F	00 020000I
	- 1					202_655 5665
N 4				•	Phone no.	802-655-5665
ivia)	y u ie iro alsi	cuss this return with the preparer shown a	oove? See instructions			X Yes No

	1990 (2021) KELLOGG-HUBBARD LIBRARY 03-0181056	Page 2
Pa	Int III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>
	Briefly describe the organization's mission:	
	UR MISSION IS TO EMPOWER COMMUNITY MEMBERS TO BECOME LIFELONG	
	ROVIDING EASY ACCESS TO MATERIALS, ONLINE RESOURCES, PROGRAMS	AND A
W	ELCOMING PLACE.	
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 X 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 X 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.	
4 a	(Code:) (Expenses \$ 895,810 including grants of \$) (Revenue \$	36 727)
	HE KELLOGG-HUBBARD LIBRARY PROVIDES FREE LIBRARY SERVICE FOR F	
	IL RELLOGG HODDARD BIBRART FROVIDES FREE BIBRART SERVICE FOR I	
	ADDITIONS TAIGUID TAIG DITT DIAGO AND GDOUADG	
S	ERVICES, INCLUDING BUILDINGS AND GROUNDS.	

4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	I/A	

	•	

	······································	·····
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	······)
	(Code:) (Expenses \$ including grants of \$) (Revenue \$ 1/A)
)
)
)
)
)
)
)
N	I/A	
N	Other program services (Describe on Schedule O.)	
N 4d	I/A)

Page 3

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			1
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			ı
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			1 32
-	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8	Х	ı
0	complete Schedule D, Part III	0	Λ	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			ı
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		Х
10	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	ı
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	Λ	
• • •	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes,"</i>			
u	complete Schedule D. Part VI	11a	Χ	ı
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		-23	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ı
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ı
	Schedule D, Parts XI and XII	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			ı
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ı
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
40	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		3.7
4-7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			3.7
40	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundaciona event gross income and contributions on	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	10		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		v
20a	If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
20a b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
-1	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	democracy government on Fair IX, column (X), line F: II Tos, complete ocheque I, Fairs Fanu II		990	

Page 4

P	art IV Checklist of Required Schedules (Continued)		T	т
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			- 21
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			37
20	persons? If "Yes," complete Schedule L, Part III	. 27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
2	Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	. 200		- 21
·	"Yes," complete Schedule L, Part IV	28c		Χ
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	. 36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and		3.7	
D	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
	art 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		V	NI a
4-	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
1a b	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 7 1b 0			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	. 1c		
	<u>, , , , , , , , , , , , , , , , , , , </u>			

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Page 5

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (cor	ntinue	ed)		Yes	No
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	2a	30			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax is	returns	s?	2b	Χ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instruc	tions.				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Χ
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Scheme	dule C)	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or ot	her au	thority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial	ncial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country ▶					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Finance		counts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter training	nsacti	on?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and d	lid the				3.5
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contrib	outions	s or	۵.		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).	for ~-	odo			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly and services provided to the payor?	ioi go	ous	7-		v
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a		X
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which	it was		7b		
C	required to file Forms 00000	it was		7c		Х
d	15.00 T. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7d		70		- 71
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit c			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maint					
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)	11b	10.1.10			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of F		041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			ısa		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
b	the organization is licensed to issue qualified health plans	13b				
С	Futurities account of accounts on board	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Sch</i>			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in rem					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investor	nent ir	come?	16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage	ge in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? .			17		
	If "Yes," complete Form 6069.					

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Page 6

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 12 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 12 1b 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? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? *If "No," go to line 13* 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. \overline{X} Own website \overline{X} Another's website \overline{X} Upon request \overline{X} Other (explain on Schedule O) Describe on 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. State the name, address, and telephone number of the person who possesses the organization's books and records JESSIE LYNN 135 MAIN STREET MONTPELIER 05602

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03-0181056

Page **7**

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

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

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

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

Check this box if neither the org	ganization nor	any r	elate	ed oi	gan	ization	CC	ompensated any current o	officer, director, or trustee	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box	k, unle	Pos check ess pe	rson	than one is both all infinitely the infinitely than the infinitely	n e)	(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) JESSIE LYNN						ä				
	40.00			7.7				70 054	0	4 605
CO-DIRECTOR	0.00			Х				70,954	0	4,605
(2) CAROLYN BRENNAN										
CO-DIRECTOR	40.00	-		Х				66,815	0	4,122
(3) BRIDGET ASAY	0.00			Λ				00,013	0	7,122
(O) DRIDGET ADAT	2.00									
PRESIDENT	0.00	X		Х				0	0	0
(4) JUDY WALKE										
	2.00									
VICE PRESIDENT	0.00	X		Х				0	0	0
(5) SUSAN ZELLER										
	2.00							0	0	0
VICE PRESIDENT	0.00	X		Х				0	0	0
(6) TIM DONOVAN	2.00									
TREASURER	0.00	X		Х				0	0	0
(7) SARAH SEIDMAN	0.00	27		27				0	0	0
(i) Shiftin Shibinin	2.00									
SECRETARY	0.00	X		Х				0	0	0
(8) SARAH DAVIS										
	2.00									
TRUSTEE	0.00	X						0	0	0
(9) CRAIG DURHAM										
<u> </u>	2.00							0	0	0
TRUSTEE	0.00	X						0	0	0
(10) DAN GREENE	2.00									
TRUSTEE	0.00	. X						0	0	0
(11) DAN GROBERG	0.00	22						0	0	0
, ,	2.00									
TRUSTEE	0.00	X						0	0	0

03-0181056

Page 8

Part VII Section A. Officer	s, Directors, Tr	ust	ees,	Key	Em	ploy	/ees	, and Highest Compens	ated Employees (continu	ued)
(A) Name and title	(B) Average hours per week	off	k, unle	Pos check ess pe	rson lirecto	than is botl or/trus	n an tee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(12) CRAIG LINE	2.00									
TRUSTEE (13) JENNIFER MYK		Х						0	0	0
TRUSTEE	2.00	Х						0	0	0
(14) TAI NIXA PET	2.00									
TRUSTEE (15) GRAHAM SHERR	,	Ϋ́	IN	J	UN	E	20	22)	0	0
TRUSTEE (16) PENNY MARWED	2.00 0.00 E (LEFT	X	T T	EC		20	21	0	0	0
TRUSTEE	0.00	X	1 1	150	•	20	1 Z I	0	0	0
								3	3	0
1b Subtotal c Total from continuation sh			ctio				>	137,769		8,727
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	ncluding but no	t lim	ited				d ab	137,769 ove) who received more		8,727
 3 Did the organization list any temployee on line 1a? <i>If "Yes</i> 4 For any individual listed on line organization and related organization. 	<i>," complete Sch</i> ne 1a, is the sur	edu n of	le J repo	<i>for s</i> ortab	<i>uch</i> le c	<i>indi</i> \ omp	<i>idua</i> ensa	al ation and other compensa	ation from the	Yes No
individual 5 Did any person listed on line for services rendered to the o	1a receive or a	ccru	 e co	 mpe	nsa	ion t	from	any unrelated organization		4 X
Section B. Independent Contract 1 Complete this table for your f		nen	sate	d ind	dene	nde	nt co	ontractors that received m	nore than \$100,000 of	
compensation from the organ								endar year ending with or		tax year. (C) Compensation
Name and	Dusiness address							Descriț	otlôn' of services	Compensation
2 Total number of independent received more than \$100,000	contractors (ind	cludi on fr	ng b	out n	ot lir orga	nited	to t	hose listed above) who	0	

