Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2001

Department of the Treasury Internal Revenue Service

Open to Public benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements For the 2001 calendar year, or tax year beginning and ending Please Check if applicable C Name of organization Employer ID number use IRS JAMES V. BROWN LIBRARY 24-0799180 Address change label or OF WILLIAMSPORT & LYCOMING COUNTY Telephone number Name change print or 570-326-0536 type Number and street (or P O box if mall is not delivered to street address) Room/suite Initial return See 19 EAST FOURTH STREET Accounting method | | Cash Final return Specific City or town, state or country, and ZIP + 4 Accruai Other (specify) Amended return Instruc Application pending WILLIAMSPORT PA 17701-6301 tions Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable and I are not applicable to section 527 organizations H(a) is this a group return for affiliates? trusts must attach a completed Schedule A (Form 990 or 990-EZ). Web site ▶ WWW.JVBROWN.EDU H(b) If "Yes," enter no of affiliates Organization type H(c) Are all affiliates included? (check only one) ► 🔀 501(c) (3) < (insert no) | 4947(a)(1) or | 527 (If "No," att a list See Instr.) If the organization's gross receipts are normally not more than N/A H(d) is this a separate return filed by an \$25,000 The organization need not file a return with the IRS, but if the organization organization covered by a group ruling? Enter 4-digit GEN received a Form 990 Package in the mail, it should file a return without financial data Check I If the organization is not required Some states require a complete return 2,872,161 Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12. to attach Sch B (Form 990, 990-EZ, or 990-PF) Shart I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16.) Contributions, gifts, grants, and similar amounts received 437,010 Direct public support 1b Indirect public support b 1,741,242 Government contributions (grants) 2,144,966 noncash \$ 33,286) 2,178,252 Total (add lines 1a through 1c) (cash \$ Program service revenue including government fees and contracts (from Part VII, line 93) Membership dues and assessments 4 40,112 Interest on savings and temporary cash investments 5 10,998 Dividends and interest from securities Gross rents Less rental expenses Net rental income or (loss) (subtract line 6b from line 6a) 6с -60,736 SEE STMT 1 Other investment income (describe 7 Gross amount from sales of assets other (A) Securities (B) Other 305,227 14,800 than inventory 23,208 361,738 8ь Less cost or other basis and sales expenses -8,408 -56,511 8c Gain or (loss) (attach schedule) SEE Net gain or (loss) (combine line 8c, columns (A) and (B)) SEE STMT -64,919 Special events and activities (attach schedule) Gross revenue (not including contributions reported on line 1a) 9b ь Less direct expenses other than fundraising expenses Net income or (loss) from special events (subtract line 9b from line 9a) Gross sales of inventory, less returns and allowances 10a 10b Less cost of goods sold Gross profit or (loss) from sales of inventory (att. sch.) (subtract line 10b from line 10a) 10c 293,516 ner revenue (from Part VII, line 103) 11 Total revenue (and mes 10) 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 2,487,215 12 Program services (from line 44, column (B)) Markageman வந்திர்கள் (from line 44, column (C)) Fundraising (from line 44, column (D)) 2,162,431 14 221,864 15 Payments to affiliates (attach schedule) 16 13es (add lines 16 and 44, column (A)) 17 2,384,295 18 102,920 18 Excess or (deficit) for the year (subtract line 17 from line 12) Net assets or fund balances at beginning of year (from line 73, column (A)) 4,558,555 19 19 20 Other changes in net assets or fund balances (attach explanation) Net assets or fund balances at end of year (combine lines 18, 19, and 20) 4,661,475

Form 990 (2001)

