## Form **990**

#### Return of Organization Exempt From Income Tax

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

2024, and ending

OMB No. 1545-0047

2024

**Open to Public** Inspection

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partment of the Treasury ernal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

For the 2024 calendar year, or tax year beginning D Employer identification number C Name of organization South New Berlin Free Library Check if applicable: 16-0923548 Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change (607)859-2420PO Box 9, 3320 State Hwy 8 Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 190,783. South New Berlin, NY 13843 Amended return H(a) Is this a group seturn for subordinates? Yes X No F Name and address of principal officer: Application pending H(b) Are all subordinates included? Yes No Scott Stensland, 3320 State Hwy 8, South New Berlin, NY 13843 If "No," attach a list. See instructions. ) (insert no.) 4947(a)(1) or 527 Tax-exempt status: X 501(c)(3) 501(c) ( H(c) Group exemption number Website: 1921 M State of legal domicile: NY Form of organization: X Corporation Trust Association Other L Year of formation: Summary Part I Briefly describe the organization's mission or most significant activities: 1 To lend books and other materials to the general public Activities & Governance Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 Number of voting members of the governing body (Part VI, line 1a) 3 7 Number of independent voting members of the governing body (Part VI, line 1b) 4 3 Total number of individuals employed in calendar year 2024 (Part V, line 2a) 5 6 0 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . . 69,669 190,717. 8 Revenue 9 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 66. 66. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . 595. 11 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 70,330. 190,783. 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 39,824. 39,391. 15 Professional fundraising fees (Part IX, column (A), line 11e) 16a Total fundraising expenses (Part IX, column (D), line 25) 41,248. 123,303. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 163,127. 80,639. 18 Revenue less expenses. Subtract line 18 from line 12 27,656. -10,309.19 **End** of Year **Beginning of Current Year** Assets or 200,796. 228,578. Total assets (Part X, line 16) 20 1,994. Total liabilities (Part X, line 26) 1,868. 21 75 Fund 55 Net assets or fund balances, Subtract line 21 from line 20 198,928. 226,584. Signature Block 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. 01/30/2025 Date Sign Signature of officer Here Kathie Burnside, President Type or print name and title Preparer's signature Date Check X if Preparer's name Paid self-employed 01/30/2025 P01204810 Paul L Rowe Preparer 27-3993211 Firm's EIN Firm's name Paul L Rowe **Use Only** Phone no. (607) 847-6896 209 NICHOLS RD, EDMESTON, Firm's address X Yes No May the IRS discuss this return with the preparer shown above? See instructions

Page 2
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′es ⊠ No
∕es ⊠ No
measured by ns to others,
716.)
)
/

(Expenses \$

Total program service expenses

Part	V Checklist of Required Schedules			Page 3
			Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10		×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		×
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			

	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	×
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	×
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V.	10	×
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	×
C	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	×
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	×
2a	Schedule D, Parts XI and XII	12a	×
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	×
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	×
4a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14a	×
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	×
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16	×
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	×
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	×
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	×
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	×
	REV 01/21/25 PRO	Form 9	90 (2024)

Form 99	0 (2024)			Page 4
Part	V Checklist of Required Schedules (continued)			ugo
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J			
24a	employees? If "Yes," complete Schedule J	23		×
name of the same	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		^
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		×
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		_
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).	21		×
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		×
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		×
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		×
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	04		V
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O	38	×	
Part				
)	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0	and a contract	omorron o	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b> 0 Did the organization comply with backup withholding rules for reportable payments to vendors and			
G	reportable gaming (gambling) winnings to prize winners?	1c	×	