Page 9

		Check i	t Sch	nedule O cor	ntains	a res	ponse or no	te to any line in	this Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1a	Federated cam	naign	s	1a						
יסו מסו	b	Membership du	ies		1b						
Contributions, Gifts, Grants and Other Similar Amounts	C	Fundraising eve	ents		1c						
	d	Related organiz	zation		1d						
	e	Government grants (c	contribut	ions)	1e		496,505				
her S	f	All other contributions and similar amounts r	s, gifts, g not inclu	rants, ded above	1f		320,319				
Ŏ	g	Noncash contribution: lines 1a-1f			1g	¢	11,344				
and	h	Total. Add lines						816,824			
	•	rotali / taa iirlot	u				Business Code	020,021			
ڔ	2a	PROGRAM FE	EES					36,727	36,727		
	b							,			
Revenue	С										
eve	d										
Ř	е										
-	f	All other progra									
		Total. Add lines						36,727			
	3	Investment inco									
		other similar an	nounts	s)	•		•	128,415			128,415
	4	Income from in	vestm	ent of tax-exem	pt bor	nd proce	eeds >				
	5	Royalties									
		•		(i) Real			i) Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incor	ne or	(loss)							
	7a	Gross amount from		(i) Securities	S		(ii) Other				
		sales of assets other than inventory	7a	354	,049						
ne	b	Less: cost or other									
/en		basis and sales exps.	7b								
Other Revenue	С	Gain or (loss)	7с	354	,049						
er		Net gain or (los	s)					354,049	354,049		
)th	8a	Gross income from									
•		(not including \$									
		of contributions re									
		1c). See Part IV, I	ine 18		8a						
	b	Less: direct exp	ense		8b						
	С	Net income or (loss)	from fundraisin	g ever	ıts					
	9a	Gross income f	rom g	aming							
		activities. See F	Part I∖	/, line 19	9a						
	b	Less: direct exp			9b						
	С	Net income or (loss)	from gaming ac	tivities	3					
	10a	Gross sales of	invent	tory, less							
		returns and allo	wanc	es	10a						
	b	Less: cost of go	ods s		10b						
		Net income or (vento	y	<u></u> >				
2				·			Business Code				
<u>a</u>	11a	MISCELLANE	OUS	REVENUE			519100	9,803	9,803		
ent	b										
Sec.	С										
Miscellaneous Revenue	d	All other revenu									
-	е	Total. Add lines	s 11a-	–11d	<u></u> .	<u> </u>		9,803			
	12	Total revenue.	See	instructions		_ 		1,345,818	400,579	0	128,415

Page 10

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 (A) (B) Program service (C) (**D**) Fundraising Do not include amounts reported on lines 6b, 7b, Total expenses Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 142,741 69,017 61,928 11,796 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 408,598 333,888 32,843 41,867 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 22,901 19,137 1,345 2,419 62,948Other employee benefits 46,919 9,542 6,487 9 Payroll taxes 31,936 7,882 4,191 44,009 Fees for services (nonemployees): a Management 4,343 4,343 Legal c Accounting 8,650 8,650 **d** Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 23,825 23,825 **g** Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 19,559 19,205 354 **12** Advertising and promotion 6,922 2,665 1,366 2,891 8,332 $1,\overline{038}$ 3,257 4,037 Office expenses Information technology 26,538 19,903 14 3,981 2,654 Royalties 15 261. 362 209,087 41,821 10,454 Occupancy 16 30 30 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 1,542 1,542 19 20 Payments to affiliates 21 100,114 80,091 16,018 4,005 Depreciation, depletion, and amortization 22 14,367 11,493 2,299 575 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 68,312LIBRARY COLLECTIONS 68,312 6,535 4,755 MISC EXPENSE 105 1,675 d e All other expenses 895,810 245,382 1,231,628 90.436 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following ŠOP 98-2 (ASC 958-720)

Page **11**

		Check if Schedule O contains a response o	or note to a	any lin	e in	this Pa	art X	<u> </u>			<u> </u>			
								В	(A) eginning o	of year			(B) End of year	
	1	Cash—non-interest-bearing								170				90
	2	Savings and temporary cash investments								5,358			542,86	62
	3	Pledges and grants receivable, net							2	2,019				
	4	Accounts receivable, net								500) 4		5(00
	5	Loans and other receivables from any current or t	former offi	icer, d	lirec	tor,								
		trustee, key employee, creator or founder, substa	antial contr	ributor	r, or	35%								
		controlled entity or family member of any of these	e persons								5			
	6	Loans and other receivables from other disqualifie												
ţ		under section 4958(f)(1)), and persons described	l in section	า 4958	3(c)((3)(B)					6			
Assets	7	Notes and loans receivable, net									7			
Ä	8	Inventories for sale or use									8			
	9	Dana aid announces and defended alconner								202	1 9		26	68
	10a	Land, buildings, and equipment: cost or other												
		basis. Complete Part VI of Schedule D	10a	а	3	,29	6,908							
	b	Less: accumulated depreciation		b	1	,61	0,993		1,71	4,73	7 10	С	1,685,91	15
	11	The constant of the constant o							5,83	8,839	9 11	1	5,309,1	50
	12	Investments—other securities. See Part IV, line 1									12	2		
	13	Investments—program-related. See Part IV, line									13	3		
	14		. Geer arriv, line 11											
	15	Other coasts Coa Dort IV line 11	Other assets. See Part IV, line 11											
	16	Total assets. Add lines 1 through 15 (must equal							8,28	1,824	15 4 16		7,538,88	85
	17	Accounts payable and accrued expenses								8,450			40,00	
	18	<u> </u>					18		•					
	19	D. ()											10,3	76
	20	Tax-exempt bond liabilities									3 19 20		•	
	21	Escrow or custodial account liability. Complete Pa									21			
S		Loans and other payables to any current or forme												
Liabilities		trustee, key employee, creator or founder, substa				35%								
abi		controlled entity or family member of any of these									22	2		
Ë	23	Secured mortgages and notes payable to unrelate									23	3		
	24	Unsecured notes and loans payable to unrelated									24			
	25	Other liabilities (including federal income tax, pay												
		parties, and other liabilities not included on lines												
		(0									25	5		
	26	Total liabilities. Add lines 17 through 25							3	8,884			50,3	78
		Organizations that follow FASB ASC 958, chec	ck here 2	X						-,				
Š		and complete lines 27, 28, 32, and 33.												
<u>a</u> n	27	N							7,07	9.686	5 27	7	6,568,3	74
Ва	28	Net assets with donor restrictions							1,16	3,25	1 28		920,13	33
nd		Organizations that do not follow FASB ASC 95	58. check	here	•					- , = -				
Ŀ		and complete lines 29 through 33.	,			_								
٥	29	Capital stock or trust principal, or current funds									29	9		
ets	30	Paid-in or capital surplus, or land, building, or equ									30			
155	31	Retained earnings, endowment, accumulated incomment	ome, or of	ther fu	ınds	 }					31			
Net Assets or Fund Balances	32	Total net assets or fund balances							8,24	2.940			7,488,50	07
Ž	33	Total liabilities and net assets/fund balances							8,28				7,538,88	9.

Form **990** (2021)

Form 990 (2021) KELLOGG-HUBBARD LIBRARY

03-0181056

Page **12**

Pa	art XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	, 34	<u>ا</u> , 5	818	3
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	, 23	31,0	628	3
3	Revenue less expenses. Subtract line 2 from line 1	3			4,		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8	, 24	2,	94C)
5	Net unrealized gains (losses) on investments	5		-86	8,	623	3
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9					
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	7	, 48	88,	<u>507</u>	7
Pa	art XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII					. Ш	
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c			
	If the organization changed either its oversight process or selection process during the tax year, explain on						
	Schedule O.						
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?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b			

