

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.

OMB No 1545-0047

2005Open to Public
Inspection**A** For the 2005 calendar year, or tax year beginning**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
Instruc-
tions**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 17701and ending **YOUR FILE**
PARENTE RANDOLPH, LLC**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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****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 chooses to file a return, be
sure to file a complete return. 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 ▶**2,812,395.****Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances

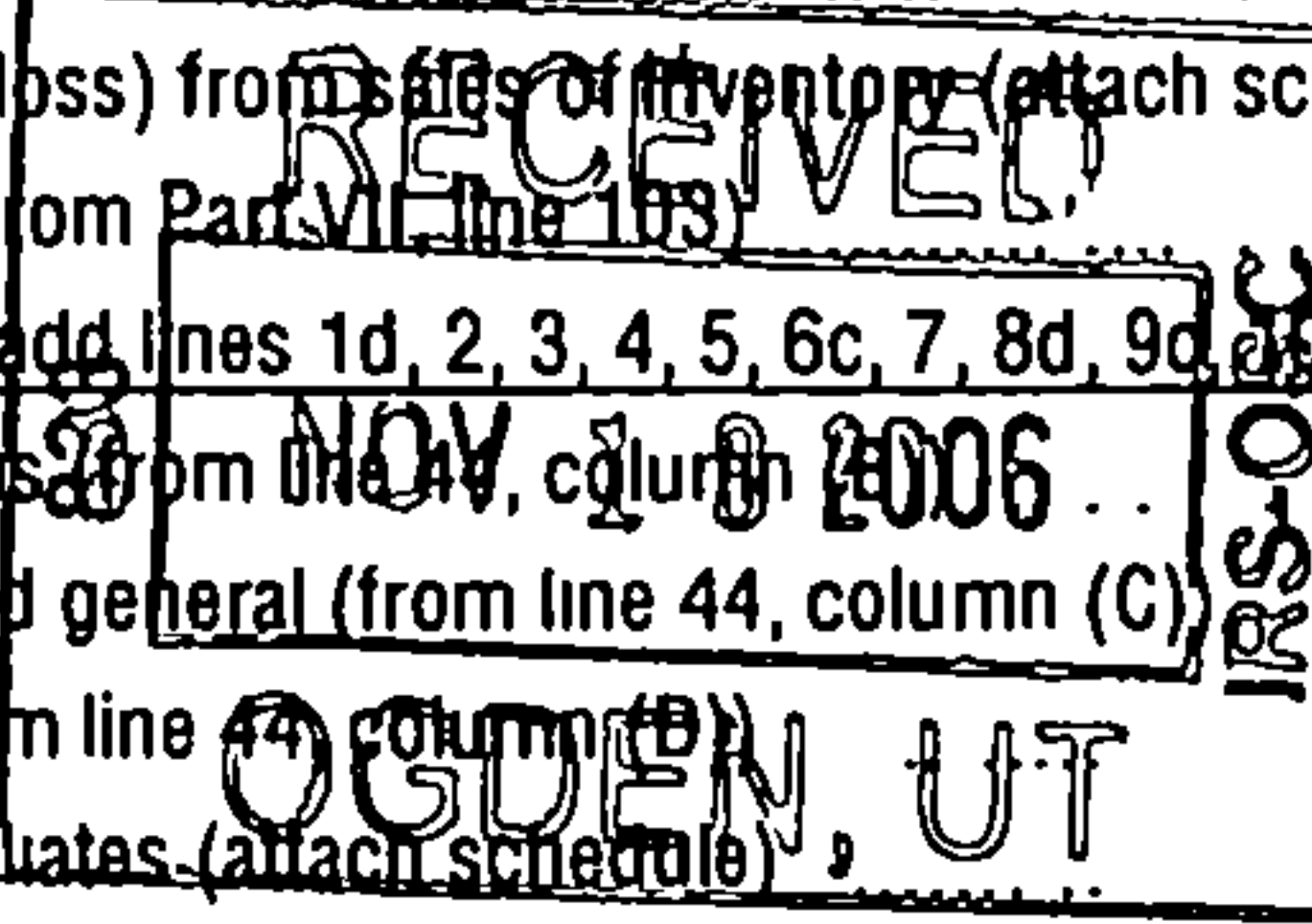
Revenue		Expenses		Assets	
1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	535,173.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c	1,636,512.		
d	Total (add lines 1a through 1c) (cash \$ 2,171,685. noncash \$)	1d	2,171,685.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	138,281.		
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	9,459.		
5	Dividends and interest from securities	5	25,594.		
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			
8a	Gross amount from sales of assets other than inventory	(A) Securities	464,538.	8a	
b	Less: cost or other basis and sales expenses		429,733.	8b	
c	Gain or (loss) (attach schedule)		34,805.	8c	
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) Stmt 2			8d	34,805.
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	2,838.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,382,662.		
13	Program services (from line 11, column (C))	13	2,085,546.		
14	Management and general (from line 11, column (C))	14	55,154.		
15	Fundraising (from line 11, column (C))	15	63,224.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 13 and 14, column (A))	17	2,203,924.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	178,738.		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	5,810,137.		
20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	-820,369.		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	5,168,506.		

