Form	990
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** PUBLIC DISCLOSURE COPY ** 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. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Т

<u>A F</u>	or th	e 2023 calendar year, or tax year beginning and	ending		
B c a	heck if pplicab	C Name of organization		D Employer identified	cation number
	Addre	JAMES V. BROWN LIBRARY			
	Name			24-07991	80
	Initial		Room/suite		
				570-326-	
	termi			G Gross receipts \$	3,254,637.
	Amer			H(a) Is this a group re	
	Appli tion			for subordinates	
	pend	^{ng} SAME AS C ABOVE			
IT	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 52		list. See instructions
	Vebsi			H(c) Group exemptio	
K F	orm o	f organization: 🚺 Corporation 🔄 Trust 🔄 Association 🔄 Other	L Year	· · · · · · · · · · · · · · · · · · ·	A State of legal domicile: PA
	irt I	Šummary	•	•	
	1	Briefly describe the organization's mission or most significant activities: PROV	IDE FE	REE PUBLIC LI	IBRARY
ЭС		SERVICES FOR THE NEEDS OF LYCOMING COUNTY			
Governance	2	Check this box if the organization discontinued its operations or disposed	sed of more	e than 25% of its net as	sets.
vel	3	Number of voting members of the governing body (Part VI, line 1a)			9
	4	Number of independent voting members of the governing body (Part VI, line 1b)			9
80	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			41
/itie	6	Total number of volunteers (estimate if necessary)			34
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.
<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø	8	Contributions and grants (Part VIII, line 1h)		2,423,441.	2,312,158.
'nué	9	Program service revenue (Part VIII, line 2g)		102,604.	134,246.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	266,260.	327,985.	
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-2,661.	-3,238.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,789,644.	2,771,151.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,329,636.	1,603,176.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 141, 9	01.		
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,047,191.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,376,827.	2,679,643.
	19	Revenue less expenses. Subtract line 18 from line 12		412,817.	91,508.
Net Assets or Fund Balances			В	eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)	∟	13,244,110.	13,423,794.
t As	21	Total liabilities (Part X, line 26)		355,848.	111,483.
		Net assets or fund balances. Subtract line 21 from line 20		12,888,262.	13,312,311.
	rt II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			/ knowledge and belief, it is
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	hich prepare	r has any knowledge.	

Sign	Signature of officer		Date					
•	AMY C. RESH, CEO & DIRECT	OR						
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date Check P	TIN				
Paid	JAIME L. KUNTZ, CPA	JAIME L. KUNTZ, CPA	A 11/03/24 self-employed P01	1272711				
Preparer	Firm's name BAKER TILLY ADVIS	ORY GROUP, LP	Firm's EIN 39-085	59910				
Use Only	Firm's address 1000 COMMERCE PAR	K DR.						
	WILLIAMSPORT, PA	17701	Phone no. 570. 323	3.6023				
May the IF	May the IRS discuss this return with the preparer shown above? See instructions							
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)							

Brive A MZ CC IT Dicc price If " Dicc price If " Dicc Price If " Dicc Price If " Dicc Price If " Dicc Price If " Dicc Price If " Dicc Price If " Dicc If " Dicc Price If " Price If " Price If " Dicc Price If " If " Price If " If " Price If " If " Price If " If " I	Statement of Program Service Accomplishments Check if Schedule Q contains a response or note to any line in this Part III (iffly describe the organization's mission: FREE PUBLIC LIBRARY LOCATED IN WILLIAMSPORT, PA, THE LIBRARY AINTAINS AND IMPROVES THE QUALITY OF LIFE FOR ALL CITIZENS OF OUR OMMUNITY BY PROVIDING RESOURCES THAT ENHANCE AND CONTRIBUTE TO NDIVIDUAL KNOWLEDGE, ENLIGHTENMENT, AND ELJOYMENT. (d the organization undertake any significant program services during the year which were not listed on the ior Form 990 or 990-E2? 'Yes,' describe these new services on Schedule O. secribe the organization cease conducting, or make significant changes in how it conducts, any program services, as measured by expenses. action 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and venue, if any, for each program service reported
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d Oth	ther program services (Describe on Schedule O.)
	<pre>kpenses \$ including grants of \$) (Revenue \$)</pre>
	otal program service expenses 1,407,480.
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		v
c	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8	x	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		v
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
a	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	11d	x	
۵	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	x	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		х
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
17		17		х
18	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		_	
-	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
332003	12-21-23	Form	990 (2023)

332003 12-21-23

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			Vee	Na
00	Did the exception report more than \$5,000 of grants or other exciptions to ar far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		x
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
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		X
	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		
	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 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, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
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		X
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 19?			
Dor	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	
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	990 (2023) JAMES V. BROWN LIBRARY t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		24-0799	100	Р	age 5
					Yes	No
3	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	41			
)	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х	
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο		3b		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	nt)?	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 Financial Ad	ccoun	ts (FBAR).			
ōa	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 transact	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
à	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e orga	nization 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 contribution	ons or	gifts			
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е			
	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		
C	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		-		
1	Section 501(c)(12) organizations. Enter:		1			
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				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
3	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1			
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
1a	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? If "No," provide an explanation on Schedul	le O		14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incon	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities	5			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					
						(2023

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Form 990	(2023)
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Part VI	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response	
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	
	Check if Schedule O contains a response or note to any line in this Part VI	Х

