

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

COPY FOR YOUR FILE

OMB No. 1545-0047

**2003**Open to Public  
Inspection**A** For the 2003 calendar year, or tax year beginning

and ending

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions

**C** Name of organization

JAMES V. BROWN LIBRARY

OF WILLIAMSPORT AND LYCOMING COUNTY

Number and street (or P O box if mail is not delivered to street address)

19 EAST FOURTH STREET

City or town, state or country, and ZIP + 4

WILLIAMSPORT, PA 17701

**D** Employer identification number

24-0799180

**E** Telephone number

570.326.0536

**F** Accounting method☐ Cash☒ Accrual☐ Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H and I are not applicable to section 527 organizations.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list)

**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**G** Website: ▶ WWW.JVBROWN.EDU**J** Organization type (check only one) ☒ 501(c) ( 3 ) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶

3,874,420.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Direct public support	1a	868,222.		
	b	Indirect public support	1b			
	c	Government contributions (grants)	1c	1,848,176.		
	d	Total (add lines 1a through 1c) (cash \$ 2,716,398. noncash \$ )	1d	2,716,398.		
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	100,994.		
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4	15,605.		
	5	Dividends and interest from securities	5	7,519.		
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶ )	7				
Expenses	8a	Gross amount from sales of assets other than inventory	(A) Securities	1,025,550.	8a	
	b	Less cost or other basis and sales expenses		1,063,423.	8b	
	c	Gain or (loss) (attach schedule)		<37,873.>	8c	
	d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 2			8d	<37,873.>
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
	10a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
	11	Other revenue (from Part VII, line 103)	11	8,354.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,810,997.			
Net Assets	13	Program services (from line 44, column (B))	13	2,692,282.		
	14	Management and general (from line 44, column (C))	14	25,346.		
	15	Fundraising (from line 44, column (D))	15	13,268.		
	16	Payments to affiliates (attach schedule)	16			
	17	Total expenses (add lines 16 and 44, column (A))	17	2,730,896.		
	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	80,101.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,647,062.		
	20	Other changes in net assets or fund balances (attach explanation)	20	<112,637.>		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	4,614,526.		

See Statement 3

323001  
12-17-03

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2003)

**JAMES V. BROWN LIBRARY  
OF WILLIAMSPORT AND LYCOMING COUNTY**

24-0799180

**Part II Statement of Functional Expenses** All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

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)					
	cash \$ _____ noncash \$ _____	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25	76,675.	76,675.	0.	0.
26	Other salaries and wages	26	1,502,559.	1,500,959.		1,600.
27	Pension plan contributions	27	32,781.	32,781.		
28	Other employee benefits	28	105,103.	105,103.		
29	Payroll taxes	29	117,925.	117,925.		
30	Professional fundraising fees	30				
31	Accounting fees	31	9,966.		9,966.	
32	Legal fees	32	2,976.		2,976.	
33	Supplies	33	59,230.	53,872.	5,358.	
34	Telephone	34	15,848.	15,848.		
35	Postage and shipping	35	23,719.	23,494.		225.
36	Occupancy	36	9,760.	9,760.		
37	Equipment rental and maintenance	37	28,607.	27,357.		1,250.
38	Printing and publications	38	5,102.	5,102.		
39	Travel	39	9,033.	9,033.		
40	Conferences, conventions, and meetings	40	11,585.	11,585.		
41	Interest	41	12,219.	12,219.		
42	Depreciation, depletion, etc (attach schedule)	42	154,124.	154,124.		
43	Other expenses not covered above (itemize)					
a		43a				
b		43b				
c		43c				
d		43d				
e	See Statement 4	43e	553,684.	536,445.	7,046.	10,193.
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,730,896.	2,692,282.	25,346.	13,268.

**Joint Costs.** Check ☐ if you are following SOP 98-2  
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_; and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 1**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs, and 4947(a)(1) trusts, but optional for others)
<b>a</b> PROVISION OF READING MATERIALS AND OTHER LIBRARY RESOURCES TO THE GENERAL PUBLIC	
(Grants and allocations \$ _____)	2,692,282.
<b>b</b>	
(Grants and allocations \$ _____)	
<b>c</b>	
(Grants and allocations \$ _____)	
<b>d</b>	
(Grants and allocations \$ _____)	
<b>e</b> Other program services (attach schedule)	(Grants and allocations \$ _____)
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services)	2,692,282.