523001
02-03-06

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

Form 990 (2005)

SCANNED NOV 30 2006



22

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

Form 990 (2005)

24-0799180 Page **2**

**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

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 \$ <u>0</u> • noncash \$ <u>0</u> .) If this amount includes foreign grants, check here <input type="checkbox"/>	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	81,900.	81,900.	0.
26 Other salaries and wages	26	953,580.	953,580.	
27 Pension plan contributions	27	25,624.	25,624.	
28 Other employee benefits	28	75,380.	75,380.	
29 Payroll taxes	29	78,060.	78,060.	
30 Professional fundraising fees	30			
31 Accounting fees	31	14,944.	14,944.	
32 Legal fees	32	377.	377.	
33 Supplies	33	72,019.	64,138.	7,881.
34 Telephone	34	14,396.	14,396.	
35 Postage and shipping	35	10,714.	10,714.	
36 Occupancy	36			
37 Equipment rental and maintenance	37	44,327.	44,327.	
38 Printing and publications	38	1,862.	1,862.	
39 Travel	39	19,770.	19,770.	
40 Conferences, conventions, and meetings	40	12,621.	12,621.	
41 Interest	41	7,261.	7,261.	
42 Depreciation, depletion, etc. (attach schedule)	42	151,081.	151,081.	
43 Other expenses not covered above (itemize):				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g See Statement 4	43g	640,008.	544,832.	31,952.
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	2,203,924.	2,085,546.	55,154.
				63,224.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form **990** (2005)

** See Statement 5

JAMES V. BROWN LIBRARY
OF WILLIAMSPORT AND LYCOMING COUNTY

Form 990 (2005)

24-0799180 Page 3

Part III Statement of Program Service Accomplishments (See the instructions.)

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.

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)

a PROVISION OF READING MATERIALS AND OTHER LIBRARY RESOURCES TO THE GENERAL PUBLIC

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

2,085,546.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 2,085,546.

Form 990 (2005)

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

Form 990 (2005)

24-0799180 Page 4

Part IV Balance Sheets (See the instructions.)

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
Assets	45 Cash - non-interest-bearing	125,172.	76,531.
	46 Savings and temporary cash investments	195,582.	173,400.
	47 a Accounts receivable	715.	
	b Less: allowance for doubtful accounts	34,069.	715.
	48 a Pledges receivable	169,500.	
	b Less: allowance for doubtful accounts	11,381.	158,119.
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		847.
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges	61,464.	77,554.
	54 Investments - securities	1,059,581.	1,479,307.
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	4,436,801.		
b Less: accumulated depreciation	1,552,120.	2,884,681.	
58 Other assets (describe: See Statement 9)	801,782.	768,303.	
59 Total assets (must equal line 74). Add lines 45 through 58	6,206,221.	5,619,457.	
Liabilities	60 Accounts payable and accrued expenses	259,531.	322,304.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable	106,020.	99,426.
	65 Other liabilities (describe: GIFT ANNUITY PAYABLE)	30,533.	29,221.
66 Total liabilities. Add lines 60 through 65	396,084.	450,951.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	4,097,565.	3,012,096.
	68 Temporarily restricted	1,391,572.	1,835,410.
	69 Permanently restricted	321,000.	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	5,810,137.	5,168,506.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,206,221.	5,619,457.	