Form **990** (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

KELLOGG-HUBBARD LIBRARY

Employer identification number 03-0181056

Pa	art	Reas	on for Public Charity	/ Status. (All organization	ns mus	t comp	lete this part.) See instr	ructions.
Γhe	orga	anization is no	t a private foundation beca	use it is: (For lines 1 through 1	I2, check	only one	box.)	
1		A church, co	nvention of churches, or as	ssociation of churches describe	ed in sec	tion 170	(b)(1)(A)(i).	
2		A school des	scribed in section 170(b)(1)(A)(ii). (Attach Schedule E (F	orm 990)	.)		
3		A hospital or	a cooperative hospital ser	vice organization described in	section	170(b)(1)(A)(iii).	
4		A medical re	search organization operat	ed in conjunction with a hospit	tal descril	oed in se	ection 170(b)(1)(A)(iii). Enter	the hospital's name,
_		city, and stat		t of a college or university own			v a governmental unit describe	
5		-	·	=	ied of ope	erated by	a governmental unit describe	eu III
6			(b)(1)(A)(iv). (Complete Pa	governmental unit described i	n sactio r	170/h)/	(1)(A)(y)	
7	X		=	a substantial part of its suppor				nublic
•	21		section 170(b)(1)(A)(vi). (t nom a g	0.0000000000000000000000000000000000000	intal and of hom the general p	Pablic
8				170(b)(1)(A)(vi). (Complete F	Part II.)			
9	П	-		escribed in section 170(b)(1)(-	erated in	conjunction with a land-grant	college
				e of agriculture (see instruction				
10				(1) more than 33 1/3% of its su				
		•		empt functions, subject to certa and unrelated business taxable			` '	
				30, 1975. See section 509(a)				3
11			=	d exclusively to test for public		-	•	
12		An organizat	ion organized and operated	d exclusively for the benefit of,	to perfor	m the fur	nctions of, or to carry out the	purposes of
				ations described in section 50				
			<u> </u>	escribes the type of supporting			•	•
	а			perated, supervised, or contro	•			y giving
				ower to regularly appoint or ele	-	ority of th	e directors or trustees of the	
	b		= =	complete Part IV, Sections Assupervised or controlled in con		ith ite eu	nnorted organization(s) by b	avina
	D			orting organization vested in th				-
				te Part IV, Sections A and C.	io camo p	,0100110 1	nat control of manage the ca	pportod
	С	Type III	functionally integrated. A	supporting organization opera				ted with,
	d			etructions). You must compload. A supporting organization of				nization(s)
	u			ne organization generally must	•		• • • • •	. ,
				must complete Part IV, Sect	-			
	е			eceived a written determinatior				II
				on-functionally integrated supp	porting or	ganizatio	n.	
	f		mber of supported organiza					
	g		<u> </u>	the supported organization(s).	1			<u> </u>
(i)		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10	(iv) Is the disted in you	rganization ır göverning	(v) Amount of monetary support (see	(vi) Amount of other support (see
	0.5	,uu		above (see instructions))	,	ment?	instructions)	instructions)
					Yes	No		
(A)								
(D)								
(B)								
(C)								
(D)								
(E)								
					1			

03-0181056

Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	627,160	858,379	739,332	1,007,758	816,824	4,049,453
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	627,160	858,379	739,332	1,007,758	816,824	4,049,453
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)						7,910
6	Public support. Subtract line 5 from line 4						4,041,543
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(4) 2020	(a) 2021	(f) Total
	Amounts from line 4	· · · · · · · · · · · · · · · · · · ·			(d) 2020	(e) 2021	(f) Total
7 8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	627,160 126,321	858,379 118,678	739,332	1,007,758 94,633	816,824 128,415	4,049,453 576,542
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.)	21,349	21,018	16,369	19,749		78,485
11	Total support. Add lines 7 through 10						4,704,480
12	Gross receipts from related activities, etc	c. (see instructions)			12	257,938
13	First 5 years. If the Form 990 is for the	organization's first,				01(c)(3)	
	organization, check this box and stop he						▶
Sec	tion C. Computation of Public S	Support Perce	ntage				
14	Public support percentage for 2021 (line	6, column (f) divid	ed by line 11, col	umn (f))		14	85.91%
15							85.39%
16a	Public support percentage from 2020 Sc 33 1/3% support test—2021. If the organization of the support test—2021 is the organization of the support test—2021 is the support test is the sup	nization did not ch	eck the box on lir	ne 13, and line 14	is 33 1/3% or mo	re, check this	
	box and stop here. The organization qu			ization			▶ X
b	33 1/3% support test—2020. If the orga	nization did not ch	eck a box on line				
	this box and stop here. The organization	n qualifies as a pul	olicly supported o	rganization			▶ □
17a	10%-facts-and-circumstances test—2	021. If the organiza	ation did not chec	k a box on line 13			
	10% or more, and if the organization me	ets the facts-and-c	ircumstances tes	t, check this box a	and stop here. Ex	xplain in	
	Part VI how the organization meets the forganization			-			▶ □
b	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organization	n meets the facts-	and-circumstance	es test, check this	box and stop he	re. Explain	
	in Part VI how the organization meets the	e facts-and-circum	stances test. The	organization qua	lifies as a publicly	supported	
	organization						▶ □
18	Private foundation. If the organization of instructions	did not check a box	on line 13, 16a,	16b, 17a, or 17b,	check this box ar	nd see	▶ □

Page 3

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.)

_	ii tile organization lans to	quality under	ו ווופ ופטנט ווטופ	d below, pieas	se complete i	art II.)	
	tion A. Public Support		1		T	1	
Caler	ndar year (or fiscal year beginning in) 🕨 📗	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
800	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(a) 2017	(b) 2016	(6) 2019	(u) 2020	(e) 2021	(I) IOIAI
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the o	rganization's firs	t, second, third, fo	ourth, or fifth tax y	ear as a section t	501(c)(3)	
	organization, check this box and stop he						· · · · · · · · · · · · · · · · · · ·
Sec	tion C. Computation of Public S						
15	Public support percentage for 2021 (line						<u> </u>
16	Public support percentage from 2020 Sch					16	%
	tion D. Computation of Investm			10 1 (0)		1 4= 1	
17 10 la	Investment income percentage for 2021 (e 13, column (f))			<u>%</u>
	vestment income percentage from 2020 S 33 1/3% support tests—2021. If the organization						%
ıJd	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2020. If the organization		-			-	
~	line 18 is not more than 33 1/3%, check t						
20	Private foundation. If the organization d			-		=	

Supporting Organizations Part IV

Schedule A (Form 990) 2021

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
_		
6		
7		
8		
9a		
9b		
9с		
10a		
10b Schedule A	(Form 9	90) 2021

	ule A (Form 990) 2021 KELLOGG-HUBBARD LIBRARY 03-018105	6		Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44-		
h	11c below, the governing body of a supported organization?	11a 11b		
	A family member of a person described on line 11a above? A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,	110		
·	provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations	,		
	- Alexander Anna Anna Anna Anna Anna Anna Anna Ann		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supporte	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	-		1
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	_		
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	•		
Soct	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ione)		
1 a	The organization satisfied the Activities Test. Complete line 2 below.	10115).		
a b	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruc	tions)	
2	Activities Test. <i>Answer lines 2a and 2b below.</i>	11131140	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported agreementations? If IIVos II describe in Part VI the relevant by the agreementary in this regard	26		

03-0181056

Page 6

Part V Type III Non-Functionally Integrated 509(a)(3) Support	ng Organiz	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying to	rust on Nov. 20), 1970 (<i>explain in Part</i>	t VI). See
instructions. All other Type III non-functionally integrated supporting organization	ations must co	mplete Sections A thro	ugh E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection			
of gross income or for management, conservation, or maintenance of			
property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally in	10000	: III supporting organiza	ation

Schedule A (Form 990) 2021

(see instructions).