					X
Section A	. Governing Body and Management				
				Yes	No
1a Enter t	ne number of voting members of the governing body at the end of the tax year	1a <u>-</u>	2		
If there	are material differences in voting rights among members of the governing body, or if the governing				
body de	legated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter t	ne number of voting members included on line 1a, above, who are independent	1b 9	9		
2 Did any	officer, director, trustee, or key employee have a family relationship or a business relationship	with any other			
	director, trustee, or key employee?		2		Х
	organization delegate control over management duties customarily performed by or under the				
			3		Х
	organization make any significant changes to its governing documents since the prior Form 99		4		X
	organization become aware during the year of a significant diversion of the organization's asse		5		X
			6		X
	organization have members or stockholders? organization have members, stockholders, or other persons who had the power to elect or ap		0		- 23
			_		v
	nembers of the governing body?		7a		X
	/ governance decisions of the organization reserved to (or subject to approval by) members, sto				37
•	s other than the governing body?		7b		X
	organization contemporaneously document the meetings held or written actions undertaken during the year				
	verning body?		<u>8a</u>	X	
	ommittee with authority to act on behalf of the governing body?		8b	X	
	e any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac				
organiz	ation's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Х
ection B	. Policies (This Section B requests information about policies not required by the Internal Rev	venue Code.)			
				Yes	No
Da Did the	organization have local chapters, branches, or affiliates?		10a		Х
	" did the organization have written policies and procedures governing the activities of such cha				
and bra	anches to ensure their operations are consistent with the organization's exempt purposes?		10b		
1a Has the	e organization provided a complete copy of this Form 990 to all members of its governing body		11a	Х	
	be on Schedule O the process, if any, used by the organization to review this Form 990.	Ū			
	organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
	ficers, directors, or trustees, and key employees required to disclose annually interests that could give rise		12b	X	
	roganization regularly and consistently monitor and enforce compliance with the policy? If " γ_i		12.5		
		,	12c	x	
	edule O how this was done		13	X	
	organization have a written whistleblower policy?		13	X	
	organization have a written document retention and destruction policy?		14	<u></u>	
	process for determining compensation of the following persons include a review and approval				
-	s, comparability data, and contemporaneous substantiation of the deliberation and decision?			v	
	panization's CEO, Executive Director, or top management official		15a	X	
	fficers or key employees of the organization		15b	X	
	to line 15a or 15b, describe the process on Schedule O. See instructions.				
	organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent with a			
	entity during the year?		16a		X
b If "Yes,	" did the organization follow a written policy or procedure requiring the organization to evaluate	e its participation			
in joint	venture arrangements under applicable federal tax law, and take steps to safeguard the organi	zation's			
	t status with respect to such arrangements?		16b		
ection C	. Disclosure				
7 List the	e states with which a copy of this Form 990 is required to be filed				
B Section	n 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	d 990-T (section 501(c)(3)	s only)	availat	ble
for pub	lic inspection. Indicate how you made these available. Check all that apply.				
		on Schedule O)			
9 Descrit	be on Schedule O whether (and if so, how) the organization made its governing documents, cor		d financ	cial	
	ents available to the public during the tax year.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ne name, address, and telephone number of the person who possesses the organization's boo	ks and records			
	STIN CARINGI, CFO/COO - (570) 326-0536				
-	EAST FOURTH STREET, WILLIAMSPORT, PA 17701				
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Part VII	Со	mpensation of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
-	Em	ployees, and Independe	ent Contra	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• 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 organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	(do not check more than one				ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	an	compensation	compensation	amount of
	week		cer an	dad	a director/trustee)			from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ual tr	tional		yolqr	st con /ee	_	1099-1120)		organizations
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) KRISTIN CARINGI	30.00									
CHIEF FINANCIAL OFFICER	7.50			Х				93,861.	0.	3,294.
(2) BARBARA MCGARY	30.00									
EXECUTIVE DIRECTOR (UNTIL 3/23)	7.50			Х				60,105.	0.	7,620.
(3) AMY RESH	30.00									
CEO & DIRECTOR (AS OF 6/23)	7.50			Х				63,331.	0.	559.
(4) JOHN M. CONFER	1.00									
PRESIDENT	1.00	Х		Х				0.	0.	0.
(5) BRETTE CONFAIR	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) TRISHA GIBBONS MARTY	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) MARSHALL D. WELCH III	1.00									_
TREASURER		Х		Х				0.	0.	0.
(8) GLORIA Z. GREEVY	1.00									•
TRUSTEE	1 00	Х						0.	0.	0.
(9) DR. TIMOTHY BOWERS	1.00								•	0
TRUSTEE	1 00	X						0.	0.	0.
(10) MAYOR DEREK SLAUGHTER	1.00								0	0
TRUSTEE	1 00	Х						0.	0.	0.
(11) RICHARD MIRABITO	1.00	x						0.	0.	0
TRUSTEE (12) REVEREND KYLE MURPHY	1.00	<u> </u>						0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
		~						0.	0.	0.
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Form 990 (2023)

	orm 990 (2023) JAMES V. BROWN LIBRARY 24-0799180 Page										
Par	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
	(A) Name and title	(B) Average hours per week	box,	not cl unles	ss per	ition more rson is	l than c s both r/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC 1099-NEC)	compensation from the organization and related organizations
1b	Subtotal								217,297.	(0. 11,473.
	Total from continuation sheets to Part VII Total (add lines 1b and 1c) Total number of individuals (including but no	, Section A	· · · · · · · ·		· · · · · · · ·				0. 217,297.	(0. <u>0.</u> 0. 11,473.
2	compensation from the organization		J26	IISLE	u au		<i>y</i> wir		ceived more than \$100,		0
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for su			•	•	•		•	• •		Yes No 3 X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,	" coi	mple	ete S	Sche	edule	J f	or such individual		<u>4 X</u>
Sec	rendered to the organization? <i>If "Yes." com</i> tion B. Independent Contractors										5 X
1	Complete this table for your five highest cor the organization. Report compensation for t	•	•							· ·	nsation from
	(A) Name and business			ONE					(B) Description of s		(C) Compensation
2	Total number of independent contractors (ir \$100,000 of compensation from the organiz	•	ot lin	nited	l to t	thos C		ted	above) who received m	ore than	Form 990 (2023)