Form 990 (2005)

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	2,380,265.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-11,900.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify): <u>See Statement 12</u>	b4	9,503.
	Add lines b1 through b4	b	-2,397.
c	Subtract line b from line a	c	2,382,662.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12). Add lines c and d	e	2,382,662.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements	a	2,203,924.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines b1 through b4	b	0.
c	Subtract line b from line a	c	2,203,924.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17). Add lines c and d	e	2,203,924.

Part V-A **Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
<div>-----</div> <div>-----</div> <div>See Statement 13</div>		81,900.	6,835.	0.
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Yes	No
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0

75b

X

75c

X

75d

	(E) Expense account and other allowances
--	--

	Yes	No
--	-----	----

76

X

77

X

782

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78h

10

79

802

☒

example of

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1812

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81h

x

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

Form 990 (2005)

24-0799180 Page **7**

Part VI Other Information (continued)

		Yes	No
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	
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 <u>None</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	85
91 a	The books are in care of <u>BUSINESS MANAGER</u> Telephone no. <u>570-326-0536</u> Located at <u>19 EAST FOURTH STREET, WILLIAMSPORT, PA</u> ZIP + 4 <u>17701</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year	92	N/A

Form **990** (2005)

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

Form 990 (2005)

24-0799180 Page 8

Part VII Analysis of Income-Producing Activities (See the instructions.)

	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	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a LIBRARY OPERATIONS					138,281.
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	9,459.	
96 Dividends and interest from securities			14	25,594.	
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	34,805.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a WORKSHOP INCOME			01	2,838.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		72,696.	138,281.
105 Total (add line 104, columns (B), (D), and (E))					210,977.

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 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 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 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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>Janice L. Trapp</i>	Date 1/13/06
Paid Preparer's Use Only	Type or print name and title Janice L. Trapp, Executive Dir	
	Preparer's signature John W. Compton, Jr.	Date 08/02/06
523163 02-03-06	Firm's name (or yours if self-employed), address, and ZIP + 4 PARENTE RANDOLPH, LLC 400 MARKET STREET WILLIAMSPORT, PA 17701	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN P00000910
	EIN	Phone no (570) 323-6023

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 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

2005

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 37.50	52,978.	1,854.	0.
Total number of other employees paid over \$50,000	0			

Part II-A 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 II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other 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 1 \$ _____ \$ _____ (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		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-A, 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
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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) 2005 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,984,621.	2,813,878.	2,313,705.	2,086,907.	9,199,111.
16 Membership fees received					
17 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	106,841.	38,364.	78,861.	383,508.	607,574.
18 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	26,406.	23,791.	51,871.	52,007.	154,075.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	2,117,868.	2,876,033.	2,444,437.	2,522,422.	9,960,760.
24 Line 23 minus line 17	2,011,027.	2,837,669.	2,365,576.	2,138,914.	9,353,186.
25 Enter 1% of line 23	21,179.	28,760.	24,444.	25,224.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24.					26a 187,064.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					26b 287,686.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,353,186.
d Add Amounts from column (e) for lines: 18 154,075. 19 226b 287,686.					26d 441,761.
e Public support (line 26c minus line 26d total)					26e 8,911,425.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 95.2769%
27 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." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2004) (2003) (2002) (2001)					
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 11b, 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: N/A					
(2004) (2003) (2002) (2001)					
c Add Amounts from column (e) for lines 15 16 17 20 21					27c N/A
d Add Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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				