**Part IV Balance Sheets**

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	103,778.	45	164,754.
	46 Savings and temporary cash investments	825,073.	46	207,097.
	47 a Accounts receivable	47a 111,446.		
	b Less allowance for doubtful accounts	47b	47c 48,816.	111,446.
	48 a Pledges receivable	48a 5,000.		
	b Less allowance for doubtful accounts	48b	48c 84,099.	5,000.
	49 Grants receivable	18,381.	49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	25,863.	53	50,564.
54 Investments - securities Stmt 5 Stmt 6 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	574,615.	54	804,762.	
55 a Investments - land, buildings, and equipment basis	55a			
b Less accumulated depreciation	55b	55c		
56 Investments - other		56		
57 a Land, buildings, and equipment basis STMT 1	57a 4,786,384.			
b Less accumulated depreciation	57b 1,086,820.	3,375,034.	57c 3,699,564.	
58 Other assets (describe ► ACCRUED INTEREST RECEIVABLE)	829.	58	162.	
59 Total assets (add lines 45 through 58) (must equal line 74)	5,056,488.	59	5,043,349.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	209,147.	60	261,053.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable Stmt 7	157,020.	64b	136,020.
	65 Other liabilities (describe ► GIFT ANNUITY PAYABLE)	43,259.	65	31,750.
66 Total liabilities (add lines 60 through 65)	409,426.	66	428,823.	
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	3,608,890.	67	3,832,124.
	68 Temporarily restricted	717,172.	68	461,402.
	69 Permanently restricted	321,000.	69	321,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	4,647,062.	73	4,614,526.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	5,056,488.	74	5,043,349.

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.

<b>Part IV-B</b>	<b>Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>
------------------	---

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	2,733,647.
<b>b</b>	Amounts included on line <b>a</b> but not on line 17, Form 990.		
(1)	Donated services and use of facilities \$ _____		
(2)	Prior year adjustments reported on line 20, Form 990 \$ _____		
(3)	Losses reported on line 20, Form 990 \$ _____		
(4)	Other (specify) <u>Stmt 8</u> \$ <u>2,751.</u>		
	Add amounts on lines (1) through (4)	<b>b</b>	2,751.
<b>c</b>	Line <b>a</b> minus line <b>b</b>	<b>c</b>	2,730,896.
<b>d</b>	Amounts included on line 17, Form 990 but not on line <b>a</b>		
(1)	Investment expenses not included on line 6b, Form 990 \$ _____		
(2)	Other (specify) \$ _____		
	Add amounts on lines (1) and (2)	<b>d</b>	0.
<b>e</b>	Total expenses per line 17, Form 990 (line <b>c</b> plus line <b>d</b> )	<b>e</b>	2,730,896.

<b>Part V</b>	<b>List of Officers, Directors, Trustees, and Key Employees</b> (List each one even if not compensated )
---------------	--

[illegible]

75 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 ☐ Yes ☒ No

**JAMES V. BROWN LIBRARY  
OF WILLIAMSPORT AND LYCOMING COUNTY**

Form 990 (2003)

24-0799180

Page 5

**Part VI Other Information**

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78 a Did the organization have unrelated business gross income 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?	78b	N/A
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a 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 <b>LYCOMING COUNTY LIBRARY SYSTEM</b> and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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 in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction 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	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed <b>NONE</b>	90a	87
b Number of employees employed in the pay period that includes March 12, 2003	90b	87
91 The books are in care of <b>BUSINESS MANAGER</b> Telephone no <b>570-326-0536</b>		

Located at **19 EAST FOURTH STREET WILLIAMSPORT, PA**

ZIP + 4 **17701**

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

92

N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 of the instructions)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a LIBRARY OPERATIONS					100,994.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	15,605.	
96 Dividends and interest from securities			14	7,519.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<37,873.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a WORKSHOP INCOME			01	8,354.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		<6,395.>	100,994.
105 Total (add line 104, columns (B), (D), and (E))					94,599.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See page 34 of the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A PROVIDED PUBLIC WITH READING MATERIALS AND OTHER LIBRARY RESOURCES.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

I am preparing this return for the organization, and to the best of my knowledge and belief, it is true, correct, and complete.