03-0181056

Page 7

Par	Type III Non-Functionally Integrated 509(a)(3)	Supporting Organ	izations (continued)	V
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt pur	poses		
2	Amounts paid to perform activity that directly furthers exempt purpos	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required—provide of	details in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organ	ization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	<u> </u>		
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable
1	Distributable amount for 2021 from Section C, line 6		P16-7071	Amount for 2021
2	Underdistributions, if any, for years prior to 2021			
2	(reasonable cause required– <i>explain in Part VI</i>). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
	From 2017			
С	From 2018			
	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule A (For			OGG-HUBBAR				3-0181056		Page 8
Part VI	Suppleme III, line 12; B, lines 1 a	Part IV, Section and 2; Part IV, S	n. Provide the ex A, lines 1, 2, 3b ection C, line 1; I Part V, Section B	, 3c, 4b, 4c, 5 Part IV, Section	5a, 6, 9a, 9b on D, lines 2), 9c, 11a, 1 2 and 3; Pai	1b, and 11c; t IV, Section	Part IV, E, lines	17b; Part Section 1c, 2a, 2l
	lines 2, 5, a	and 6. Also com	plete this part for	any addition	al information	on. (See ins	tructions.)	T GIT V,	
PART I	I, LINE	10 - OTHE	R INCOME D	ETAIL					
SPECIA	L EVENT	INCOME		\$	78,4	:85			
• • • • • • • • • • • • • • • • • • • •									
• • • • • • • • • • • • • • • • • • • •									
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• • • • • • • • • • • • • • • • • • • •									

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

iame	or the organization		Employer identification number
K	ELLOGG-HUBBARD LIBRARY		03-0181056
	irt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds	or Accounts.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	that the assets held in donor advised	
	funds are the organization's property, subject to the organization's e	xclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be used	<u> </u>
	only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other purpose	
			Yes No
Pa	irt II Conservation Easements.		
	Complete if the organization answered "Yes" o		
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).	
	Preservation of land for public use (for example, recreation or ed	ducation Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified cor	servation contribution in the form of a c	
	easement on the last day of the tax year.		Held at the End of the Tax Year
	Number of conservation easements on a certified historic structure i	* * ***********************************	2c
d	Number of conservation easements included in (c) acquired after 7/2	25/06, and not on a	
_			2d
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the orga	anization during the
	tax year •	is leasted N	
4	Number of states where property subject to conservation easement		
5	Does the organization have a written policy regarding the periodic movilations, and enforcement of the conservation easements it holds?		☐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling		
U	Stail and voidified flours devoted to morntoning, inspecting, flanding	g or violations, and emorcing conservat	ion easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservation e	asements during the year
•	► \$	riciations, and officially conservation of	acomonic during the year
8	Does each conservation easement reported on line 2(d) above satis	fy the requirements of section 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	balance sheet, and include, if applicable, the text of the footnote to t	he organization's financial statements tl	hat describes the
	organization's accounting for conservation easements.		
Pa	ort III Organizations Maintaining Collections of Ar		ner Similar Assets.
	Complete if the organization answered "Yes" o		
1a	If the organization elected, as permitted under FASB ASC 958, not t	•	
	of art, historical treasures, or other similar assets held for public exh		ance of public
_	service, provide in Part XIII the text of the footnote to its financial sta		
b	If the organization elected, as permitted under FASB ASC 958, to re	•	
	art, historical treasures, or other similar assets held for public exhibit	tion, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		.
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical treasures,	_	n, provide the
_	following amounts required to be reported under FASB ASC 958 relatives included on Form 900. Best VIII. line 1		▶ ¢
a	Revenue included on Form 990, Part VIII, line 1		> \$
<u></u> D	Assets included in Form 990, Part X	<u></u>	Γ φ

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Page 2

Pa	art III Organizations Maintaining	Collections of	of Art, Historical	Treasures, or	Other S	Simila	ar Ass	ets (co	ntin	ued)
3	Using the organization's acquisition, access collection items (check all that apply):							•		
а	X Public exhibition	d L	oan or exchange pro	gram						
b	Scholarly research	е 🗍 (Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	ain how they further t	he organization's ex	empt pu	rpose	n Part			
	XIII.	·	•	•		•				
5	During the year, did the organization solicit	or receive donation	s of art, historical trea	asures, or other simi	ilar					
	assets to be sold to raise funds rather than t	o be maintained as	s part of the organizat	ion's collection?				Ye	s X	No
Pa	art IV Escrow and Custodial Arr	angements.	-							
	Complete if the organization 990, Part X, line 21.					ted a	ın amo	unt on	For	m
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?		•					Ye		No
h	If "Yes," explain the arrangement in Part XIII		following table:						,	, 110
	Too, explain the arrangement in Fare XIII	and complete the	ionowing table.					Amount		
c	Beginning balance					1c				
	Additions during the year					1d				_
۰ م	Distributions during the year					1e				_
f	Ending balance					1f				
2a	Did the organization include an amount on F	form 990. Part X. lii	ne 21, for escrow or o	custodial account lia	bility?			Ye	s	No
	If "Yes," explain the arrangement in Part XIII									
	art V Endowment Funds.		'	'						
	Complete if the organization	n answered "Ye	es" on Form 990,	Part IV, line 10.						
		(a) Current year	(b) Prior year	(c) Two years back	(d) Th	ree year	s back	(e) Four	years l	back
1a	Beginning of year balance	5,838,839	4,933,861	4,807,03	9 4	,614	,400	4,5	51,	866
	Contributions	120,500	250	25)	30	,762			275
	Net investment earnings, gains, and									
	losses	-410,813	1,138,425	355,23	7	407	,540	3	07,	124
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs	239,376	233,697	209,62	7	227	,256	2	26,	308
f	Administrative expenses			19,03	3	18	,407		18,	557
g	End of year balance	5,309,150	5,838,839	4,933,86	1 4	,807	,039	4,6	14,	400
2	Provide the estimated percentage of the cur	rent year end balar	nce (line 1g, column (a)) held as:						
	Board designated or quasi-endowment ▶ .	36.75%								
b	Permanent endowment ▶ 11.42 %									
C	Term endowment ▶ 1.83 %									
	The percentages on lines 2a, 2b, and 2c sho									
3a	Are there endowment funds not in the posse	ession of the organi	zation that are held a	ınd administered for	the			_		
	organization by:								Yes	No
								3a(i)		X
	(ii) Related organizations							3a(ii)		Χ
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as req	uired on Schedule R	?				3b		
	Describe in Part XIII the intended uses of the		dowment funds.							
Pa	ert VI Land, Buildings, and Equi					_				
	Complete if the organization			Part IV, line 11a	a. See I	orm	990, F	art X,	ine	<u> 10.</u>
	Description of property	(a) Cost or other ba	` '	` '	Accumulate			(d) Book v	alue	
		(investment)	(othe	r)	depreciation					
	Land	ļ								
	Buildings		3,12	28,426 1	,496	, 35	3	1,63	<u>2,(</u>	<u> 173</u>
	Leasehold improvements	ļ								
	Equipment	ļ	16	8,482	114	,64	U	5	3,8	342
	Other	1								<u> </u>
Tota	I. Add lines 1a through 1e. (Column (d) must	egual Form 990. P	Part X, column (B). lin	e 10c.))	▶	1,68	5.0	J15

Page 3

Part VII	Investments – Other Securities.	11(1	03 0101030	1 age (
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category	(b) Book value	(c) Method o	
	(including name of security)		Cost or end-of-year	ar market value
(1) Financial				
(2) Closely he	eld equity interests			
(F)				
(G)				
Total (Colum	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.			
I alt VIII	Complete if the organization answered "Yes" of	on Form 990 Part IV	line 11c. See Form 9	90 Part X line 13
-	(a) Description of investment	(b) Book value	(c) Method o	
	(-, ,	(4) = = = = =	Cost or end-of-year	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	E 000 B (N)	" 4410	00 D ()/ " 45
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11a. See Form 9	
(4)	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5) (6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 11e or 11f. See F	Form 990, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
(1) Federal	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	7)			
	nn (b) must equal Form 990, Part X, col. (B) line 25.)		<u> </u>	
	uncertain tax positions. In Part XIII, provide the text of the f			
organization's	liability for uncertain tax positions under FASB ASC 740. C	neck nere if the text of the	e tootnote has been provide	α ın Paπ XIII