Part If Statement of All organizations in Functional Expenses and section 4947(nplete column (A) Columns			• • •
Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule)	1		061VIC63	and general	
(cash \$ cash \$)	22	ļ		(** 1.5) (**)	
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24			, , , , ,	
25 Compensation of officers, directors, etc	25				
26 Other salanes and wages	26	1,259,602	1,089,349	170,253	
27 Pension plan contributions	27	24,575	21,060	3,515	
28 Other employee benefits	28	62,970	55,406	7,564	
29 Payroll taxes	29	95,320	82,296	13,024	
30 Professional fundraising fees	30				
31 Accounting fees	31	8,966	-	8,966	
32 Legal fees	32				
33 Supplies	33	51,854	42,580	9,274	
34 Telephone	34	14,089	14,089		
35 Postage and shipping	35	24,770	24,770		
36 Occupancy	36	8,178	8,178		
37 Equipment rental and maintenance	37	27,541	27,541		
38 Printing and publications	38	10,705	10,705		
39 Travel	39	9,955	9,955		
40 Conferences, conventions, and meetings	40				
41 Interest	41	2,064	2,064		
42 Depreciation, depletion, etc (att sch.)	42	117,184	117,184		
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 4	43b	666,522	657,254	9,268	
С	43c			·-	
d	43d				
e	43e		<u> </u>		
44 Total functional expenses (add lines 22 - 43) Organizations	;				
completing columns (B)-(D), carry these totals to lines 13-15	44	2,384,295	2,162,431	221,864	0
Joint Costs Check ▶ ☐ If you are following SOP 98-2					
Are any joint costs from a combined educational campaign and fundraising	solicita			-	Yes 🗓 No
if "Yes " enter (i) the aggregate amount of these joint costs \$, (ii) the	amount allocated to Prog.	ram services \$	·
(III) the amount allocated to Management and general \$			amount allocated to Fund		
Part III Statement of Program Service Acc	ompl	ishments (See S	pecific Instructions	s on page 24)	B
What is the organization's primary exempt purpose? PUBLIC LIBRARY All organizations must describe their exempt purpose achiever of clients served, publications issued, etc. Discuss achieveme organizations and 4947(a)(1) nonexempt chantable trusts must	ments ints that	in a clear and concise it are not measurable (enter the amount of gra	nanner State the num Section 501(c)(3) and ints and allocations to	iber (4) others)	Program Service Expenses (Required for 501(c)(3) an (4) orgs, and 4947(a)(1) trusts, but optional for others)
a PROVIDED PUBLIC WITH READIN					
RESOURCES					
		(Grants and al	ocations \$	_).	2,162,431
b				_	_
		(Grants and al	ocations \$)	
c					
		(Grants and al	ocations \$)	·
d					
		(Grants and al	ocations \$	١ ا	
e Other program services (attach schedule)		(Grants and al)	
f Total of Program Service Expenses (should equal line 44	, colun			<u> </u>	2,162,431
DAA	, <u>50.011</u>	(Sept. 10 grain per vice		<u> </u>	Form 990 (2001)

્રિ Part IV ે Balance Sheets (See Specific Instructions on page 24)

	Note	Where required, attached schedules and amounts will column should be for end-of-year amounts only	thin the description	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing	41,758	45	90,374	
	46	Savings and temporary cash investments	ļ	483,009		560,748
	47a	Accounts receivable	47a 25,136			
	ь	Less allowance for doubtful accounts	47b	43,732	47c	25,136
			and the same		^	
	48a	Pledges receivable	48a 74,863		2 3	
	b	Less allowance for doubtful accounts	48b		48c	74,863
	49	Grants receivable		78,506	49	94,988
	50	Receivables from officers, directors, trustees, and key	y employees			
Α		(attach schedule)			50	
5	51a	Other notes and loans receivable (attach	, ,			
8		schedule)	51a			
8	ь	Less allowance for doubtful accounts	51b	<u>.</u>	51c	
t	52	Inventories for sale or use	<u> </u>		52	
8	53	Prepaid expenses and deferred charges		9,898		21,036
	54	investments-securities SEE STMT	5 ▶ ☐ Cost 🔀 FMV	915,304	54	794,218
	55a	investments-land, buildings, and	ł 1		.	
	١.	equipment basis	55a			
	Ь	Less accumulated depreciation (attach			^	
		schedule)	55b }		55c	
	56	Investments-other (attach schedule)	[ez-] 4 141 624		56	<u>.</u>
	57a	Land, buildings, and equipment basis	57a 4,141,624			
	b	Less accumulated depreciation (attach schedule) SEE STMT 6	57b 805,009	2 022 105		2 226 616
	E0	schedule) SEE STMT 6 Other assets (describe SEE STMT 7)	3,033,185 1,705		3,336,615 808
	58	Culer assets (describe P	- '	- TI-103	38	
	59	Total assets (add lines 45 through 58) (must equal lin	ne 74)	4,607,097	59	4,998,786
_	60	Accounts payable and accrued expenses		48,542	60	98,397
L	61	Grants payable			61	
' a	62	Deferred revenue			62	
b	63	Loans from officers, directors, trustees, and key empl	oyees (attach			
		schedule)			63	
i	64a	Tax-exempt bond liabilities (attach schedule)			64a	
l I	b	Mortgages and other notes payable (attach schedule)	SEE WORKSHEET		64b	190,000
I B	65	Other liabilities (describe	8)		65	48,914
Б						
	66	Total liabilities (add lines 60 through 65)		48,542	66	337,311
	Orga	nizations that follow SFAS 117, check here	and complete lines		1	
		67 through 69 and lines 73 and 74		2 544 620	[* _]	2 044 020
N F	67	Unrestricted	}-	3,744,632		3,844,832
n	68	Temporarily restricted	-	492,923		495,643
d	69	Permanently restricted nizations that do not follow SFAS 117, check here	▶ ∏ and	321,000	69	321,000
A B B	_	complete lines 70 through 74	LI and			
8 a	70	Capital stock, trust principal, or current funds	i		70	
ÐΙ	70	Pald-in or capital surplus, or land, building, and equip	ment fund		71	
a	72	Retained earnings, endowment, accumulated income		_	72	
s n' C'	73	Total net assets or fund balances (add lines 67 throu		- -	5,7	
9		70 through 72,			2539	
8		column (A) must equal line 19, column (B) must equa	al line 21)	4,558,555	73	4,661,475
	74	Total liabilities and net assets / fund balances (add		4,607,097		4,998,786

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

DAA

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 26.)