JAMES V. BROWN LIBRARY

Schedule A (Form 990 or 990-EZ) 2005 **OF WILLIAMSPORT AND LYCOMING COUNTY**

24-0799180 Page **4**

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)

	Yes	No
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?		
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?		
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? If "Yes," please describe, if "No," please explain. (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
<hr/>		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement)		
<hr/>		
<hr/>		
34 a 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.		
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		

Schedule A (Form 990 or 990-EZ) 2005

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 groupCheck ☐ **b** ☐ if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - 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 The lobbying nontaxable amount is - 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	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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.)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 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 11 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:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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

N/A

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]☐ Yes ☒ No

N/A

[illegible]

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

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

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **BUSINESS MANAGER**

Telephone No. ► **570-326-0536**

FAX No. ►

- 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 will cover.

- 1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until **August 15, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2005** or
► ☐ tax year beginning _____, and ending _____
- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period
- 3a 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 or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____
- c **Balance Due.** Subtract line 3b from line 3a. 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**

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 12-2004)

Footnotes

Statement 1

PART IV, LINE 57, PROPERTY AND EQUIPMENT:

LAND	140,327.
BUILDINGS	2,274,440.
FURNISHINGS AND EQUIPMENT	1,441,140.
CONSTRUCTION IN PROGRESS	580,894.

SUBTOTAL

4,436,801.

LESS: ACCUMULATED DEPRECIATION

1,552,120.

PROPERTY AND EQUIPMENT, NET

2,884,681.

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 \$151,081 FOR THE YEAR ENDED DECEMBER 31, 2005.

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
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Description	Gross Sales Price	Cost or Other Basis	Expense of Sale	Net Gain or (Loss)
PUBLICLY TRADED SECURITIES	464,538.	429,733.	0.	34,805.
To Form 990, Part I, line 8	464,538.	429,733.	0.	34,805.

Form 990	Other Changes in Net Assets or Fund Balances	Statement	3
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Description	Amount
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PRIVATE FOUNDATION	9,503.
UNREALIZED INVESTMENT LOSSES	-11,900.
PRIOR PERIOD ADJUSTMENT TO RECORD DEPRECIATION EXPENSE ON BUILDING	-817,972.
Total to Form 990, Part I, line 20	-820,369.

Form 990	Other Expenses	Statement	4
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Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
CAPITAL CAMPAIGN EXPENSES	54,537.			54,537.
DUES AND MEMBERSHIPS INVESTMENT	13,574.		13,574.	
MANAGEMENT FEES	10,171.		10,171.	
BOOKS	187,646.	187,646.		
PROGRAM EXPENSES	15,432.	15,432.		
MISCELLANEOUS EXPENSES	8,396.	8,396.		
AUDIO-VISUAL EXPENSES	81,306.	81,306.		
UTILITIES	53,495.	53,495.		
INSURANCE	25,114.	25,114.		
OCLC TERMINAL	12,695.	12,695.		
MINOR EQUIPMENT	40,445.	40,445.		
BUILDING REPAIRS AND MAINTENANCE	25,722.	25,722.		
PERIODICALS AND NEWSPAPERS	37,324.	37,324.		

MEALS	7,622.	7,622.		
TECHNICAL SERVICES	20,908.	20,908.		
PUBLICITY AND PROMOTION	7,408.	7,408.		
FURNITURE AND EQUIPMENT RENTAL	5,843.	5,843.		
AUTO EXPENSE	11,151.	11,151.		
VIDEOCONFERENCING EXPENSES	4,325.	4,325.		
CONSULTING FEES	5,640.		5,640.	
CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT	2,567.		2,567.	
SPECIAL EVENTS EXPENSES	8,687.			8,687.
Total to Fm 990, ln 43	<u>640,008.</u>	<u>544,832.</u>	<u>31,952.</u>	<u>63,224.</u>