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				OWN LIBRAR	Y		24-0799	180 Page 9
Pa	rt VI	II Statement of Rev	venue					
		Check if Schedule O c	contains a respon	se or note to any lir				
					(A)	(B)	(C) Unrelated	(D) Revenue excluded
					Total revenue	Related or exempt function revenue	business revenue	
						lanetion revenue		sections 512 - 514
s S	1 a	Federated campaigns	1a					
, Gifts, Grants nilar Amounts	1 G				-			
ы В С	b			50,652.	-			
Ę,	С	Fundraising events		50,052.	-			
ar Git	d	Related organizations	<u>1d</u>		4			
s, ini	е	Government grants (contri	ibutions) 1e	1,937,443.	-			
rio	f	All other contributions, gifts,	grants, and					
Contributions, Gifl and Other Similar		similar amounts not included	above 1f	324,063.				
<u>i</u>	g	Noncash contributions included in I	lines 1a-1f 1g \$	1,137.				
2 N N	h	Total. Add lines 1a-1f		•	2,312,158.			
				Business Code				
	-	LIBRARY OPERA	MTONG	611710	134,246.	134,246.		
ice	2 a				154,240.	154,240.		
e v	b	·						
S L	С							
eve	d							
Program Service Revenue	е							
Ā	f	All other program service	revenue					
	q				134,246.			
	3	Investment income (includ						
	U				255,973.			255,973.
		, ,			233,573.			233,373.
	4	Income from investment o	•	•				
	5	Royalties						
			(i) Real	(ii) Personal	-			
	6 a	Gross rents	6a 12,00					
	b	Less: rental expenses	6b 5,89	3.				
	с	Rental income or (loss)	6c 6,10	7.				
	d	Net rental income or (loss))		6,107.			6,107.
		Gross amount from sales of	(i) Securitie	es (ii) Other				,
		assets other than inventory	7a 504,61					
	L.	Less: cost or other basis	78501701	20,0000	1			
	a		- 452 60	1. 0.				
venue		and sales expenses	7b 452,60		-			
eve	С	Gain or (loss)	[7c] 5∠,01.	2. 20,000.	FO 010			FO 010
Re		Net gain or (loss)	1		72,012.			72,012.
Other R	8 a	Gross income from fundraisir	ng events (not					
₹		including \$ 50	,652. of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a 15,647.				
	b			8b 24,992.				
					-9,345.			-9,345.
	c		-	<u> </u>	5,545.			5,545.
	чa	Gross income from gamin		-				
		Part IV, line 19		9a	-			
		Less: direct expenses	•••••••	9b				
	с	Net income or (loss) from	gaming activities					
	10 a	Gross sales of inventory, l	ess returns					
		and allowances		10a				
	h	Less: cost of goods sold		10b				
		Net income or (loss) from :						
				Business Code				
sn	44 -							
eoi	11 a				+			<u> </u>
lan	b							
sel Sev	С			_				
Miscellaneous Revenue	d	All other revenue						
~	е	Total. Add lines 11a-11d						
	12	Total revenue. See instructio	ons		2,771,151.	134,246.	0.	324,747.
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 Form 990 (2023)
 JAMES V. BROWN LIBRARY

 Part IX
 Statement of Functional Expenses

	Check if Schedule O contains a respons	e or note to any line in t (A)		(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			114 001	
	trustees, and key employees	228,770.	98,553.	114,261.	15,956
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 146 604	402.002		01 247
7	Other salaries and wages	1,146,624.	493,963.	571,314.	81,347
8	Pension plan accruals and contributions (include	20 200	10 070		
	section 401(k) and 403(b) employer contributions)	30,380. 92,634.	10,270.	18,057. 44,483.	2,053
9	Other employee benefits	92,634.	44,898.	44,483.	2,053 3,253 7,629
D	Payroll taxes	104,768.	43,567.	53,572.	/,629
1	Fees for services (nonemployees):				
а	Management	0 205		0 205	
b	Legal	2,305. 18,275.		2,305.	
С	Accounting	18,2/5.		18,275.	
d	, , , , , , , , , , , , , , , , , , ,				
е	Professional fundraising services. See Part IV, line 17	24 270		24.270	
f	Investment management fees	34,370.		34,370.	
g				CO CAD	
_	column (A), amount, list line 11g expenses on Sch 0.)	60,642. 12,311.		60,642.	10 011
2	Advertising and promotion		21 002	26 742	<u>12,311</u> 7,031
3	Office expenses	54,866.	21,093.	26,742.	7,031
4	Information technology	11,487.	11,487.		
5	Royalties	67 072	40 400	10 564	
6		67,973. 5,273.	<u>49,409.</u> 5,273.	18,564.	
7		5,4/3.	5,2/3.		
B	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	10 201	10 001		
9	Conferences, conventions, and meetings	19,261.	19,261.		
D					
1	Payments to affiliates	200 644	220 501	61 052	
2	Depreciation, depletion, and amortization	300,644. 36,180.	239,591. 27,135.	61,053. 9,045.	
3		30,100.	27,135.	9,045.	
1	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 0.)	05 00/	05 001		
a	BOOKS AUDIO VISUAL	95,894. 90,749.	<u>95,894</u> . 90,749.		
b			22,947.	66 102	
с	REPAIRS AND MAINTENANCE	89,050.		66,103.	
d	PERIODICAL AND NEWSPAPE	75,014.	75,014.	21 176	10 001
	All other expenses	102,173.	58,376.	31,476.	12,321
5	Total functional expenses. Add lines 1 through 24e	2,679,643.	1,407,480.	1,130,262.	141,901
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Form 990 (2023)