(line c plus line d)

2,487,215

(A) Name and address	(B) Trile and average hours per week devoted to position	(C) Compensation (If not paid, enter	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
JANICE TRAPP SHEAFFER	DIRECTOR			
339 PALM HILL RD WILLIAMSPORT	40	66,150	5,695	0
JOHN CONFER	PRESIDENT			
1914 MEMORIAL AVE WILLIAMSPORT	0	0	o	0
HAROLD HERSHBERGER	VICE PRES			
2040 BENTLEY DRIVE WILLIAMSPORT	0	(o	oí	0
WILLIAM NICHOLS	TREASURER			
835 WEST FOURTH ST WILLIAMSPORT	0	l ol	o	0
GRACE PAGE	SECRETARY	<u> </u>		
268 WOODLAND AVE WILLIAMSPORT	0	o	0	0
KENNETH COOPER	TRUSTEE			
230 DUNBAR ROAD WILLIAMSPORT	0	l oi	o	0
FREDA KISBERG	TRUSTEE			
1736 ALMOND ST WILLIAMSPORT	0	l of	o	0
PATRICIA LOWERY	TRUSTEE			
201 W THIRD ST WILLIAMSPORT	0		o	0
EDWARD MITCHELL	TRUSTEE			
10 W THIRD ST WILLIAMSPORT	l o	o	o	
MAYOR MICHAEL RAFFERTY	TRUSTEE		_	
245 W FOURTH ST WILLIAMSPORT	0	ol	o	0

Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule-see Specific Instructions on page 27

• 🛮	Yes	X	No
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2,384,295

(line c plus line d)

Form	1990 (2001) JAMES V. BROWN LIBRARY 24-0799180		Р	age 5
	art Vf Other Information (See Specific Instructions on page 27)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of	<u> </u>		
	each activity	76	.	x
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	-	X
	If "Yes," attach a conformed copy of the changes			
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	,]	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	A 785	,	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a			
	statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X	
b	if "Yes," enter the name of the organization LYCOMING COUNTY LIBRARY SYSTEM			
	and check whether it is 🛛 exempt OR 🔲 nonexem	ot		
81a	Enter direct or indirect political expenditures. See line 81 instr.		1	
b	Did the organization file Form 1120-POL for this year?	81b	<u> </u>	X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue		1	ļ
	in Part I or as an expense in Part II. (See instructions in Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	<u> </u>
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/	A 83b	4	<u> </u>
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions	.	•	İ
	or gifts were not tax deductible?		<u> </u>	<u> </u>
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?			<u> </u>
þ	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	A 85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	- 1		ĺ
	received a waiver for proxy tax owed for the prior year		ŧ	
C	Dues, assessments and similar amounts from members		1	ĺ
d	Section 162(e) lobbying and political expenditures			ĺ
•	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	, 		İ
9	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	A 85g	+	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable	3 055		
	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/	A 85h	1	<u> </u>
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 Cross receives uncluded as less 12 fee with leaves of each feether.	\dashv	Ī	
	Gross receipts, included on line 12, for public use of club facilities 501(c)(12) orgs Enter a Gross income from members or shareholders 87a	\dashv	!	İ
87 5	501(c)(12) orgs Enter a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other	\dashv		ĺ
Ü	sources against amounts due or received from them) 87b		1	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	\dashv		İ
	partnership, or an entity disregarded as separate from the organization under Regulations sections	ŀ		
	301 7701-2 and 301 7701-3? If "Yes," complete Part IX	88		х
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under		1	
	section 4911 ▶ 0 , section 4912 ▶ 0 , section 4955 ▶ 0		1	
ь	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			ĺ
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach			
	a statement explaining each transaction	89ъ		_X_
С	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under	<u> </u>		
	sections 4912, 4955, and 4958			0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization			0
90a	List the states with which a copy of this return is filed NONE			
ь	Number of employees employed in the pay period that includes March 12, 2001 (See instructions)		33	
91		0-32	5-05	36
	Located at ▶ 19 EAST FOURTH STREET WILLIAMSPORT PA ZIP+4 ▶ 17701-	6301		~
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	
		For	ա 990	(2001)

is Manager

5128102

Date

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

2001

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ Employer Identification number Name of the organization JAMES V. BROWN LIBRARY OF WILLIAMSPORT & LYCOMING COUNTY 24-0799180 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions List each one If there are none, enter "None") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours account and other employee ben plans & (c) Compensation than \$50,000 per week devoted to position deferred compensation allowances LINDA HERR LITERACY 390 CONRAD HILL RD HUGHESVILLE 40 60,597 1,404 0

	of other employees paid over				
Part II	Compensation of the Five Highest Paid (See page 2 of the instruction List each one (w	-			
(a) Name and address of each independent contractor paid		more than \$ 50,000	(b) Туре о	service	(c) Compensation
NONE					

' '