5704 Lynn Morrow Business Manager

Type or print name and title

Date

Check if

Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

Name of the organization **JAMES V. BROWN LIBRARY**  
**OF WILLIAMSPORT AND LYCOMING COUNTY**

Employer identification number  
**24 0799180**

**Part I 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.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
LINDA HERR 390 CONRAD HILL ROAD HUGHESVILLE, PA	LITERACY MGR 40	62,669.	729.	0.
Total number of other employees paid over \$50,000	0			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of others receiving over \$50,000 for professional services	0	

**Part III** Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities <b>\$</b> _____ <b>\$</b> _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? See Part V, Form 990	2d X	
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b X	
4 Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4	X

**Part IV** Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** \_\_\_\_\_
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ 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)
- 11b ☐ 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 acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ 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))

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)



## JAMES V. BROWN LIBRARY

Schedule A (Form 990 or 990-EZ) 2003 OF WILLIAMSPORT AND LYCOMING COUNTY

24-0799180 Page 3

**Part IV-A****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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	2,313,705.	2,086,907.	1,743,468.	1,306,673.	7,450,753.
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	78,861.	383,508.	300,877.	99,992.	863,238.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	51,871.	52,007.	68,529.	62,338.	234,745.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
<b>23</b> Total of lines 15 through 22	2,444,437.	2,522,422.	2,112,874.	1,469,003.	8,548,736.
<b>24</b> Line 23 minus line 17	2,365,576.	2,138,914.	1,811,997.	1,369,011.	7,685,498.
<b>25</b> Enter 1% of line 23	24,444.	25,224.	21,129.	14,690.	
<b>26</b> Organizations described on lines 10 or 11: <b>a</b> Enter 2% of amount in column (e), line 24					153,710.
<b>b</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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					148,806.
<b>c</b> Total support for section 509(a)(1) test. Enter line 24, column (e)					7,685,498.
<b>d</b> Add: Amounts from column (e) for lines 18 <u>234,745.</u> 19 <u>                    </u>					
22 <u>                    </u> 26b <u>148,806.</u>					
<b>e</b> Public support (line 26c minus line 26d total)					7,301,947.
<b>f</b> Public support percentage (line 26e (numerator) divided by line 26c (denominator))					95.0094%
<b>27</b> Organizations described on line 12: <b>a</b> 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." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b>					
(2002) (2001) (2000) (1999)					
<b>b</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 amounts) for each year: <b>N/A</b>					
(2002) (2001) (2000) (1999)					
<b>c</b> Add: Amounts from column (e) for lines: 15 <u>                    </u> 16 <u>                    </u>					
17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>					
<b>d</b> Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>					
<b>e</b> Public support (line 27c total minus line 27d total)					N/A
<b>f</b> Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					N/A
<b>g</b> Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
<b>h</b> Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

None

**Part V Private School Questionnaire** (See page 7 of the instructions )

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

29

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

30

31 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?

31

If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement )

32 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 basis?

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

a 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

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement )

34 a Does the organization receive any financial aid or assistance from a governmental agency?

34a

b Has the organization's right to such aid ever been revoked or suspended?

34b

If you answered "Yes" to either 34a or b, please explain using an attached statement.

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

35

**JAMES V. BROWN LIBRARY**

Schedule A (Form 990 or 990-EZ) 2003 **OF WILLIAMSPORT AND LYCOMING COUNTY**

24-0799180 Page 5

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions )

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ **a** if the organization belongs to an affiliated group      Check ☐ **b** if you checked "a" and "limited control" provisions apply

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred )		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>			
Not over \$500,000			
Over \$500,000 but not over \$1,000,000			
Over \$1,000,000 but not over \$1,500,000			
Over \$1,500,000 but not over \$17,000,000			
Over \$17,000,000			
<b>The lobbying nontaxable amount is -</b>			
20% of the amount on line 40			
\$100,000 plus 15% of the excess over \$500,000			
\$175,000 plus 10% of the excess over \$1,000,000			
\$225,000 plus 5% of the excess over \$1,500,000			
\$1,000,000			
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**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 instructions )

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:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h.)