JAMES V. BROWN LIBRARY

Form 990 (2023)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	608.	1	611.
	2	Savings and temporary cash investments	1,669,243.	2	795,232.
	3	Pledges and grants receivable, net		3	242,954.
	4	Accounts receivable, net	2,625.	4	1,875.
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ŝ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	21,398.	9	11,231.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 10,777,340.			
	b	Less: accumulated depreciation 10b 5,757,097.		10c	5,020,243.
	11	Investments - publicly traded securities	5,560,170.	11	6,137,422.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1,130,598.	15	1,214,226.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	13,244,110.	16	13,423,794.
	17	Accounts payable and accrued expenses	82,377.	17	74,403.
	18	Grants payable	000 404	18	28 000
	19	Deferred revenue	273,471.	19	37,080.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
iliti		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	26	of Schedule D	355,848.	25 26	111,483.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	555,040.	20	111,403.
Sa		and complete lines 27, 28, 32, and 33.			
nce	27	Net assets without donor restrictions	10,643,124.	27	11,433,338.
3ale	28	Net assets with donor restrictions	2,245,138.	28	1,878,973.
Б	20	Organizations that do not follow FASB ASC 958, check here		20	
Fur		and complete lines 29 through 33.			
P	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	12,888,262.	32	13,312,311.
2	33	Total liabilities and net assets/fund balances	13,244,110.	33	13,423,794.
	100		,,,,	00	Earm 990 (20)

Form 990 (2023)

	1990 (2023) JAMES V. BROWN LIBRARY	24-	0799	180	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,771	.,1	51.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,679),6	43.
3	Revenue less expenses. Subtract line 2 from line 1	3				08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12	,888		
5	Net unrealized gains (losses) on investments	5		215	5,0	61.
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		117	7,4	80.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	13	<u>,312</u>	2,3	<u>11.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
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	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	t			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	000	L

Form **990** (2023)

332012 12-21-23

Department of the Treasury Internal Revenue Service

(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	
2023	

Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	the organization							identification number				
			S V. BROWN						4-0799180				
Pa	rtI	Reason for Public C	Sharity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.					
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only	one box.)							
1		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)											
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).											
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
		city, and state:											
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II.)											
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).						
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	ernmental	unit or from th	ne general p	oublic described in				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)										
8		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)								
9		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	land-grant	college				
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or				
		university:											
10		An organization that normal	Ily receives (1) more t	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from				
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of its	s support fi	om gross investment				
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busines	ses acquii	red by the org	anization a	fter June 30, 1975.				
		See section 509(a)(2). (Cor	mplete Part III.)										
11		An organization organized a	and operated exclusi	vely to test for public sa	fety. See	section 50)9(a)(4).						
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or				
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section &	509(a)(3). 🤇	Check the box on				
		_lines 12a through 12d that o	describes the type of	f supporting organizatior	n and com	plete lines	12e, 12f, and	12g.					
а		Type I. A supporting orga	anization operated, su	upervised, or controlled	by its supp	ported orga	anization(s), ty	pically by	giving				
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting				
		_ organization. You must c	complete Part IV, Se	ctions A and B.									
b		Type II. A supporting orga	anization supervised	or controlled in connect	tion with it	s supporte	d organizatio	n(s), by hav	ing				
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported				
		organization(s). You mus	-										
с		Type III functionally inte						ly integrate	d with,				
	_	its supported organizatior		-									
d		Type III non-functionally						-					
		that is not functionally int	0 0	0,				an attentiv	reness				
	_	requirement (see instructi	,	• •	,								
е		Check this box if the orga					Type I, Type	II, Type III					
	F oota	functionally integrated, or		, , , , , , , , , , , , , , , , , , , ,	0 0								
		er the number of supported on vide the following information	•	d organization(s)									
9		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	fmonetary	(vi) Amount of other				
		organization		(described on lines 1-10	in your governi Yes	ng document? No	support (see ir	-	support (see instructions)				
				above (see instructions))	163								
Tota													

JAMES V. BROWN LIBRARY

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2002629.	2791126.	2686519.	2423441.	2312158.	12215873.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2002629.	2791126.	2686519.	2423441.	2312158.	12215873.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						12215873.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	2002629.	2791126.	2686519.	2423441.	2312158.	12215873.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots	137,077.	152,107.	151,975.	184,740.	267,973.	893,872.
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.)	1,076.	375.		17,696.	15,647.	
11	Total support. Add lines 7 through 10						13144539.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	580,931.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, 1	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
_	organization, check this box and stor					<u></u>	
Sec	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I		•	())		14	92.93 %
	Public support percentage from 2022					15	94.41 %
16a	33 1/3% support test - 2023. If the o				14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	-			line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test	0				-	10% or
	more, and if the organization meets the						[]
40	organization meets the facts-and-circu		-		• •		
18	Private foundation. If the organization	n dia not check a	oox on line 13, 16a	a, 100, 17a, or 17b	D, CHECK THIS DOX A		
						Scriedule A	(Form 990) 2023

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JAMES V. BROWN LIBRARY

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.)

Sec	ction A. Public Support					_	
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (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 per- formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization'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						
	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						
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	3 (f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
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	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgai	nization,
Sec	tion C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2022					16	%
Sec	ction D. Computation of Inves						
17	Investment income percentage for 20)23 (line 10c, colur	mn (f), divided by	line 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than 3	33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a	-	•		••••		
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						ation
	Private foundation. If the organization	on did not check a	box on line 14, 19	9a, or 19b, check t	this box and see in:		
33202	3 12-21-23		15	5		Schee	dule A (Form 990) 2023

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Schedule A (Form 990) 2023

JAMES V. BROWN LIBRARY

1

Yes No

Part IV | Supporting Organizations

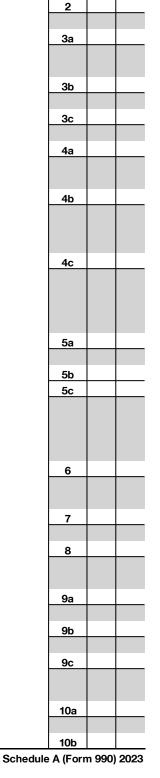
(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and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