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

Schedule A (Form 990 or 990-EZ) 2001

Sch	elube	A (Form 990 or 990-EZ) 2001	<u> </u>	P	age 2
(P	ařt'í	Statements About Activities (See page 2 of the instructions)		Yes	No
1	atte or i	ring the year, has the organization attempted to influence national, state, or local tegislation, including any empt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid incurred in connection with the lobbying activities	1 2 % 3 %		x
	Org	rt VI-A, or line I of Part VI-B) ganizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other ganizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of lobbying activities			
2	Dur sub with	nng the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or high any taxable organization with which any such person is affiliated as an officer, director, trustee, majority her, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
а		nsactions) le, exchange, or leasing of property?	2a		x
b	Len	nding of money or other extension of credit?	2ь		x
С	Fun	mishing of goods, services, or facilities?	2c	<u> </u>	x
đ	Pay	yment of compensation (or payment or reimbursement of exp. if more than \$1 000)?	2d		x
e	Tra	insfer of any part of its income or assets?	<u>2e</u>		x
3		es the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below) you have a section 403(b) annuity plan for your employees?	3	x	x
	Atta	ach a statement to explain how the organization determines that individuals or organizations receiving grants from it in furtherance of its charitable programs "qualify" to receive payments	2 . S	······································	
	urt P				
5 6 7 8 9		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i) A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, cl. and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iii). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
12		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquirely the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)	red		
		Provide the following Information about the supported organizations (See page 5 of the instructions) (b) Name(s) of supported organization(s)) Line n	umbe	
		(a) Name(s) of supported organization(s)	from a	bove	
14	П	As association appropriate and accorded to tent for public and the Social Socia			
14	Ш_	An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)			

Part IVA Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting Calendar year (or fiscal year beginning in) (a) 2000 (d) 1997 (b) 1999 (e) Total Gifts, grants, and contributions received (Do not include unusual 1,743,468 1,306,673 1,267,1191,488,168 5,805,428 grants See line 28) Membership fees received Gross receipts from admissions merchandise sold or services performed or furnishing of facilities in any activity that is related to 300,877 99,992 88,711 96,841 586,421 the organization's charitable etc purpose Gross inc from Int dividends amounts received from pymt on securities loans (section 512(a)(5)) rents royalties, & unrelated bush taxable inc (less sec 511 taxes) from businesses acquired 68,529 62,338 62,570 58,541 **251,978** by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18 20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf The value of serv or fact furnished to the org by a governmental unit without charge Do not incluthe value of servior faci generally furnished to the public without charge Other Income, Attach a schedule, Do not include gain or (loss) from sale of cap assets 2,112,874 1,469,003 ,418,400 1,643,550 6,643,827 Total of lines 15 through 22 369,011 1,329,689 1,546,709 1,811,997 6,057, 24 Line 23 minus line 17 21,129 14,690 14,184 16,436 25 Enter 1% of line 23 Organizations described on lines 10 or 11 Enter 2% of amount in column (e), line 24 26a b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts 12,814 26b c Total support for section 509(a)(1) test. Enter line 24, column (e) 26c Add Amounts from column (e) for lines 264,792 22 26d 5,792,614 Public support (line 26c minus line 26d total) 26e Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 95.6286% Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person,* prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." N/A Do not file this list with your return. Enter the sum of such amounts for each year (1999)(1998)b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess N/A amounts) for each year (2000)(1997)Add Amounts from column (e) for lines d Add Line 27a total and line 27b total 27d 27e Public support (line 27c total minus line 27d total) Total support for section 509(a)(2) test. Enter amount on line 23, column (e) Public support percentage (line 27e (numerator) divided by line 27f (denominator)) **27**g h Investment Income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

Schedule A (Form 990 or 990-EZ) 2001 JAMES V. BROWN LIBRARY 24-0799180 Page 4 Private School Questionnaire (See page 7 of the instructions) (To be completed ONLY by schools that checked the box on line 6 in Part IV) Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, N/A 29 Yes Nσ other governing instrument, or in a resolution of its governing body? 29 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 30 brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? 30 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement) Does the organization maintain the following a Records indicating the racial composition of the student body, faculty, and administrative staff? 32a b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 32b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? 32c d Copies of all material used by the organization or on its behalf to solicit contributions? 32d If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement) 33 Does the organization discriminate by race in any way with respect to Students' rights or privileges? 33a b Admissions policies? 33b c Employment of faculty or administrative staff? 33c d Scholarships or other financial assistance? 33d e Educational policies? 33e Use of facilities? 33f Athletic programs? 33g h Other extracumcular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement) 34a Does the organization receive any financial aid or assistance from a governmental agency? b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement

Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev

Prog. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Calendar year (or	(a)	(b)	(c)	(d)	(e)
fiscal year beginning in)	2001	2000	1999	1998	Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))	, , , , , , , , , , , , , , , , , , ,		, , ,		
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))	; · · · ,		2.,,		
50 Grassroots lobbying expenditures				•	