Schedule D (Form 990) 2021 KELLOGG-HUBBARD LIBRAR			Page 4
Part XI Reconciliation of Revenue per Audited Finance	ial Statements With Revenu	ue per Retur	n.
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statement	ts	1	1,345,818
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1		
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII.)		20	
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e	1,345,818
Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 		1,313,010
- Investment	4a		
b Other (Describe in Part XIII.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,	line 12.)		1,345,818
Part XII Reconciliation of Expenses per Audited Finan		ises per Ret	urn.
Complete if the organization answered "Yes" on	Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements		1	1,231,628
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 - 1		
a Donated services and use of facilities	2a		
b Prior year adjustments	0 -		
C Other losses			
d Other (Describe in Part XIII.) e Add lines 2a through 2d		2e	
		3	1,231,628
Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			1,231,020
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII.)			
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	1,231,628
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			X, line
2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this			
PART III, LINE 4 - COLLECTIONS AND R	ELATION TO EXEMPT	PURPOSE	
THE ITPADALC DIVITANT COLLECTION CO.	MOTORO DELMARITA C	E DOOKE	
THE LIBRARY'S PHYSICAL COLLECTION CO	NSISIS PRIMARILI C	F BOOKS	, MEDIA AND F
FEW MISCELLANEOUS ART AND HISTORICAL	TTEMS THE COLLEC	TTON TS	ΜΔΤΝͲΔΤΝΕΌ
TEW MIDCEDDANEOUS ART AND HISTORICAL	TIEMD. THE COLLEC	:::::::::::::::::::::::::::::::::::::::	
UNDER THE CARE OF THE LIBRARY STAFF	AND IS HELD FOR RE	SEARCH.	EDUCATION AN
	14.5 10 11.22.1.01.1.01.	: 	
PUBLIC EXHIBITION IN FURTHERANCE OF	PUBLIC SERVICE, RA	THER THA	AN FINANCIAL
GAIN. THE LIBRARY'S POLICY IS TO EXC	LUDE EITHER THE CC	ST OR TH	HE VALUE OF
ITS COLLECTIONS IN THE STATEMENT OF	FINANCIAL POSITION	, NOR DO	DES IT
RECOGNIZE GIFTS OF COLLECTION ITEMS	AS REVENUE IN THE	STATEMEN	NT OF
			~
ACTIVITIES. SINCE ITEMS ACQUIRED FOR	THE COLLECTION BY	PURCHAS	SE ARE NOT
	TOTALONG ADD DEDOC	י איל די	
CAPITALIZED, THE COSTS OF THESE ACQU	TOTITIONS ARE KEPOR	TED AS I	PECKEASES IN
NET ASSETS IN THE STATEMENT OF ACTIV	ТТТГС		
MUL ADDETO IN THE STATEMENT OF ACITY	T.T.E.O.		

Schedule D (Form 990) 2021 KELLOGG-HUBBARD LIBRARY	03-0181056	Page 5
	Supplemental Information (continued)		
PART	V, LINE 4 - INTENDED USES FOR ENDOWM	SUL FUNDS	
EARNII	NGS ON ENDOWMENT FUNDS ARE INTENDED	TO BE USED TO SUPPORT TH	HE
ORGAN	IZATION'S MISSION.		

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number Name of the organization KELLOGG-HUBBARD LIBRARY 03-0181056 FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 WE DISTRIBUTE THE DRAFT 990'S TO THE FULL BOARD. TRUSTEES HAVE THE OPPORTUNITY TO GIVE FEEDBACK OR ASK QUESTIONS PRIOR TO VOTING TO APPROVE THE 990'S. FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY WE REVIEW THE CONFLICT OF INTEREST POLICY ANNUALLY AND TRUSTEES NEED TO DISCLOSE ANY CONFLICTS. IF THEY ARE SUBSTANTIVE, THE PRESIDENT OF THE BOARD WILL FOLLOW-UP. FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL WE HAVE A MANAGEMENT COMPENSATION POLICY THAT OUTLINES THE PROCESS. THE BOARD SETS THE SALARY RANGE AND THE ANNUAL SALARY IS CONNECTED TO A SUCCESSFUL EVALUATION. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION ALL OF OUR POLICIES ARE AVAILABLE IN THE POLICIES SECTION OF OUR WEBSITE. OUR FINANCIAL STATEMENTS ARE AVAILABLE IN THE FINANCIAL INFORMATION SECTION OF OUR WEBSITE. WE WOULD ALSO GIVE DOCUMENTS TO MEMBERS OF THE PUBLIC UPON REQUEST.

Identifying number 03-0181056

PUBLIC

Form **4562**

Department of the Treasury

Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property)

KELLOGG-HUBBARD LIBRARY

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 1,050,000 1 Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,620,000 3 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . 5 (b) Cost (business use only) 6 (a) Description of property Listed property. Enter the amount from line 29 7 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 Carryover of disallowed deduction from line 13 of your 2020 Form 4562 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year. See instructions Property subject to section 168(f)(1) election 15 15 100,117 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2021 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (g) Depreciation deduction placed in service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25-year property 25 yrs. S/I MM S/L Residential rental 27.5 yrs. property 27.5 yrs. MM S/L MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System Class life 20a S/L 12-year b S/L 12 yrs. 30-year 30 yrs. S/L С MM 40-year 40 yrs. MM S/L Part IV **Summary** (See instructions.) 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 100,117 here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ... For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

10/25/2022 10:14 AM

KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056 Federal Asset Report
FYE: 6/30/2022 Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1	Depreciation: Library Addition	5/01/01	2,563,452		2,563,452	40 MO S/L	1,292,407	64,086
2	Building Costs	11/13/01	9,315		9,315		4,580	233
3	Marble - Restoration of Bathroom	4/23/02	4,140		4,140		1,992	104
4 5	Landscaping Building Costs	8/09/02 11/01/02	3,996 5,100		5,100	15 MO S/L 40 MO S/L	3,996 2,380	0 128
6	Elevator Escape Hatch	4/30/08	4,975		4,975	40 MO S/L	1,648	124
7 9	Renovations - CIP Table	1/01/11 2/20/02	2,391 802		2,391 802	40 MO S/L 10 MO S/L	568 802	60 0
15	AV Storage Cabinet	6/19/03	1,960		1,960		1,960	0
16	Furniture	5/01/01	37,617		37,617		37,617	0
18 22	Furniture Sewer Pump	10/10/01 12/13/06	2,270 2,203		2,270 2,203	10 MO S/L 5 MO S/L	2,270 2,203	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
23	Expansion Tank for Heating System	10/31/07	2,311		2,311	5 MO S/L	2,311	ő
26	Bookshelves	5/31/05	3,000		3,000		3,000	0
28 29	3 Computer - IMLS Grant Bookshelves	10/31/08 3/31/09	5,196 4,138		5,196 4,138	3 MO S/L 7 MO S/L	5,196 4,138	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
30	Phone System	5/20/09	5,533		5,533	7 MO S/L	5,533	ŏ
31	Water Pressure Reducer	5/21/09	3,820		3,820		3,098	255
32 33	File Server New Computers	11/19/09 8/03/10	2,340 10,335		2,340 10,335	3 MO S/L 3 MO S/L	2,340 10,335	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
34	Compressor Rooftop HVAV Unit	5/11/11	2,450		2,450		2,450	0
35	Hot Water Tank	11/04/11	2,718		2,718		1,752	181
36 37	Security System Upgrade Automatic ADA Door	11/01/12 8/01/12	2,090 4,638		2,090 4,638	10 MO S/L 7 MO S/L	1,811 4,638	209
	Fiber Cable	12/31/12	4,582		4,582	20 MO S/L	1,947	230
39	Outdoor Building Sign	6/15/13	2,300		2,300		1,859	230
40 41	Front Door Restoration (Wanamaker) Copier	6/30/13 4/25/14	4,396 3,752		4,396 3,752	10 MO S/L 5 MO S/L	3,517 3,752	439 0
42	Fiber Connect Wiring	7/26/13	1,110		1,110	10 MO S/L	879	111
43	Fiber Connect Equipment	10/31/13	1,906		,	10 MO S/L	1,461	191 5 706
44 46	District Heat Mouse Sculpture	10/08/14 6/30/16	115,931 11,571		115,931 11,571	20 MO S/L 0 Memo	39,127 0	5,796 0
47	Phone System	7/20/16	6,706		6,706	10 MO S/L	3,297	671
48 49	Exterior Woodwork Heating System Upgrade	11/29/16 10/01/16	31,169 27,911		31,169 27,911	10 MO S/L 20 MO S/L	14,286 6,629	3,116 1,395
50	Video Security System	3/12/18	9,893		9,893	5 MO S/L	6,595	1,979
51	Server	3/23/18	4,314		4,314	5 MO S/L	2,804	863
52 53	Interior Solar Shades Accessible Doors	2/22/18 8/31/17	2,188 11,423		2,188 11,423	10 MO S/L 10 MO S/L	729 4,379	219 1,142
54	Children's Library Mural	11/03/17	3,000		3,000		1,100	300
55	Walkways & Patios	6/14/18	7,759		7,759	15 MO S/L	1,595	517
56 57	WHITE'S LANDSCAPING PROJECT- WA	11/30/18	4,970 18,332		4,970 18,332		725 1,184	248 458
	PUMP	12/14/18	2,374		2,374		613	238
	WATER FOUNTAIN	8/30/19	3,000		3,000		550	300
60 61	WINDOW RESTORATION HEATING CONTROLS	7/31/19 11/16/18	12,500 24,900		12,500 24,900		1,198 3,216	625 1,245
	East Montpelier Room Epoxy Floor	9/09/19	9,573		9,573	7 MO S/L	2,507	1,368
	Masonry Rework	9/17/19	8,500			10 MO S/L	1,488	850
64 65	Resurface Basement Floor New Automatic Basement Door	5/03/20 2/28/20	7,145 5,257		7,145 5,257	7 MO S/L 7 MO S/L	1,191 1,001	1,021 751
67	Self Checkout	6/30/20	17,060		17,060	15 MO S/L	1,137	1,138
	Heat Pump	6/15/20	8,000		8,000		1,238	1,143
70 71	Chimney restoration Refinish basement floors	7/10/20 3/19/21	15,600 6,075		6,075	30 MO S/L 20 MO S/L	520 76	520 304
72	GLL Book Drop	7/29/20	6,410		6,410	10 MO S/L	588	641
73 74	Awnings Elevator	9/30/20 6/30/21	8,896 130,325			10 MO S/L 30 MO S/L	667 0	890 4,344
75	CARPET TILES IN STAIRWELL AND LA		8,761		8,761		0	365
76	STAIR TREAD REPLACEMENT SCHOO	2/07/22	6,660		6,660	10 MO S/L	0	278
77 78	CARPET TILE IN MAIN LIBRARY 1ST F GRANITE RESTORATION MAIN STREE		6,805 28,150		6,805 28 150	10 MO S/L 20 MO S/L	$0 \\ 0$	227 235
78 79	CARPET TILES IN CHILDREN'S LIBRAI		20,915		20,915		0	349
	Total Other Depreciation	_	3,296,909	-	3,296,909		1,510,880	100,117
	_	_		- -				
	Total ACRS and Other Deprec	eiation	3,296,909		3,296,909		1,510,880	100,117
		=		=				