Section A. All Supporting Organizations

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

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	(Form 990) 2023	10			LIBRARY
Partiv	Supporting Orgar	lizations (CO	ntinu	red)	

1

2

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of 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 supported 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.
 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, o	r controlled the supportin	a oraanization.
Section C. Typ	e II Supporting Org	anizations

			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		

Section D. All T	ype III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions)	
---	--	---	--	--

17

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a 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.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.* 332025 12-21-23

3b | | Schedule A (Form 990) 2023

2a

2b

3a

20321103 144198 98929

2023.05000 JAMES V. BROWN LIBRARY 989

98929 1

Yes No

1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.							
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.							
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1	Net short-term capital gain	1						
2	Recoveries of prior-year distributions	2						
3	Other gross income (see instructions)	3						
4	Add lines 1 through 3.	4						
5	Depreciation and depletion	5						
6	Portion of operating expenses paid or incurred for production or							
	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						
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see							
	instructions for short tax year or assets held for part of year):							
а	Average monthly value of securities	1a						
b	Average monthly cash balances	1b						
с	Fair market value of other non-exempt-use assets	1c						
d	Total (add lines 1a, 1b, and 1c)	1d						
е	Discount claimed for blockage or other factors							
	(explain in detail in Part VI):							
2	Acquisition indebtedness applicable to non-exempt-use assets	2						
3	Subtract line 2 from line 1d.	3						
4	Cash deemed held for exempt use. Enter 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						
Sect	ion 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						
-			· · · · · · · · · · · · · · · · · · ·	/				

JAMES V. BROWN LIBRARY

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Schedule A (Form 990) 2023

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332026 12-21-23

Schedule A (Form 990) 2023

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 Total annual distributions. Add lines 1 through 6. 7 8 Distributions to attentive supported organizations to which the organization is reapposition. 7

8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.	8			
9	Distributable amount for 2023 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	IS	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
C	Excess from 2021				
d	Excess from 2022				
e	Excess from 2023				
				Sc	hedule A (Form 990) 2023

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2023.05000 JAMES V. BROWN LIBRARY

98929__1

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1

2

3 4 **Current Year**

Schedule A						LIBRARY		
Part V	Type II	l Non-Functi	onally Inte	grat	ed 509(a)	(3) Supporting	Organizations	(continued)

organizations, in excess of income from activity

4 Amounts paid to acquire exempt-use assets

1 Amounts paid to supported organizations to accomplish exempt purposes

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

Schedule A (Form 990) 2023	JAMES V. BROWN LIBRARY	24-0799180 Page 8
Part IV, Section A, line 1; Part IV, Sec	I Information. Provide the explanations required by Part II, line 10; Part II, line 17a, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines ction D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit	s 1 and 2; Part IV, Section C, t V, Section B, line 1e; Part V,
SCHEDULE A, PART	II, LINE 10, EXPLANATION FOR OTHER INCOME:	
WORKSHOP INCOME		
2019 AMOUNT: \$	1,076.	
2020 AMOUNT: \$	375.	
FUNDRAISING EVEN	IT RECEIPTS	
2022 AMOUNT: \$	17,696.	
2023 AMOUNT: \$	15,647.	
332028 12-21-23	20	Schedule A (Form 990) 2023

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Name	of the	organization	
1441110	01 010	gainzation	

Schedule B

Department of the Treasury

Organization type (check one):

Internal Revenue Service

(Form 990)

TAMES	v.	BROWN	LIBRARY
	•••	DICOUL	

24-	07	991	80

Section:
\fbox 501(c)(3) (enter number) organization
4947(a)(1) nonexempt charitable trust not treated as a private foundation
527 political organization
501(c)(3) exempt private foundation
4947(a)(1) nonexempt charitable trust treated as a private foundation
501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set is the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

JAMES V. BROWN LIBRARY

24 - 0799180

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$904,021. 	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>1,023,597.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 12-26		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

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Page **2**

Name of organization

Page 3

Employer identification number

24 - 0799180

JAMES V. BROWN LIBRARY

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

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23 2023.05000 JAMES V. BROWN LIBRARY

98929__1

ame of organization		Employer identification number
AMES V. BROWN LIBRARY		24-0799180
Part III Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) t	through (e) and the following line entry. An aritable, etc., contributions of \$1,000 or less	on 501(c)(7), (8), or (10) that total more than \$1,000 for the yea
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from (b) Purpose of gift Part I	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from (b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I		
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee

2023.05000 JAMES V. BROWN LIBRARY 98929_1

SC	HEDULE D	Supplementa	al Financial Statements	5		OMB No. 1545-00	047
	n 990)		nization answered "Yes" on Form 990,			2023	8
Depart	ment of the Treasury	A	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12 ttach to Form 990.			Open to Pub	olic
_	Revenue Service		0 for instructions and the latest informa	tion.		Inspection	
Nam	e of the organization		identification nur $4-0799180$				
Par	t I Organiza	JAMES V. BROWN LIB		or Acc			
	organizatio	n answered "Yes" on Form 990, Part IV, lin				•	
			(a) Donor advised funds	(k) Funds and	d other accounts	
1		nd of year					
2		f contributions to (during year)					
3 4		f grants from (during year)					
5		on inform all donors and donor advisors in v	writing that the assets held in donor advise	ed funds	5		
•	-	n's property, subject to the organization's	-			Yes	No
6		on inform all grantees, donors, and donor a					
	for charitable purp	oses and not for the benefit of the donor o	r donor advisor, or for any other purpose o	conferrir	ng		_
Par	impermissible priva					Yes	No
		ation Easements. Complete if the organization		Part IV, I	ine 7.		
1		ervation easements held by the organization of land for public use (for example, recrea		a histor	rically impor	tant land area	
		f natural habitat	Preservation of				
	Preservation	of open space					
2	Complete lines 2a	through 2d if the organization held a qualit	ied conservation contribution in the form of	of a con	servation ea	asement on the las	st
	day of the tax year			Ļ	Held	at the End of the Tax	Year
а		onservation easements		·····	2a		
b	•		ante de la contra de	Г	2b		
С А		vation easements on a certified historic stru-		·····	2c		
d		vation easements included on line 2c acqu cure listed in the National Register			2d		
3		vation easements modified, transferred, rel				the tax	
	year		amont is located				
4 5		where property subject to conservation east tion have a written policy regarding the per					
Ŭ		orcement of the conservation easements it				Yes	No
6		r hours devoted to monitoring, inspecting,				during the year	
7	Amount of expens	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservat	tion ease	ements duri	ng the year	
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h))(4)(B)(i)			
	and section 170(h)					Yes	No
9		be how the organization reports conservation					
		I include, if applicable, the text of the footr	ote to the organization's financial stateme	ents that	t describes t	the	
Par	t III Organiza	ounting for conservation easements. Itions Maintaining Collections of the organization answered "Yes" on Form		her Si	milar Ass	ets.	
19		elected, as permitted under FASB ASC 95		nd halar	nce sheet w	orks	
ia	-	elected, as permitted under FASB ASC 93 easures, or other similar assets held for put				ono	
		Part XIII the text of the footnote to its finar	, ,				
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and b	alance	sheet works	of	
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furth	erance	of public se	rvice,	
	-	ng amounts relating to these items.					
		ded on Form 990, Part VIII, line 1					
•			agurag, ar othar aimilar agosta far financia				
2		received or held works of art, historical tre ints required to be reported under FASB A		gain, pi	ovide		
а	-	on Form 990, Part VIII, line 1	-		\$		
		Form 990, Part X					
-		eduction Act Notice, see the Instructions				dule D (Form 990)) 2023
	09-28-23		25				

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2023.05000 JAMES V. BROWN LIBRARY 98929_1

Sche		. BROWN LIE					99180		.ge 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Othe	er Similar	Assets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant u	se of its			
	collection items (check all that apply).								
а	X Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	X Preservation for future generations								
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's exe	empt purpos	e in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simila	ar assets				
	to be sold to raise funds rather than to be ma	intained as part of th	e organization's col	llection?		🗌	Yes	X	No
Par	t IV Escrow and Custodial Arrang	gements Complet	e if the organization	answered "Yes" or	n Form 990,	Part IV, li	ne 9, or		
	reported an amount on Form 990, Par	t X, line 21.							
1a	Is the organization an agent, trustee, custodia	an, or other intermed	iary for contribution	s or other assets no	ot included		_		_
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the foll	owing table:						
							Amount		
С	Beginning balance				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance						_		
	Did the organization include an amount on Fo				• • • • • • • • • • • • • • • • • • • •	∟	Yes		No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if	-				ana kaali	(-) [
		(a) Current year	(b) Prior year	(c) Two years back	., ,				
1a								792,968.	
b	Contributions	153,096.	691,300.	,		4,195.			
С	Net investment earnings, gains, and losses	458,527.	-324,890.	580,017.	. 14	6,135.		528,3	536.
	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	24.250	21.020	21.000		0,000.			
f	Administrative expenses	34,370.	31,938.			23,744.		22,7	
g	End of year balance	6,137,423.	5,560,170.	, ,	4,15	59,514.	3,	612,9	128.
2	Provide the estimated percentage of the curr	ent year end balance) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment 5.2300	%							
С		%							
-	The percentages on lines 2a, 2b, and 2c show								
за	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	id administered for t	the		Г	Yes	No
	organization by:							res	
	(i) Unrelated organizations?						3a(i)		X X
							3a(ii)		<u> </u>
b	If "Yes" on line 3a(ii), are the related organiza						3b		
Par	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	<u>u</u>	vment tunds.						
. a	Complete if the organization answered		Part IV, line 11a, S	ee Form 990, Part X	Cline 10.				
	Description of property	(a) Cost or of			Accumulate	4	(d) Book	value	
	Description of property	basis (investm	• • •		lepreciation		(u) Dook	value	
1a	Land	· · ·	,	0,327.			140	, 32	27.
	Buildings				,403,72	8.	4,242		
	Leasehold improvements						, =	, , , ,	
	Equipment		1,33	5,164. 1,	,130,16	6.	204	,99	.8
	Other			5,766.	223,20			, 56	
	. Add lines 1a through 1e. (Column (d) must e						5,020		
		sear ronn 000, rait /		, - ,/			D (Form		
							•		

	(Form 990) 2023	10			LIBRARY
Part VII	Investments -	Other Secu	rities	;	

Complete if the organization answered	"Yes"	on Form	990	, Part IV,	, line 1	1b. S	See Form	990,	Part X,	line 1	2.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total, (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX **Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PRIVATE TRUSTS	749,396.
(2) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	289,830.
(3) PAINTING	175,000.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	1,214,226.
Part X Other Liabilities	

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) 2023

332053 09-28-23

Sche	dule D (Form 990) 2023 JAMES V. BROWN LIBRARY			24-	0799180	Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per Re			0
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Total revenue, gains, and other support per audited financial statements			1	3,100,	207.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	215,061.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		83,110.			
е	Add lines 2a through 2d			2e	298,	171.
3	Subtract line 2e from line 1			3	2,802,	036.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b	-30,885.			
с	Add lines 4a and 4b			4c		885.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		<u></u>	5	2,771,	151.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F	Returi	n	
					•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.				
1	Complete if the organization answered "Yes" on Form 990, Part IV, line 122 Total expenses and losses per audited financial statements			1	2,676,	158.
1 2	Total expenses and losses per audited financial statements			1		158.
-	Total expenses and losses per audited financial statements			1		158.
2	Total expenses and losses per audited financial statements	2a		1		158.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c		1		158.
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	2,676,	
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	30,885.	1 2e	<u>2,676,</u> 30,	885.
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	30,885.	1	2,676,	885.
2 a b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d	30,885.	1 2e	<u>2,676,</u> 30,	885.
2 b c d 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d	30,885.	1 2e	<u>2,676,</u> 30,	885.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d	30,885.	1 2e	2,676, 30, 2,645,	<u>885.</u> 273.
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 2d 4a 4b	30,885.	1 2e 3 4c	2,676, 30, 2,645, 34,	<u>885.</u> 273. 370.
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 2d 4a 4b	30,885.	1 2e 3	2,676, 30, 2,645,	<u>885.</u> 273. 370.