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- Volunteers
- Paid staff or management (include compensation in expenses reported on lines c through h)
- Media advertisements
- Mallings to members, legislators, or the public
- Publications, or published or broadcast statements
- Grants to other organizations for lobbying purposes
- Direct contact with legislators, their staffs, government officials, or a legislative body
- Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- Total lobbying expenditures (add lines c through h)

If "Yes" to any of the above, also attach a statement giving a detailed descript	tion of the lobbying activities
--	---------------------------------

Yes	No	Amount
	Х	
	Х	
	X	
	X	
	X	
	X	
	X	
	X	
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Schedule A (Form	n 990 or 990-EZ) 2001	JAMI	ES V.	BROWN	LIBRA	<u>.RY</u>	24-079918	0	Pa	age 6
Part VII	Information Reg Exempt Organization	_					Relationships With Noncharita	ıble	_	
51 Did the rep							other organization described in section			
-		-			_	-	to political organizations?			
= -	rom the reporting organ					_	•		Yes	No
(I) Cash				·	•			51a(l)		X
(II) Other	r assets							a(ii)		X
b Other trans	actions									
(I) Sales	or exchanges of asse	ts with a nor	nchantable	exempt org	janization			b(I)		х
	nases of assets from a							b(II)		х
(lii) Renta	al of facilities, equipme	nt, or other a	issets	-				b(111)		Х
(iv) Reim	bursement arrangemer	nts						b(lv)		X
(v) Loans	s or loan guarantees							p(v)		X
(vI) Perfo	rmance of services or .	membership	or fundra	ising solicita	tions			b(vI)		Х
c Sharing of t	facilities, equipment, m	ailing lists, d	ther asset	ts, or paid er	nployees			С		X
d If the answe	er to any of the above i	is "Yes," con	nplete the	following sci	hedule Colu	ımn (b) si	hould always show the fair market value o	of the		
goods, othe	er assets, or services g	iven by the i	eporting o	rganization	If the organ	ization re	ceived less than fair market value in any			
transaction	or sharing arrangemen	nt, show in c	olumn (d)	the value of	the goods, o	other assi	ets, or services received			
(a)	(b)			(c)		ł	(d)			
Line no	Amount involved	Name o	f noncharital	ble exempt org	anization	<u> </u>	Description of transfers transactions and shanng	arrangem	ents	
N/A										
							<u> </u>			_
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-										
52a Is the organ	nization directly or indire	ectly affiliate	d with, or	related to, or	ne or more t	ax-exemi	ot organizations			
-	n section 501(c) of the	=				-	▶	_	95 X	No
b If "Yes," cor	mplete the following sc	hedule						_	_	
	(a)			(b)			(c)			
	Name of organization		Ţ	ype of organiza	ation		Description of relationship			
N/A										
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

JAMES V. BROWN LIBRARY

Name of organization

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No 1545-0047

2001

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

OF WILLIAMSPORT & LYCOMING COUNTY 24-0799180 Organization type (check one) Section Filers of **X** 501(c) (3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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 box(es) for both the General rule and a Special rule-see instructions) General Rule-For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor (Complete Parts I and II) Special Rules-For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms (Complete Parts I and II) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, chantable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III) For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, chantable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year) Caution Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Page 1 to 1 of Part i

Name of organization

JAMES V. BROWN LIBRARY

Employer Identification number

24-0799180

Part)	Contributors (See Specific Instructions)		
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		s 66,000	Person X Payroll Noncash (Complete Part II If there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2		s 50,000	Person X Payroll Complete Part II If there is a noncash contribution)
(a)	(b)	(c)	(d)
No .	Name, address and ZIP + 4	Aggregate contributions	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		s	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
-		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172 2001