10/25/2022 10:14 AM

KELLOGG KELLOGG-HUBBAR	D LIBRARY
03-0181056	Federal Asset Report
FYE: 6/30/2022	Form 990, Page 1

Asset	Description I	Date n Service Cost	Bus Sec Basis % 179Bonus for Depr	PerConv Meth Prior	Current
	Grand Totals Less: Dispositions and Transfers Less: Start-up/Org Expense	3,296,909 0 0	3,296,909 0	1,510,880 0 0 0 0	100,117 0 0
	Net Grand Totals	3,296,909	3,296,909	1,510,880	100,117

Asset

FYE: 6/30/2022

KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056

Bonus Depreciation Report Form 990, Page 1

22,372

Grand Total

sset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
53	Interior Solar Shades Accessible Doors CARPET TILES IN STAIRWELL AND LAI	2/22/18 8/31/17 2/07/22	2,188 11,423 8,761		0 0 0	0 0 0	0 0 0	2,188 11,423 8,761

0

10/25/2022 10:14 AM

22,372

KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056

Depreciation Adjustment Report 10/25/2022 10:14 AM **All Business Activities** FYE: 6/30/2022 AMT Adjustments/ Preferences Tax AMT Form Unit Asset There are no assets that meet the criteria of this report

10/25/2022 10:14 AM **FYE: 6/30/23**

KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056 Future Depreciation Report
FYE: 6/30/2022 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
OII D					
Other D	epreciation:				
1	Library Addition	5/01/01	2,563,452	64,087	0
2	Building Costs	11/13/01	9,315	233	0
3	Marble - Restoration of Bathroom	4/23/02	4,140	103	0
4 5	Landscaping Puilding Costs	8/09/02	3,996	0 127	0
6	Building Costs Elevator Escape Hatch	11/01/02 4/30/08	5,100 4,975	127	$0 \\ 0$
7	Renovations - CIP	1/01/11	2,391	59	0
ģ	Table	2/20/02	802	0	ŏ
15	AV Storage Cabinet	6/19/03	1,960	0	0
16	Furniture	5/01/01	37,617	0	0
18	Furniture	10/10/01	2,270	0	0
22 23	Sewer Pump	12/13/06	2,203	$0 \\ 0$	0
23 26	Expansion Tank for Heating System Bookshelves	10/31/07 5/31/05	2,311 3,000	0	$0 \\ 0$
28	3 Computer - IMLS Grant	10/31/08	5,196	0	0
29	Bookshelves	3/31/09	4,138	Ŏ	Ö
30	Phone System	5/20/09	5,533	0	0
31	Water Pressure Reducer	5/21/09	3,820	255	0
32	File Server	11/19/09	2,340	0	0
33 34	New Computers Compressor Rooftop HVAV Unit	8/03/10 5/11/11	10,335 2,450	$0 \\ 0$	$0 \\ 0$
35	Hot Water Tank	11/04/11	2,430 2,718	181	0
36	Security System Upgrade	11/01/12	2,090	70	ő
37	Automatic ADA Door	8/01/12	4,638	0	0
38	Fiber Cable	12/31/12	4,582	229	0
39	Outdoor Building Sign	6/15/13	2,300	211	0
40	Front Door Restoration (Wanamaker)	6/30/13	4,396	440	0
41 42	Copier Fiber Connect Wiring	4/25/14 7/26/13	3,752 1,110	0 111	$0 \\ 0$
43	Fiber Connect Equipment	10/31/13	1,906	190	0
44	District Heat	10/08/14	115,931	5,797	ŏ
46	Mouse Sculpture	6/30/16	11,571	0	0
47	Phone System	7/20/16	6,706	670	0
48	Exterior Woodwork	11/29/16	31,169	3,117	0
49 50	Heating System Upgrade	10/01/16	27,911	1,396	$0 \\ 0$
50 51	Video Security System Server	3/12/18 3/23/18	9,893 4,314	1,319 647	0
52	Interior Solar Shades	2/22/18	2,188	219	ő
53	Accessible Doors	8/31/17	11,423	1,142	0
54	Children's Library Mural	11/03/17	3,000	300	0
55	Walkways & Patios	6/14/18	7,759	517	0
56	WHITE'S LANDSCAPING PROJECT- WALKY		4,970	249	0
57 58	ELECTICAL WORK PUMP	11/30/18 12/14/18	18,332 2,374	459 237	$\begin{array}{c} 0 \\ 0 \end{array}$
59	WATER FOUNTAIN	8/30/19	3,000	300	0
60	WINDOW RESTORATION	7/31/19	12,500	625	Ö
61	HEATING CONTROLS	11/16/18	24,900	1,245	0
62	East Montpelier Room Epoxy Floor	9/09/19	9,573	1,367	0
63	Masonry Rework	9/17/19	8,500	850	0
64 65	Resurface Basement Floor New Automatic Basement Door	5/03/20 2/28/20	7,145 5,257	1,020 751	$0 \\ 0$
67	Self Checkout	6/30/20	17,060	1,137	0
68	Heat Pump	6/15/20	8,000	1,143	ő
70	Chimney restoration	7/10/20	15,600	520	0
71	Refinish basement floors	3/19/21	6,075	303	0
72	GLL Book Drop	7/29/20	6,410	641	0
73	Awnings	9/30/20	8,896	889	0
74 75	Elevator CARPET TILES IN STAIRWELL AND LAND	6/30/21 2/07/22	130,325 8,761	4,344 876	$0 \\ 0$
75 76	STAIR TREAD REPLACEMENT SCHOOL ST	2/07/22	6,660	666	0
77	CARPET TILE IN MAIN LIBRARY 1ST FLOC	3/09/22	6,805	680	ő
78	GRANITE RESTORATION MAIN STREET ET	4/26/22	28,150	1,407	0
79	CARPET TILES IN CHILDREN'S LIBRARY	5/02/22	20,915	2,091	0