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

PART III, LINE 1A:

THE LIBRARY HAS ACQUIRED THROUGH DONATIONS, VARIOUS PIECES OF ARTWORK
INCLUDING PAINTINGS AND SCULPTURES. THIS ARTWORK WAS COLLECTIVELY
APPRAISED AT \$262,750 ON AUGUST 5, 2005. THE LIBRARY POLICY IS TO MAINTAIN
AND PUBLICLY DISPLAY THIS ARTWORK; HOWEVER, COLLECTION ITEMS ARE NOT
CAPITALIZED. DURING 2023, THERE WERE NO ITEMS OF ARTWORK GIVEN AWAY,
DAMAGED, DESTROYED, LOST OR OTHERWISE DEVALUED.

ADDITIONALLY DURING 2021, THE LIBRARY RECEIVED A DONATION OF ARTWORK

VALUED AT \$175,000. THE LIBRARY MUST HOLD AND DISPLAY THE ARTWORK FOR AT

LEAST 10 YEARS.

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PART III, LINE 4:

THE LIBRARY HAS ACQUIRED THROUGH GIFTS AND DONATION VARIOUS PAINTINGS AND

SCULPTURES. THESE ARE DISPLAYED FOR THE EDUCATIONAL AND CULTURAL

ENRICHMENT OF THE PUBLIC.

PART V, LINE 4:

ENDOWMENT FUNDS ARE TO BE PERPETUALLY INVESTED, AND THE INCOME IS TO BE USED FOR THE MAINTENANCE OF THE LIBRARY.

PART X, LINE 2:

THE LIBRARY ACCOUNTS FOR UNCERTAINTY IN INCOME TAXES USING A RECOGNITION THRESHOLD OF MORE-LIKELY-THAN-NOT TO BE SUSTAINED UPON EXAMINATION BY THE APPROPRIATE TAXING AUTHORITY. MEASUREMENT OF THE TAX UNCERTAINTY OCCURS IF THE RECOGNITION THRESHOLD IS MET. MANAGEMENT DETERMINED THAT THERE WERE NO TAX UNCERTAINTIES THAT MET THE RECOGNITION THRESHOLD IN 2022 AND 2021.

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	117,480.
INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON FINANCIALS	-34,370.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	83,110.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	
RENTAL EXPENSES	-5,893.
FUNDRAISING EVENT EXPENSES	-24,992.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-30,885.

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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES

5,893.

Schedule D (Form 990) 2023

332055 09-28-23

2023.05000 JAMES V. BROWN LIBRARY 98929_1

Schedule D (Form 990) 2023 JAMES V. BROWN LIBRARY Part XIII Supplemental Information (continued)	24-0799180 Page 5
	24,992.
	20 005
TOTAL TO SCHEDULE D, PART XII, LINE 2D	30,885.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
INVESTMENT MGT. FEES NETTED AGAINST REVENUE ON FINANCIALS	34,370.
332055 09-28-23	Schedule D (Form 990) 2023

20321103 144198 98929

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$15				r 19,	or if the	2023
Department of the Treasury		Attach to Form 990 of						Open to Public
Internal Revenue Service		o www.irs.gov/Form990 for instruc	tions	and tl	ne latest information	า.		Inspection
Name of the organization		DDOMN I TDDADY					Employer ide	entification number
Part I Fundrais		BROWN LIBRARY Complete if the organization answe	red "Y	es" or	Form 990 Part IV li	ine 1		
required to	7.1 OIII 330 E							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or								
		art VII) or entity in connection with pr riduals or entities (fundraisers) pursua			° °	no fur	Ye 🛄 Ye	
				ayreer	nents under which ti	ie iui		e
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts from activity (v) Amount paid to (or retained b fundraiser listed in col. (i)							or retained by) fundraiser	(vi) Amount paid to (or retained by) organization
			Yes	No				
		I						
Total 3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is e	exempt from re	egistration

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2023

LHA 332081 09-13-23

JAMES V. BROWN LIBRARY

24-0799180 Page 2

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
		(event type)	(event type)	(total number)	– col. (c))
anue					
Revenue	1 Gross receipts	66,299.			66,299.
Ľ	2 Less: Contributions	50,652.			50,652.
	3 Gross income (line 1 minus line 2)	15,647.			15,647.
	4 Cash prizes				
	5 Noncash prizes				
penses	6 Rent/facility costs	4,165.			4,165.
Direct Expenses	7 Food and beverages	3,385.			3,385.
ā	8 Entertainment	14,150.			14,150.
	9 Other direct expenses	2 2 2 2			3,292.
	10 Direct expense summary. Add lines 4 through	24,992.			
	11 Net income summary. Subtract line 10 from		-9,345.		
Pa	art III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
e		(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1 Gross revenue				
ses	2 Cash prizes				
zpens	3 Noncash prizes				
Direct Expenses	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
	8 Net gaming income summary. Subtract line 7 t	from line 1, column (d)	<u></u>		
	Enter the state(s) in which the organization conduct Is the organization licensed to conduct gaming act If "No," explain:	tivities in each of these	states?		Yes No
	Were any of the organization's gaming licenses rev				Yes No
D	If "Yes," explain:				