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  5b If "Yes," has it filed a Form 990-T for this year? If "No" or line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a filanacial account in ore freign country (such as a bank account, securities account, or other financial account)?  5c If "Yes," enter the name of the foreign country  5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 8888-17?  6b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible as charitable contributions of griffs were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  6d Did the organization in the way of the value of the goods or services provided?  7 Organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  9 If "Yes," did the organization in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  10 If the organization receive a payment in excess of \$75 made partly as a contribution of normal \$200 and the payor of the organization receive and premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If yes, "indicate the number of Forms 8282 fi	Part	The same of the sa		Yes	No
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  3 Did the organization have unrelated businesseg ross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account; in a foreign country  b If "Yes," enter the name of the foreign country  b If "Yes," enter the name of the foreign country  See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR),  3 Was the organization a party to a prohibited tax shafter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shafter transaction of the organization solicit any contributions that were not tax deductible as charitable contributions?  5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made party as a contribution and pertity for goods and services provided to the payor?  b If "Yes," indicate the number of Forms 8282 filed during the year  b If "Yes," indicate the number of Forms 8282 filed during the year  b If the organization sell, exchange, or otherwise dispose of tangble personal property for which it was required to file Form 8282?  b If "Yes," indicate the number of Forms 8282 filed during the year  b If the organization received a contribution of certs, boats, any personal benefit contract?  file the organization sell, exchange, or otherwise dispose of tangble personal property or which it was required to file Form 8282 filed during the year  b If the organization received a contribution of cert	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a 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)?  4b If "Yes," enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5d any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as chariatible contributions?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions are were not tax deductible as chariatible contributions?  6c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization self-are view ene tax deductible as chariatible contributions?  6c Did the organization shall are view energy to the organization self-are on tax deductible?  7c Organizations that may receive deductible contributions under section \$170(c).  8d If "Yes," did the organization notify the donor of the value of the goods or services provided?  7d Did the organization self-are year or otherwise dispose of tangible personal property for which it was required to file Form \$282?  7d If "Yes," indicate the number of Forms \$282 filed during the year.  9d If the organization received a contribution of qualified intellectual property, dis the organization file form 899 as required?  9d If the organization received a contribution of qual	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		~	
b If "Yes," has it flied a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O A dat any time during the celebrady 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 See instructions for filing requirements for FINCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), Swas the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Uf Yes it line 6a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes it line 6a or 5b, did the organization time form 8386-T?  6a Dees the organization solicit any contributions that were not tax deductible as charitable contributions?  5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b Organizations that may receive deductible contributions under section 170(c).  8b If "Yes," did the organization notify the donor of the value of the goods or seniese provided?  7c If Yes, "indicate the number of Forms 8282 filed during the year  1f "Yes," indicate the number of Forms 8282 filed during the year  1f "Yes," indicate the number of Forms 8282 filed during the year  1g If the organization received any funds, directly or indirectly, to pay premiums dia a personal benefit contract?  7t If the organization received any funds, directly or indirectly, to pay premiums dia a personal benefit contract?  7t If the organization received any funds, directly or indirectly, to pay premiums dia a personal benefit contract?  7th If the organization received any funds, directly or indirectly, to pay premiums dia personal benefit contract?  7th If the organization receiv	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		^	v