10/25/2022 10:14 AM **FYE: 6/30/23**

KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056 Future Depreciation Report
FYE: 6/30/2022 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
	Total Other Depreciation		3,296,909	103,345	0
	Total ACRS and Other Depreciation		3,296,909	103,345	0
	Grand Totals		3,296,909	103,345	0

KELLOGG KELLOGG-HUBBARD LIBRARY

Tax Asset Detail 7/10 1/29 - 6/30/22

10/25/2022 10:14 AM

Page 1

03-0181056	
FYE: 6/30/2022	

d Date In Tax Sec 179 Exp Tax Tax Prior Tax Current Tax Tax Net Tax Tax Property Description Service Cost Current = \dot{c} Bonus Amt Depreciation Depreciation End Depr Book Value Method Period Asset t 5/01/01 2,563,452.05 0.00 0.00 1,292,407.05 1,356,493.35 1,206,958.70 S/L 40.00 Library Addition 64,086.30 9,315.00 0.00 4,579.97 232.88 4,502.15 S/L 40.00 2 **Building Costs** 11/13/01 0.00 4.812.85 Marble - Restoration of Bathroom 3 4/23/02 4,140.00 0.00 0.00 1,992.38 103.50 2,095.88 2.044.12 S/L 40.00 8/09/02 3,996.00 3,996.00 3,996.00 15.00 Landscaping 0.00 0.00 0.00 0.00 S/L **Building Costs** 11/01/02 5,100.00 0.00 0.00 2,380.00 127.50 2,507.50 2,592.50 S/L 40.00 Elevator Escape Hatch 4/30/08 4,975.00 0.00 0.00 1,648.03 124.38 1,772.41 3,202.59 S/L 40.00 Renovations - CIP 1/01/11 2,391.23 0.00 0.00 567.91 59.78 627.69 1,763.54 S/L 40.00 9 2/20/02 801.60 0.00 0.00 801.60 0.00 801.60 0.00 10.00 Table S/L 1,959.97 0.00 0.00 1,959.97 1,959.97 0.00 15 AV Storage Cabinet 6/19/03 0.00 S/L 7.00 37,616.99 16 Furniture 5/01/01 0.00 0.00 37,616.99 0.00 37,616.99 0.00 S/L 10.00 2,270.00 2,203.00 10/10/01 2,270.00 18 Furniture 0.00 0.00 2,270.00 0.00 0.00S/L 10.00 Sewer Pump 2,203.00 2,203.00 22 12/13/06 0.00 0.00 0.00 0.00 S/L 5.00 23 Expansion Tank for Heating System 10/31/07 2,311.00 0.00 0.00 2,311.00 0.00 2.311.00 0.00 S/L 5.00 26 Bookshelves 5/31/05 3,000.00 0.00 0.00 3,000.00 0.00 3,000.00 0.00 S/L 7.00 28 3 Computer - IMLS Grant 10/31/08 5,196.00 5,196.00 0.00 5,196.00 0.00 S/L 3.00 0.00 0.00 29 Bookshelves 4,137.59 4,137.59 0.00 3/31/09 0.00 0.00 4,137.59 0.00 S/L 7.00 30 5/20/09 5,533.20 5,533.20 0.00 S/L Phone System 0.00 0.00 0.00 5.533.20 7.00 31 5/21/09 3,820.00 3,098.48 Water Pressure Reducer 0.00 0.00 254.67 3,353.15 466.85 S/L 15.00 2,340.00 32 File Server 11/19/09 2,340.00 0.00 0.00 2,340.00 0.00 0.00 S/L 3.00 33 8/03/10 10,335.00 0.00 0.00 10,335.00 0.00 10,335.00 0.00 S/L 3.00 New Computers 34 Compressor Rooftop HVAV Unit 2,450.00 2,450.00 2,450.00 5/11/11 0.00 0.00 0.00 0.00 S/L 10.00 35 Hot Water Tank 11/04/11 2,718.42 0.00 0.00 1,751.88 181.23 1,933.11 785.31 S/L 15.00 Security System Upgrade Automatic ADA Door 36 11/01/12 2,090.00 0.00 0.00 1,811.33 209.00 2,020.33 69.67 S/L 10.00 37 4,637.74 4,637.74 0.00 S/L 8/01/12 0.00 0.00 0.00 4.637.74 7.00 4.582.27 20.00 38 12/31/12 0.00 1,947,44 229.11 2,405.72 S/L Fiber Cable 0.00 2,176.55 39 Outdoor Building Sign 6/15/13 2,300.00 0.00 0.00 1,859.17 230.00 2,089.17 210.83 S/L 10.00 40 Front Door Restoration (Wanamake 6/30/13 4,395.85 0.00 0.00 3,516.72 439.59 3,956.31 439.54 S/L 10.00 3,751.58 41 Copier 4/25/14 0.00 0.00 3,751.58 0.00 3,751.58 0.00 S/L 5.00 42 Fiber Connect Wiring 7/26/13 1,110.00 0.00 0.00 878.75 111.00 989.75 120.25 S/L 10.00 43 Fiber Connect Equipment 10/31/13 1,906.00 0.00 0.00 1,461.27 190.60 1,651.87 254.13 S/L 10.00 44 District Heat 115,930.65 0.00 71,007.54 S/L 20.00 10/08/14 0.00 39,126.58 5,796.53 44,923.11 46 Mouse Sculpture 6/30/16 11,571.01 0.00 0.00 0.00 0.00 0.00 11.571.01 Memo 0.00 47 Phone System 7/20/16 6,705.95 0.00 0.00 3,297.11 670.60 3,967.71 2,738.24 S/L 10.00 48 Exterior Woodwork 11/29/16 31,168.51 0.00 0.00 14,285.56 3,116.85 17,402.41 13,766.10 S/L 10.00 49 Heating System Upgrade 10/01/16 27,911.09 0.00 0.00 6,628.87 1,395.55 8,024.42 19,886.67 S/L 20.00 Video Security System 50 3/12/18 9,893.00 0.00 0.00 6,595.33 1,978.60 8,573.93 1,319.07 S/L 5.00 51 3/23/18 4,314.00 0.00 0.00 862.80 647.10 S/L 5.00 Server 2,804.10 3,666.90 52 Interior Solar Shades 2/22/18 2,188.00 0.00 0.00 729.33 218.80 948.13 1,239.87 S/L 10.00 11,422.62 53 Accessible Doors 8/31/17 0.00 0.00 4.378.67 1,142.26 5,520.93 5.901.69 S/L 10.00 54 Children's Library Mural 11/03/17 3,000.00 0.00 0.00 1,100.00 300.00 1,400.00 1,600.00 S/L 10.00 55 6/14/18 7,759.00 1,594.92 5,646.81 S/L Walkways & Patios 0.00 0.00 517.27 2,112.19 15.00 56 WHITE'S LANDSCAPING PROJE 7/24/18 4,970.00 0.00 0.00 724.79 248.50 973.29 3,996.71 S/L 20.00 57 ELECTICAL WORK 11/30/18 18,332.29 0.00 0.00 1,183.97 458.31 1,642.28 16,690.01 S/L 40.00 58 2,373.50 237.35 1,523.00 S/L **PUMP** 12/14/18 0.00 0.00 613.15 850.50 10.00 59 WATER FOUNTAIN 8/30/19 2,150.00 S/L 3,000.00 0.00 0.00 550.00 300.00 850.00 10.00 60 WINDOW RESTORATION 7/31/19 12,500.00 0.00 0.00 1,197.92 625.00 1,822.92 10,677.08 S/L 20.00 61 HEATING CONTROLS 11/16/18 24,900.00 0.00 0.00 3,216.25 1,245.00 4,461.25 20,438.75 S/L 20.00 East Montpelier Room Epoxy Floor Masonry Rework 9,573.00 2,507.21 5,698.22 S/L 62 9/09/19 0.00 0.00 1,367.57 3,874.78 7.00 1,487.50 6,162.50 S/L 63 9/17/19 8,500.00 0.00 0.00 850.00 2,337.50 10.00 64 Resurface Basement Floor 5/03/20 7,145.00 0.00 0.00 1,190.83 1,020.71 2,211.54 4,933.46 S/L 7.00 65 New Automatic Basement Door 2/28/20 5,257.28 0.00 0.00 1,001.39 751.04 1,752.43 3,504.85 S/L 7.00 KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056 Tax Asset Detail 7/01/21 - 6/30/22