Form 4562 · (Rev March 2002) Department of the Treasury Internal Revenue Service

► See separate instructions

Attach to your tax return

Attachment Sequence No

Name(s) shown on return

JAMES V. BROWN LIBRARY

OF WILLIAMSPORT & LYCOMING COUNTY

identifying number 24-0799180

	ess or activity to which this form relates NDIRECT DEPRECIAT	TON							
	art I Election To Exper		nible Property	Under Section	179		_		
8. * *	Note. If you have a					olete Pa	ort I		
1	Maximum amount See page 2 of					, O.O.		1	\$24,000
2	Total cost of section 179 property		2	42.,000					
3	Threshold cost of section 179 pro	,	. •	,				3	\$200,000
4	Reduction in limitation Subtract li			-				4	
5	Dollar Ilmitation for tax year Subtract line		·		og 3 of	the Instr		5	
	(a) Descriptio			(b) Cost (business us			Elected cos	1	3 4 67 3 3 3
6	,,, = = = = =			<u></u>		1=1			
7	Listed property Enter the amount	from line 29	•	-	7				
8	Total elected cost of section 179 p		ts in column (c), lin	es 6 and 7				8	2000 0 20000 6 5 5
9	Tentative deduction Enter the sm		* -					9	
10	Carryover of disallowed deduction	from line 13 of your	2000 Form 4562					10	
11	Business income limitation Enter	•		s than zero) or line	5 (see i	nstruction	ıs)	11	
12	Section 179 expense deduction A		,	•				12	
13	Carryover of disallowed deduction			_	13				W . (()
Note	Do not use Part II or Part III below	for listed property 1	nstead, use Part V			_			
Pa	rt II Special Depreciat	on Allowance a	nd Other Depr	eciation (Do no	ot incli	ude liste	ed prope	erty)	
14	Special depreciation allowance for certain							14	
15	Property subject to section 168(f)(1) election (see page	4 of the instruction	ns)				15	
16	Other depreciation (including ACR	S) (see page 4 of the	nstructions)					16	117,184
Pa	rt III MACRS Depreciat	ion (Do not inclu	ude listed prope	erty) (See page	4 of t	he insti	uctions)	
			Sectio	n A					
17	MACRS deductions for assets pla	ced in service in tax	years beginning be	fore 2001				17	
18	If you are electing under section 1	68(i)(4) to group any	assets placed in s	ervice during the tax	<		_		
	year into one or more general ass	et accounts, check h	ere	····			▶ 📗	``	
	Section B-A	ssets Placed in Ser	vice During 2001 1	ax Year Using the	Genera	l Depreci	ation Sys	tem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for deprecia (business/investment only-see instruction	it use	(e) Co	nvention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property	7°,,							
þ	5-year property	23,54, 7							
С	7-year property	[1 1 4 시 등 [] []							
d	10-year property								
9	15-year property								
f	20-year property								•
g	25-year property	(49%):1 z		25 yrs			S/L		
h	Residential rental			27 5 yrs	ı	MM	S/L		
	property			27 5 yrs	1	<u>MM</u>	S/L		<u></u>
1	Nonresidential real			39 yrs		MM	S/L		
	property				ľ	MM	S/L		
	Section C-As	sets Placed in Servi	ce During 2001 Ta	x Year Using the Al	<u>iternati</u>	e Depre	clation Sy	stem	
20a	a Class life S/L S/L								
þ	12-year 12 yrs S/L								
С	40-year			40 yrs	ŀ	MM	S/L		
Pa	rt IV Summary (See pa	ge 6 of the instru	ictions)						
21	Listed property Enter amount from	n line 28						21	
22	Total Add amounts from line 12, i								
	Enter here and on the appropriate	=	· ·	corporations-see in	nstr .			22	117,184
23	For assets shown above and place	_							LPAK, Makhi
	anion the nection of the heale stack	utable to codess 263	IA manin		1 22 1			1	D 286 YOUR SEE BAS 2000 1000 1000

		•	•							
990/9°	 90-PF				ner Notes Payable		2001			
330/3		For caler	ndar year 2001, or tax	year beginning	, and ending		<u> </u>			
Name						entification Number				
			IBRARY	COLDIEN						
OF WILLIAMSPORT & LYCOMING COUNTY						24-079	9180			
FORM	990, I	PART I	V, LINE 64E	3 - ADDITIO	NAL INFORMATION	 -				
		Namo	e of lender		Relationship to d	squalified pers	on			
(1) WII	LLIAMSI	PORT N	<u>ATIONAL BAN</u>	IK						
(2)										
(3)										
(4)			<u> </u>		+	<u>.</u>				
(5) (6)										
(7)										
(8)										
(9)										
(10)										
<u> </u>	Onginal ame	ount	1	Maturity		· · · · · · · · · · · · · · · · · · ·	Interest			
(4)	borrowed		Date of loan	date 11 (00 (06	Repayment terms		rate			
(1)	190	,000	11/09/01	11/09/06	ANNUAL PAYMENTS		7.000			
(2) (3)			 			·				
4)										
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<u></u>					Balance due at	Bal	lance due at			
······································	Con	sideration fi	umished by lender		beginning of year	 	190,000			
1) 2)		<u> </u>		<u> </u>	 	 	130,000			
3)						<u> </u>				
4)						i				
5)		· · ·								
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(7)				<u> </u>			-			
(8)				<u> </u>		 				
(9) (10)					 	 -				
Totals					 	 -	190,000			

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	Current	980 42,229 4,707 793 980 980 980 980 980 980 980 980 980 980
!	Pnor	14,210 16,8316 16,474 16,474 19,837 10,897 10,897 10,897 10,897 10,000 11,004 12,91 12,91 12,971 12,
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ort	Basis Pe	137,327 0 1,689,163 10 1,689,163 20 1,689,163 40 1,089,163 40 10,000 10 10,301 7 10,301 7 10,301 7 10,301 7 10,301 7 10,301 7 10,301 7 10,301 8 10,
Asset Report Depreciation	Sec 168(k)	
direct	Bus Sec % 179	######################################
Fec	Cost	137,327 19,600 1,689,163 188,274 31,731 100,000 10,737 10,897 10,897 10,000 13,159 11,132 11,132 11,132 11,133 11,134 11,
:	Date In Service	1/01/50 6/04/91 12/31/96 7/01/97 7/01/97 1/01/95 1/01/95 7/01/95 7/01/95 7/01/95 7/01/95 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 7/01/99 8/06/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99 12/09/99
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80	Description	EPLACEMEN AMPAIGN AMPAIGN ISAL DISH EQUIP LSC EQUIP LSC EQUIP LSC EQUIP LST EQUIP EST EQUIPMEN
24-0799180	Asset	Other Depreciation PER APPRAISA WINDOW REP COMPRESSOR CAPITAL CAM CAPITAL CAM PER APPRAISA CAPITAL CAM PER APPRAISA PER APPRAISA COMPUTER EC COMPUTER