4a 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)?  b if "Yes," enter the name of the foreign country See instructions for filing equirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 8888-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization societ any contributions that were not tax deductible as charitable contributions?  b if "Yes," did the organization include with every solicitation an express statement that such contributions are gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  1 if "Yes," indicate the number of Forms 8282 filed during the year  b Id the organization received a contribution of qualified intellectual property, did the organization freeling the year year permitums, directly or indirectly, on a personal benefit contract?  7 If the organization received a contribution of qualified intellectual property, did the organization flee form 8282?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any texasion of the sponsoring organization makes any texasion of the property of	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			^
a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b If "ves," enter the name of the foreign country See instructions for filing requirements for FinCEN From 114, Report of Foreign Bank and Financial Accounts (FBAF).  Sea Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization file Form 8886-17  6 Does the organization base annual gross receipts that are normally greater than \$100,000, and did the organization solid tay contributions that twere not tax deductible as charitable contributions?  if "ves," did the organization include wine very solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 88282?  d If "Yes," indicate the number of Forms 8282 filed during the year  d Did the organization necewed a contribution of qualified intellectual property, did the organization file a Form 1047.  If the organization received a contribution of casified intellectual property, did the organization file a Form 1047.  If the organization received a contribution of accises business holding's at flay time during the year.  Job the sponsoring organization make an adistribution of part yill, life 12  Gross receipts, included on Form 990, Part Yill, life 12  Gross receipts, included on Form 990, Part Yill, life 12  Gross income from members or shareholders.  Job the sponsoring organization make a distribution to a denor, donor advised, part to the section of the section of Scotion 501(c)(2)	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	0.0		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCRF form 114, Report of Foreign Bank and Financial Accounts (FBAR), See Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  If "Yes," to line 5a or 5b, did the organization file Form 8888-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  If "Yes," did the organization include with even to tax deductible as charitable contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  If "Yes," did the organization include with even to tax deductible as charitable contribution and partly for goods and services provided to the payor?  Organization service apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  Did the organization than the payor?  If "Yes," did the organization notify the donor of the value of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums do a personal benefit contract?  If the organization receive any funds, directly or indirectly, to pay premiums do a personal benefit contract?  If the organization receive any funds, directly or indirectly, to pay premiums do a personal benefit contract?  If the organization received a contribution of qualified intellectual property did the organization file a Form 1989 c?  Sponsoring organization than organization file a form 1989 c?  Sponsoring organization make any taxable distribution and organization file a Form 1989 c?  Section 501(c)(2) arganization section and 1980 contract the section 4966?  Di		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
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Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from members or shareholders  c Gross income from other sources, (Do not net amounts due or paid to other sources against amounts due or received from them).  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . 13b  13b  11c		sponsoring organization have excess business holdings at any time during the year?	Q		VII. 199
b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	9	Sponsoring organizations maintaining donor advised funds.			
b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12	a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
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If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		100		
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c Enter the amount of reserves on hand	b	Enter the amount of reserves the organization is required to maintain by the states in which			
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excess parachute payment(s) during the year?  If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 49522.		If the organization subject to the section 4000 to report these payments? If "No," provide an explanation on Schedule O.	14b		
If "Yes," see the instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.  Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 49523.	13	OVOCOO povoca de una contra de la companya de la co			
<ul> <li>Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.</li> <li>Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4968 excise tax on net investment income?</li> </ul>			15		
If "Yes," complete Form 4720, Schedule O.  17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4051, 4052, or 40522.	16	Is the organization an educational institution subject to the costion 4069 and the destination and the cost in the costion 4069 and the cost in the co			
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities		If "Yes," complete Form 4720. Schedule O	16		
that would result in the imposition of an excise tax under section 4051, 4050, or 40500	17				
			6		
If "Yes," complete Form 6069.		that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17	1	