FYE: 6/30/2022

Asset	d t Property Des		Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
67	Self Checkout		6/30/20	17,060.00	0.00	0.00	1,137.33	1,137.33	2,274.66	14,785.34	S/L	15.00
68	Heat Pump		6/15/20	8,000.00	0.00	0.00	1,238.10	1,142.86	2,380.96	5,619.04	S/L	7.00
70	Chimney restoration		7/10/20	15,600.00	0.00	0.00	520.00	520.00	1,040.00	14,560.00	S/L	30.00
71	Refinish basement fl	oors	3/19/21	6,075.00	0.00	0.00	75.94	303.75	379.69	5,695.31	S/L	20.00
72	GLL Book Drop		7/29/20	6,410.00	0.00	0.00	587.58	641.00	1,228.58	5,181.42	S/L	10.00
73	Awnings		9/30/20	8,896.00	0.00	0.00	667.20	889.60	1,556.80	7,339.20		10.00
74	Elevator		6/30/21	130,325.00	0.00	0.00	0.00	4,344.17	4,344.17	125,980.83	S/L	30.00
75	CARPET TILES IN	STAIRWELL .	2/07/22	8,761.43	0.00c	0.00	0.00	365.06	365.06	8,396.37		10.00
76	STAIR TREAD REI	PLACEMENT !	2/07/22	6,660.00	0.00c	0.00	0.00	277.50	277.50	6,382.50	S/L	10.00
77	CARPET TILE IN N	IAIN LIBRAR	3/09/22	6,805.00	0.00c	0.00	0.00	226.83	226.83	6,578.17		10.00
78	GRANITE RESTOR	ATION MAIN	4/26/22	28,150.00	0.00c	0.00	0.00	234.58	234.58	27,915.42		20.00
79	CARPET TILES IN	CHILDREN'S	5/02/22	20,915.31	0.00c	0.00	0.00	348.59	348.59	20,566.72	S/L	10.00
		Gra	and Total	3,296,908.13	<u>0.00</u> c	0.00	1,510,879.68	100,113.55	1,610,993.23	1,685,914.90		

10/25/2022 10:14 AM Page 2

Form 990 Two Year Comparison Report
For calendar year 2021, or tax year beginning 07/01/21 , ending 06/30/22 2020 & 2021

Name Taxpayer Identification Number 03-0181056 KELLOGG-HUBBARD LIBRARY 2020 2021 **Differences** 1. Contributions, gifts, grants $\overline{454,437}$ 320,319 -134,1181. 2. Membership dues and assessments 2. 3. Government contributions and grants 573,070 -76,565 3. 496,505 4. Program service revenue 11,961 36,727 24,766 4. 5. Investment income 5. 94,633 128,415 33,782 6. **6.** Proceeds from tax exempt bonds -242,490 596,539 354,049 7. Net gain or (loss) from sale of assets other than inventory 7. 8. Net income or (loss) from fundraising events 6,840 -6,8408. 9. 9. Net income or (loss) from gaming **10.** Net gain or (loss) on sales of inventory 10. 6,728 9,803 3,075 11. 11. Other revenue 744,208 345,818 12. 12. Total revenue. Add lines 1 through 11 13. **13.** Grants and similar amounts paid 14. Benefits paid to or for members 14. 143,909 15. Compensation of officers, directors, trustees, etc. 15. 142,741 -1,168482,039 538,456 56,417 **16.** Salaries, other compensation, and employee benefits 16. 17. 17. Professional fundraising fees 18. Other professional fees 29,001 56,377 27,376 18. 19. Occupancy, rent, utilities, and maintenance 142,716 261,362 118,646 19. 94,017 100,114 6,097 20. Depreciation and Depletion 20. 128<u>,050</u> 132,578 4,528 21. **21.** Other expenses 211,896 019,732 1,231,628 22. 22. Total expenses. Add lines 13 through 21 724,476 114,190 -610,286 23. Excess or (Deficit). Subtract line 22 from line 12 23. 744,208 345,818 -398,390 24. Total exempt revenue 24. 25. Total unrelated revenue 25. 26. Total excludable revenue 716,701 528,994 -187,70726. 8,281,824 7,538,885 -742,939 27. Total assets 27. $\overline{11},494$ 28. 38,884 50,378 28. Total liabilities **29.** Retained earnings 7,488,507 8,242,940 -754,433 29. **30.** Number of voting members of governing body 30. 13 12 31. Number of independent voting members of governing body 13 12 31. 34 30 32. Number of employees 32.

83

33.

33. Number of volunteers

62

Form 990	Tax Return History	2021
Name		Employer Identification Number
-	KELLOGG-HUBBARD LIBRARY	03-0181056

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	627,160	858,379	906,789	1,027,507	816,824	
Membership dues						
Program service revenue	70,114	70,678	51,515	11,961	36,727	
Capital gain or loss		-92	-153	596,539	354,049	
Investment income		118,678	108,495	94,633	128,415	
Fundraising revenue (income/loss)		12,223	6,644	6,840	·	
Gaming revenue (income/loss)			·			
Other revenue			412	6,728	9,803	
Total revenue	832,507	1,059,866	1,073,702	1,744,208	1,345,818	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.	84,833	78,288	131,309	143,909	142,741	
Other compensation		576,863	487,361	482,039	538,456	
Professional fees	33,448	36,723	31,996	29,001	56,377	
Occupancy costs	136,482	161,303	148,153	142,716	261,362	
Depreciation and depletion	81,382	85,471	88,184	94,017	100,114	
Other expenses	90,990	67,407	81,234	128,050	132,578	
Total expenses	1,007,948	1,006,055	968,237	1,019,732	1,231,628	
Excess or (Deficit)		53,811	105,465	724,476	114,190	
Total exempt revenue	832,507	1,059,866	1,073,702	1,744,208	1,345,818	
Fotal unrelated revenue						
Total excludable revenue	205,347	201,487	166,913	716,701	528,994	
Total Assets		6,830,916	7,211,494	8,281,824	7,538,885	
Total Liabilities	167,014	173,672	181,802	38,884	50,378	
Net Fund Balances	6,313,430	6,657,244	7,029,692	8,242,940	7,488,507	

KELLOGG KELLOGG-HUBBARD LIBRARY
03-0181056 Federal Statements 10/25/2022 10:14 AM

FYE: 6/30/2022

Tax-Exempt Interest on Investments

Description						
		Amount	Unrelated I Business	Exclusion Code	Acquired after 6/30/75	InState Muni (\$ or %)
INTEREST AND DIVIDEN	IDS					
	\$	128,415		14		
TOTAL	\$	128,415				

KELLOGG KELLOGG-HUBBARD LIBRARY

03-0181056

FYE: 6/30/2022

Federal Statements

10/25/2022 10:14 AM

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E	Total xpenses	ogram ervice	nagement & General	-und aising
PAYROLL PROCESSING FEES	\$	19,559	\$	\$ 19,205	\$ 354
TOTAL	\$	19,559	\$ 0	\$ 19,205	\$ 354

KELLOGG KELLOGG-HUBBARD LIBRARY 03-0181056

FYE: 6/30/2022

Federal Statements

10/25/2022 10:14 AM

Schedu	le A F	Part II ∣	l ine 8 <i>(e</i>	۱,

Description	Amo	ount
INTEREST AND DIVIDENDS	\$ 1	28,415
TOTAL	\$ <u> </u>	28,415

Schedule A, Part II, Line 10(e)

Description	Amount
EVENING AT THE LIBRARY MISCELLANEOUS FUNDRAISING POEM CITY	\$
TOTAL	\$0