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Federal Asset Report Indirect Depreciation

Current	3,948	4,833 134	376	549 125 161	<u>4</u> 5	124	88	508 4,216	519	55 55	39. 39.	234 333	117,184	117,184	117,184 8,229 108,955
Pnor	1,974	800	00	000			00	00	00	00	00	00	769,069	769,069	769,069 73,014 696,055
Per Conv Meth	MO S/L	MO S/L	MO S/L MO S/L	WO SYL WO	MO S/L MO S/L	MO S/L	MO S/L	MO S/L	MO S/L			MO S/L MO S/L	'	•	1 11
Basis Per	19,739 5 3,322 10	290,000 10 1,246 7	3,156 7	5,260 7 5,250 7 5,525 20	1,020 20 20 2,785 20	_	00	3,338 / 84,312 5	3,463 5	\$46 \$46 \$	685 5 3,387 5	1,405 3 20,000 5	4,240,375	4,240,375	4,240,375 98,751 4,141,624
Sec 168(k)	000	000	00		.00	00	00	00	00	0	00	00	0	0	0 0
Bus Sec Cost % 179	19,739 3,322	290,000 1,246	,578 3,156	4,612 5,260 5,525	1,020 2,785	2,489 675	2,880	84,312	3,463 540	546 546	685 3,387	1,405 20,000	4,240,375	4,240,375	4,240,375 98,751 4,141,624
Date In Service	7/12/00 4/05/00	10/31/01 3/29/01	3/10/01 2/20/01	3/02/01 10/24/01 5/31/01	3/06/01 3/28/01	6/20/01 4/20/01	7/30/01	10/0/10/01	4/03/01	7/10/01	9/14/01 6/04/01	7/06/01 11/20/01	I	u	1 11
Description	2000 JEEP CHEROKEE GENERATOR Sold/Scrapped 11/08/01	2001 THOMAS BOOKMOBILE SHELVING, COAT RACK	VANITY SINK, CABINETS AND DOORS	SHELVING AND MAGAZINE KACKS BOOKSHELVES PAINTING	VINYL FLOORING FLAGPOLE	VINYL STEP TREADS SIGN	INSTALL RAILING	VIDEOCONFERENCING EQUIPMENT	FAMILY PLACE EQUIPMENT FAMILY PLACE FOLIPMENT	FAMILY PLACE EQUIPMENT	FAMILY PLACE EQUIPMENT ASSISTIVE DEVICES GRANT EQUIP	ASSISTIVE DEVICES GRANT SOFTWARE SHARP COPIER	Total Other Depreciation	Total ACRS and Other Depreciation	Grand Totals Less Dispositions Net Grand Totals
Asset	522	\$ 5 \$ 5 \$ 5					\$9		89		72	7.7			

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Federal Statements

Statement 1 - Form 990, Part I, Line 7 - Other Investment Income

Description	 Amount
UNREALIZED INVESTMENT LOSSES	\$ -60,736
TOTAL	\$60,736

Federal Statements

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities

Desc				How Rec'd	Whom Sold			
Date Acquired	Date Sold		Sale Price	Cost & Expense		Deprec		Gain/ -Loss
BP AMOCO PLC SPONSORED ADR		_	PU	RCHASE			_	
12/20/00	7/06/01	\$	4,849	\$ 5,372	\$		\$	~523
CITRIX SYSTEMS INC	- / /			RCHASE				
10/22/99	8/02/01		4,487	3,914				573
FED NATL MTGE ASSN 6 42% 1/16/96	3/30/01		50,000	RCHASE 50,175				-175
HALLIBURTON CO	3/30/01			RCHASE				1/5
8/14/95	12/13/01		4,035	5,861				-1,826
HEWLETT PACKARD CO			PUF	RCHASE				
1/04/00	8/02/01		5,258	8,656				-3,398
T ROWE PRICE FOREIGN EQUITY	6/00/07			RCHASE				
12/20/00 T ROWE PRICE FOREIGN EQUIT	6/29/01		16,598	19,000 RCHASE				-2,402
5/24/00	6/29/01		26,599					-13,401
MCDATA CORPORATION - A	0/25/01			RCHASE				13,401
3/31/00	2/26/01		39	69				-30
MCDATA CORPORATION -A			PUF	CHASE				
12/01/99	2/26/01		116	140				-24
MORGAN STANLEY DEAN WITTER D				RCHASE				
4/23/96	8/03/01		18,795	3,992				14,803
NEXTEL COMMUNICATIONS INC 11/30/00	3/15/01		4,125	RCHASE 8,549				-4,424
NORTEL NETWORKS CORP	3/13/01		•	RCHASE				-4,424
3/31/00	5/04/01		4,665	19,101				-14,436
SCHERING-PLOUGH CORP			•	CHASE				,
8/29/00	7/02/01		5,451	6,023				-572
SCHWAB CHARLES CORP				CHASE				
3/23/99	2/20/01		6,461	8,596				-2,135
TECHNOLOGY SELECT SECTOR FUNI 4/06/00	8/03/01		10,700	CHASE 23,078				-12,378
SOLECTRON CORP	6/03/01			CHASE				-12,376
2/11/00	6/13/01		8,048	15,080				-7,032
US TREASURY BILLS DTD 08/09/0				CHASE				•
8/08/01	9/24/01		24,577	24,577				
WHOLE FOODS MARKET INC	0 /00 /0-			CHASE				
8/29/00 WORLDCOM INC	2/20/01		4,844					-131
8/29/00	3/15/01		7,000	RCHASE 16,213				-9,213
SUSQUEHANNA BANCSHARES	3/13/01			ATION				7,213
6/26/01	7/02/01		54,853	54,640				213
US TREASURY BILLS				CHASE				
12/21/00	6/21/01		43,727	43,727				
TOTAL		\$_	305,227	\$ 361,738	\$	0	\$	-56,511