Yes	No	Amount
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	0.

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

(i) Cash

**(ii) Other assets**

**b Other transactions.**

- (i) Sales or exchanges of assets with a noncharitable exempt organization
- (ii) Purchases of assets from a noncharitable exempt organization
- (iii) Rental of facilities, equipment, or other assets
- (iv) Reimbursement arrangements
- (v) Loans or loan guarantees
- (vi) Performance of services or membership or fundraising solicitations

c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees

- d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

N/A

[illegible]

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

▶ ☐ Yes ☒ No

b. If "Yes," complete the following schedule.

N/A

[illegible]

---

PART IV, LINE 57, PROPERTY AND EQUIPMENT:

LAND	140,327.
BUILDINGS	2,900,415.
FURNISHINGS AND EQUIPMENT	1,356,040.
CONSTRUCTION IN PROGRESS	389,602.

---

SUBTOTAL	4,786,384.
----------	------------

LESS: ACCUMULATED DEPRECIATION	1,086,820.
--------------------------------	------------

---

PROPERTY AND EQUIPMENT, NET	3,699,564.
-----------------------------	------------

---

---

## PART II, LINE 42, DEPRECIATION EXPENSE:

DEPRECIATION IS PROVIDED BY USE OF THE STRAIGHT-LINE METHOD OVER THE ESTIMATED USEFUL LIVES OF THE ASSETS. DEPRECIATION EXPENSE WAS \$154,124 FOR THE YEAR ENDED DECEMBER 31, 2003.

## PART III, PRIMARY EXEMPT PURPOSE:

THE LIBRARY WAS OPENED IN 1907 TO MEET THE NEEDS OF LYCOMING COUNTY RESIDENTS FOR EDUCATION, READING AND TO PROVIDE THE PUBLIC WITH A SOURCE OF FREE ACCESS TO KNOWLEDGE AND INFORMATION.

Form 990	Gain (Loss) From Publicly Traded Securities	Statement	2
----------	---	-----------	---

Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
PUBLICLY TRADED SECURITIES	1,025,550.	1,063,423.	0.	<37,873.>
Total to Form 990, Part I, line 8	1,025,550.	1,063,423.	0.	<37,873.>

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
----------	--	-----------	---

Description	Amount
PRIOR PERIOD ADJUSTMENT - MISCLASSIFICATION OF BOARD DESIGNATED FUNDS	5,260.
PRIOR PERIOD ADJUSTMENT - ERROR IN REPORTING OF GRANT REVENUES	<279,011.>
UNREALIZED INVESTMENT GAINS	163,865.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENT	<2,751.>
Total to Form 990, Part I, line 20	<112,637.>

Form 990	Other Expenses	Statement	4
----------	----------------	-----------	---

Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
ISCELLANEOUS FUNDRAISING EXPENSES	4,119.			4,119.
DUES AND MEMBERSHIPS	3,735.		3,735.	
INVESTMENT MANAGEMENT FEES	3,311.		3,311.	
BOOKS	130,492.	130,492.		
PROGRAM EXPENSES	73,466.	73,466.		
ISCELLANEOUS EXPENSES	70,171.	70,171.		
AUDIO-VISUAL EXPENSES	65,093.	65,093.		
UTILITIES	48,748.	48,748.		
SURANCE	30,700.	30,700.		
LC TERMINAL	21,338.	21,338.		
FOR EQUIPMENT	19,298.	19,298.		
BUILDING REPAIRS AND MAINTENANCE	11,539.	11,539.		

PERIODICALS AND				
NEWSPAPERS	10,705.	10,705.		
MEALS	10,628.	8,764.		1,864.
TECHNICAL SERVICES	10,000.	10,000.		
PUBLICITY AND				
PROMOTION	8,656.	4,446.		4,210.
FURNITURE AND				
EQUIPMENT RENTAL	7,704.	7,704.		
AUTO EXPENSE	8,900.	8,900.		
BINDING AND MENDING	293.	293.		
VIDEOCONFERENCING				
EXPENSES	14,788.	14,788.		
Total to Fm 990, ln 43	553,684.	536,445.	7,046.	10,193.