Schedule G (Form 990) 2023

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332082 09-13-23

Sch	edule G (Form 990) 2023	JAMES V.	BROWN LIB	RARY	24-0	799180	Page 3
-	Does the organization conduct gamin					Yes	No
	Is the organization a grantor, benefic						
	to administer charitable gaming?					Yes	No No
	Indicate the percentage of gaming ac					1 1	
	The organization's facility					13a	%
	An outside facility					13b	%
14	Enter the name and address of the p	erson who prepa	ares the organizatio	n's gaming/special events b	ooks and records:		
	Name						
	Address						
15a	Does the organization have a contract	ct with a third pa	rty from whom the	organization receives gamin	g revenue?	Yes	No
k	If "Yes," enter the amount of gaming				and the amount		
	of gaming revenue retained by the th						
C	: If "Yes," enter name and address of t	the third party:					
	Name						
	Address						
16	Gaming manager information:						
	Name						
		•					
	Gaming manager compensation	\$					
	Description of services provided						
	Description of services provided						
	Director/officer	Employee	lnde	ependent contractor			
17	,						
2	Is the organization required under sta					Yes	No No
ł	retain the state gaming license? Enter the amount of distributions req			ted to other exempt organiz			
•	organization's own exempt activities						
Pa	rt IV Supplemental Informa			quired by Part I, line 2b, colu	ımns (iii) and (v); and Pa	rt III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as ap						
3320	83 09-13-23				Sched	ule G (Form	990) 2023
			3	3	22.104		,0

Part IV	Supplemental Information (continued)
	Schedule G (Form 990

20321103 144198 98929

SCHEDULE O

Department of the Treasury

Name of the organization

Internal Revenue Service

(Form 990)

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



24-0799180

JAMES V. BROWN LIBRARY

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WE ESPECIALLY RECOGNIZE OUR RESPONSIBILITY TO SERVE AS A PLACE FOR

CHILDREN TO DISCOVER THE JOY OF READING AND THE VALUE OF LIBRARIES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

AS THE NORTH CENTRAL LIBRARY DISTRICT CENTER, THE JAMES V. BROWN

LIBRARY PROVIDED RESOURCES AND EQUIPMENT FOR THE 40 PUBLIC LIBRARIES

THAT IT SERVES IN THE DISTRICT AS WELL AS MAINTENANCE OF THE MEMBER

LIBRARY WEBSITES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED IN DETAIL BY THE CFO AND THEN PROVIDED TO ALL

TRUSTEES FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND THE CEO/DIRECTOR ARE REQUIRED TO COMPLETE AND SIGN A

CONFLICT OF INTEREST FORM ANNUALLY. THE FORMS ARE REVIEWED BY THE

CEO/DIRECTOR AND SECRETARY. THERE WERE NO CONFLICTS NOTED IN THE CURRENT

YEAR THAT WOULD REQUIRE ANY ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

CEO AND OTHER SALARIES ARE PART OF A SALARY ADMINISTRATION PLAN CONDUCTED BY AN OUTSIDE CONSULTANT WHO COMPARES COMPARABLE POSITION SALARIES LOCALLY AND STATEWIDE. THE STATE LIBRARY PROVIDES SALARY FIGURES FOR CEO'S ACROSS THE STATE. THE SALARY ADMINISTRATION PLAN WAS UPDATED IN 2009. THE BOARD REVIEWS AND APPROVES ANNUAL SALARY RAISES AS PART OF THE BUDGET PROCESS For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA 332211 11-14-23

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Name of the organization JAMES V. BROWN LIBRARY	Employer identification num 24-0799180
CACH YEAR TO ENSURE COMPENSATION DOES NOT EXCEED FAIR MARK	KET VALUE. REVIEW
ND APPROVAL PROCESS IS DOCUMENTED VIA BOARD MINUTES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE MOST RECENT FORM 990 IS POSTED ON OUR WEBSITE. FINANC	IAL STATEMENTS,
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY AND	RE AVAILABLE FOR
PUBLIC REVIEW UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS	117,480

(Form 990)

SCHEDULE R

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

Employer identification number 24 - 0799180

2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

JAMES V. BROWN LIBRARY

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
LYCOMING COUNTY LIBRARY SYSTEM BOARD -							
23-2863316, 19 EAST FOURTH STREET,	COORDINATION OF PUBLIC						
WILLIAMSPORT, PA 17701	LIBRARY SERVICES	PENNSYLVANIA	501(C)(3)	7	N/A		х
	-						
	-						
	-						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023 JAMES V. BROWN LIBRARY

24-0799180 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(k	к)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	e Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income sections 512-514 Share of total income assets Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of end-of-year assets Predominant income (related, unrelated, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under sections 512-514) Predominant income (related, excluded from tax under		amount in box 20 of Schedule	Gener mana partr	al or Percer ^{jing} owner er?	entage ership				
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	1											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	contr	i) tion o)(13) olled ity?
		country)		01 11 434		235013		Yes	No

Schedule R (Form 990) 2023 JAMES V. BROWN LIBRARY

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		x
	Gift, grant, or capital contribution to related organization(s)	1b		х
	Gift, grant, or capital contribution from related organization(s)	1c	X	
	Loans or loan guarantees to or for related organization(s)	1d		Х
	Loans or loan guarantees by related organization(s)	1e		X
	5 7 5 (7			
f	Dividends from related organization(s)	1f		Х
a	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		Х
i	Exchange of assets with related organization(s)	1i		Х
i	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
I	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p		Х
q	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
_(6)			

Т

Schedule R (Form 990) 2023 JAMES V. BROWN LIBRARY

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partne 501(org	e all rs sec. c)(3) s.?	(f) Share of total	(g) Share of end-of-year	(† Dispr tior alloca	n) opor- nate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partn	(k) ^{Il or} Percentage ^{ing} ownership	
		country)	sections 512-514)	Yes			assets	Yes	No	(Form 1065)	Yes	10	

Schedule R (Form 990) 2023

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2023

332165 09-28-23