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Federal Statements

Statement 3 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

	Desc				Hov Rec			Whom Sold		
	Date Acquired	Date Sold		Sale Price	[Cost & Expense		Deprec		Gaın/ -Loss
1993 CHEVROLET BLUE			PURG	CHA	SE				•	
	4/01/93	11/08/01	\$	9,100	\$	95,429	\$	80,717	\$	-5,612
GENERATOR		PURCHASE								
	4/05/00	11/08/01				3,322		526		-2,796
1967 AUSTIN TAXI			DONA	ATI	ON					
	8/01/02	12/19/01		5,700		5,700				_
TOTAL			\$_	14,800	\$	104,451	\$_	81,243	\$_	-8,408

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description		tal enses	Program Service		Mgt & General	Fund- Raising
	\$		\$	\$		\$
EXPENSES						
AUDIO VISUAL	9	0,480	90,480			
BINDING & MENDING		347				
BOOKS	23	0,031	•			
BUILDING REPAIRS & MAINT.		6,228	6,228			
DUES & MEMBERSHIP		3,846			3,846	
ELECTRIC	3	8,522	38,522			ľ
FURNITURE & MINOR EQUIPMENT	6	2,979	62,979			
HEAT		8,909	8,909	1		
INSURANCE	1	8,281	18,281			
INVESTMENT MANAGEMENT FEES		5,422			5,422	
MARKET RESEARCH	2	0,240	20,240			
MEALS		9,992	9,992			
MISCELLANEOUS	1	2,814	12,814			
OCLC TERMINAL	1	4,919	14,919			
PERIODICALS & NEWSPAPERS	1	1,083	11,083			
PROGRAM EXPENSES	6	9,433	69,433			ì
PUBLICITY & PROMOTION	1	9,148	19,148			ì
STORAGE RENTAL		1,890	1,890			
TRAINING WORKSHOPS		8,686	8,686			
UNEMPLOYMENT BENEFITS		2,691	2,691			
VEHICLE GAS & OIL		4,920	4,920			
VEHICLE REPAIRS		8,321	8,321			
VIDEOCONFERENCING EXPENSES	1	4,700	14,700			
WATER		2,640	2,640			
TOTAL	\$ 66	6,522	\$ 657,254	\$_	9,268	\$0

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Description

LEASEHOLD IMPROVEMENTS

VEHICLES

TOTAL

Federal Statements

Statement 5 - Form 990, Part IV, Line 54 - Investments In Securities

Description	Beginning of Year	End of Year	Basis of Valuation
US AND STATE GOVERNMENT	199,300	131,661	MARKET
CORPORATE STOCK	666,254	610,445	MARKET
CORPORATE BONDS	49,750	52,112	MARKET
	915,304	794,218	

Statement 6 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
BOOKMOBILES	\$ 164,265 \$	97,035	\$ 355,514 \$	35,405
BUILDING & IMPROVEMENTS	φ 104,203 φ	91,033	\$ 333,314 \$	33,403
	2,863,135	255,687	2,877,834	308,774
FURNITURE & EQUIPMENT	607 127	406 053	740 560	446 500
LAND	607,137	406,053	740,560	446,529
E to to	137,327		137,327	

2,400

27,989

70

10,223

\$ 3,802,253 \$ 769,068 \$ 4,141,624 \$

2,400

27,989

Statement 7 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year		End of Year	
ACCRUED INTEREST RECEIVABLE	\$	1,705	\$ 808	
TOTAL	\$	1,705	\$ 808	

Statement 8 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	 End of <u>Year</u>	
CAPITAL LEASE OBLIGATION GIFT ANNUITY LIABILITY	\$	\$ 12,734 36,180	
TOTAL	\$ 0	\$ 48,914	

130

14,171

805,009