Form 990	Non-Government Securities	Statement	5
----------	---------------------------	-----------	---

Security Description	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Other Securities	Total Non-Gov't Securities
COMMON STOCK	456,442.				456,442.
MUTUAL FUNDS			119,325.		119,325.
CASH EQUIVALENTS				25,455.	25,455.
Total to 990, ln 54 Col B	456,442.		119,325.	25,455.	601,222.

Form 990	Government Securities	Statement	6
----------	-----------------------	-----------	---

Description	U.S. Government	State and Local Gov't	Total Gov't Securities
U.S. GOVERNMENT OBLIGATIONS	203,540.		203,540.
Total to Form 990, line 54, Col B	203,540.		203,540.

Form 990	Other Notes and Loans Payable	Statement	7
----------	-------------------------------	-----------	---

Lender's Name	Terms of Repayment
---------------	--------------------

WILLIAMSPORT NATIONAL BANK	ANNUAL
-------------------------------	--------

Date of Note	Maturity Date	Original Loan Amount	Interest Rate
11/09/01	11/09/06	190,000.	7.00%

Security Provided by Borrower	Purpose of Loan
BOOKMOBILE	PURCHASE OF BOOKMOBILE

Relationship of Lender
------------------------

NONE
------

Description of Consideration	FMV of Consideration	Balance Due
NONE	0.	136,020.

Total included on Form 990, Part IV, line 64, Column B	136,020.
--	----------

Form 990	Other Expenses Not Included on Form 990	Statement	8
----------	---	-----------	---

Description	Amount
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	2,751.
Total to Form 990, Part IV-B	2,751.



Form 990

Part V - List of Officers, Directors,  
Trustees and Key Employees

Statement 9

Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Expense Contrib Account	
JOHN CONFER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	PRESIDENT 1	0.	0.	0.
HAROLD HERSHBERGER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	VICE PRESIDENT 1	0.	0.	0.
WILLIAM NICHOLS 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TREASURER 1	0.	0.	0.
GRACE PAGE 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	SECRETARY 1	0.	0.	0.
PATRICIA LOWERY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1	0.	0.	0.
FREDA KISBERG 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1	0.	0.	0.
MICHAEL RAFFERTY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1	0.	0.	0.
EDWARD MITCHELL 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1	0.	0.	0.
KENNETH COOPER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1	0.	0.	0.
ANN MARIE PHILLIPS 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1	0.	0.	0.
JANICE SHEAFFER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	EXECUTIVE DIRECTOR 40	76,675.	3,510.	0.

Totals Included on Form 990, Part V

76,675.	3,510.	0.
---------	--------	----

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.**
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.**

Type or print.  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>JAMES V. BROWN LIBRARY OF WILLIAMSPORT AND LYCOMING COUNTY</b>	Employer identification number <b>24-0799180</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>19 EAST FOURTH STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WILLIAMSPORT, PA 17701</b>	

Check type of return to be filed (File a separate application for each return):

- ☒ Form 990    ☐ Form 990-EZ    ☐ Form 990-T (sec. 401(a) or 408(a) trust)    ☐ Form 1041-A    ☐ Form 5227    ☐ Form 8870  
☐ Form 990-BL    ☐ Form 990-PF    ☐ Form 990-T (trust other than above)    ☐ Form 4720    ☐ Form 6069

**STOP: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the **whole group**, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until November 15, 2004.
- 5 For calendar year 2003, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason: ☐ Initial return    ☐ Final return    ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO  
 PREPARE A COMPLETE AND ACCURATE RETURN.**

- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ \_\_\_\_\_
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ \_\_\_\_\_ N/A

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature

Title **CPA - AGENT**

Date

**8/9/04****Notice to Applicant - To Be Completed by the IRS**

- ☒ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

Director

By

Date

**Alternate Mailing Address** - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print.  323832 05-01-03	Name <b>PARENTE RANDOLPH, PC</b>	<b>EXTENSION APPROVED</b>  <b>SEP 02 2004</b>  FIELD DIRECTOR, SUBMISSION PROCESSING, OGDEN
	Number and street (include suite, room, or apt. no.) Or a P.O. box number <b>400 MARKET STREET</b>	
	City or town, province or state, and country (including postal or ZIP code) <b>WILLIAMSPORT, PA 17701</b>	