Form 990

Officer Compensation Allocation
Part II, Line 25

Statement 5

Name of Officer, etc.	Compensation	Employee Ben. Plans	Expense Accounts	Totals
Janice L. Trapp	81,900.	6,835.	0.	88,735.
A. Program Services	81,900.	6,835.		88,735.
B. Management and General				
C. Fundraising				
Total Program Services				88,735.
Total Management and General				
Total Fundraising				
Total Officer, etc., Compensation included on Parts V-A and V-B				<u>88,735.</u>

Form 990 Receivables Due From Officers, Directors, Trustees Statement 6
and Other Key Employees - Reported Separately

Borrower's Name and Title	Original Loan Amount
---------------------------	-------------------------

JANICE L. TRAPP, EXECUTIVE DIRECTOR	847.
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Date of Note	Maturity Date	Terms of Repayment	Interest Rate
11/15/05		UPON DEMAND	.00%

Security Provided by Borrower	Purpose of Loan
UNSECURED	EMPLOYEE ADVANCE

Description of Consideration	FMV of Consideration	Balance Due
NONE	0.	847.

Total included on Form 990, Part IV, line 50, Column B	847.
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Form 990 Non-Government Securities Statement 7

Security Description	Cost/FMV	Corporate Stocks	Corporate Bonds	Other Publicly Traded Securities	Total Non-Gov't Securities
COMMON STOCK	FMV	623,663.			623,663.
MUTUAL FUNDS	FMV			146,137.	146,137.
CORPORATE BONDS	FMV		225,052.		225,052.
To Form 990, line 54, Col B		623,663.	225,052.	146,137.	994,852.

Form 990	Government Securities	Statement	8
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Description	Cost/FMV	U.S. Government	State and Local Gov't	Total Gov't Securities
U.S. GOVERNMENT OBLIGATIONS	FMV	269,995.		269,995.
Total to Form 990, line 54, Col B		269,995.		269,995.

Form 990	Other Assets	Statement	9
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Description	Amount
ACCRUED INTEREST RECEIVABLE	6,258.
BENEFICIAL INTEREST IN PRIVATE FOUNDATION	762,045.
Total to Form 990, Part IV, line 58, Column B	768,303.

Form 990	Other Notes and Loans Payable	Statement 10
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Lender's Name	Terms of Repayment
---------------	--------------------

SUSQUEHANNA BANK	ANNUAL
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Date of Note	Maturity Date	Original Loan Amount	Interest Rate
10/08/03	10/08/06	190,000.	6.75%

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.	99,426.

Total included on Form 990, Part IV, line 64, Column B	99,426.
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Form 990	Other Securities	Statement 11
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Security Description	Cost/FMV	Other Securities
CASH EQUIVALENTS	FMV	214,460.
To Form 990, line 54, Col B		214,460.

Form 990	Other Revenue Not Included on Form 990	Statement 12
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Description	Amount
CHANGE IN VALUE OF BENEFICIAL INTEREST IN PRIVATE FOUNDATION	9,503.
Total to Form 990, Part IV-A	9,503.

Form 990

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

Statement 13

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	TREASURER 1.00	0.	0.	0.
HAROLD HERSHBERGER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	PRESIDENT 1.00	0.	0.	0.
WILLIAM NICHOLS 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	VICE PRESIDENT 1.00	0.	0.	0.
WILLIAM SOMERS 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1.00	0.	0.	0.
PATRICIA LOWERY 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1.00	0.	0.	0.
MARY WOLF 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1.00	0.	0.	0.
THOMAS REEDER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1.00	0.	0.	0.
KENNETH COOPER 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1.00	0.	0.	0.
ANN MARIE PHILLIPS 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	TRUSTEE 1.00	0.	0.	0.
JANICE L. TRAPP 19 EAST FOURTH STREET WILLIAMSPORT, PA 17701	EXECUTIVE DIRECTOR 37.50	81,900.	6,835.	0.
Totals Included on Form 990, Part V-A		81,900.	6,835.	0.