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.	See in	struc	tions
1	Check if Schedule O contains a response or note to any line in this Part VI			. X
∌cti	on A. Governing Body and Management			
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		Yes	No
b 2	Enter the number of voting members included on line 1a, above, who are independent.  Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
3	any other officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct	2	×	
4	supervision of officers, directors, trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		×
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		×
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		×
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	×	
9	Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	8b	×	
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		×
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	-	100000
10a	Did the organization have local chapters, branches, or affiliates?	10-	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		×
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	10b 11a	×	A discussion
b 12a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13		^	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a		×
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done.	12b		
13	Did the organization have a written whistleblower policy?	12c		×
14	Did the organization have a written document retention and destruction policy?	14		×
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	×	
16a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		×
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
Sooti	organization's exempt status with respect to such arrangements?	16b		positive out.
17	on C. Disclosure  List the states with which a copy of this Form 990 is required to be filed NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Γ (sec	tion 5	501(c)
19	☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)  Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and received L Rowe, 209 Nichols Rd, Edmeston, NY 13335 (607)847-6896	cords.	O.	

Form 990 (2024)

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization  (A)  Name and title	(B) Average hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					one n an tee)	Reportable compensation from the organization (W-2/	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	per	Key employee	Highest compensated employee	ner	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and related organizations
1) Kathie Burnside	5.00									
President				×				0.	0.	0
(2) Laura Riddle Vice President	1.00			×	<u></u>			0.	0.	400 TO
(3) Carrie Lewis Secretary	1.00			×				0.	0.	0.
(4) Bob Decker Assistant Treasurer	1.00			×				0.	0.	0.
(5) Gary Smith Trustee	1.00	×						0.	0.	0.
(6) Samantha Kemnah Trustee	1.00	×						0.	0.	0.
(7) Robin Avolio Library Manager (8)	24.00				×			21,840.	0.	0.
(9) (10)		,								
(11)			1							
(12)				-	-		-			
(13)		-	+	+			-			
14)		+		+	-		-			

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I e	art VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	ye	es, ar	nd l	lighest Compe	ensated Emplo	ovees (continue)
	(A) Name and title	(B) Average hours per week	(do r box,	not cl unle: er an	Pos heck ss pe	sitior mor ersor direc	e than is boti tor/trus	one n an tee)	(D)  Reportable compensation from the	(E)  Reportable compensation from related	(F) Estimated amount of other
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	compensation from the organization and related organization
(15)							<u>u</u>				
(16)											
(17)									4		
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)				1							
(25)			7				,				
1b c d	Subtotal	/II, Section	A		> :				21,840.	0.	0.
2	Total (add lines 1b and 1c)	not limited	to tho	se l	iste	d a	bove)	who	21,840. o received more	0. than \$100,000 c	0.
3	portedition from the digata.	auon				_					Yes No
	Did the organization list any former of employee on line 1a? If "Yes," complete So		11 8116	'rı ır	$\alpha m$	10111	3/				
4	For any individual listed on line 1a, is the sorganization and related organizations gindividual	reater than	ortable 1 \$15	e co 0,00	omp 00?	ens If	ation "Yes,	and " co	d other compens omplete Schedu	ation from the	3 ×
5	Did any person listed on line 1a receive or for services rendered to the organization?	accrue con	npens	atio	n fr	om	any u	Inre	lated organization	n or individual	4 ×
Secti	on B. Independent Contractors		4 10 10 10 10 10	100 min 20		Name and Allen					5 ×
1	Complete this table for your five higher compensation from the organization. Report	st compen	sated	l in	dep	enc	lent o	cont	tractors that red	ceived more th	an \$100,000 of
	(A) Name and business addre		ZLIOIT I	OI LI	ile C	ale	nuar y		(B)		(C)
						107			Description of service	es Co	mpensation
2	Total number of independent contractors	(including	but	not	lim	nitor	1 +0 -	hac	no lioted at		
	received more than \$100,000 of compensati	ion from the	e orga	niza	atior	1	י ניט ו	1108	be listed above)	wno	

### Part VIII Statement of Revenue

3		Check if Schedule O contains a response or note to	any line in this P	art VIII		
4			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants,	2 1a		<b>1</b>			3ections 512-514
ra		membererip dado ID		42 7 8 9 7 7 7 7 7 7 7		
0			5.			
# 1	2 0	Related organizations 1d				
9 :	е		3.			
Sugar Sugar	f f	All other contributions, gifts, grants,				
E G	5	and similar amounts not included above 1f 114, 324	1.			
를 さ	9	Noncash contributions included in				
O C	2	lines 1a-1f 1g \$				
0 0	o h	Total. Add lines 1a-1f	190,717.			
Φ		Business Code				
Program Service	2a			/		
gram Ser	b b					
S	C					
ra d	d					
60.	е					
٥	f	All other program service revenue				
	g			NEW ME		
	3	investment income (including dividends, interest, and	d /			
		other similar amounts)	66.	66.	0.	0.
	4	Income from investment of tax-exempt bond proceeds				0.
	5	Royalties		7-11-1		
		(i) Real (ii) Personal				
	6a	Gross rents 6a				
	b	Less: rental expenses 6b				
	C	Rental income or (loss) 6c				
	d	Net rental income or (loss)	( )	***************************************		
	7a	Gross amount from sales of assets (i) Securities (ii) Other				
a)	h	other than inventory   7a   Less: cost or other basis	4			
Revenue		and adaptive				
e Ve	C	and sales expenses . 7b  Gain or (loss) 7c				
-	d	Net gain or (loss)				
Other	8a	Gross income from fundraising				
Ö		events (not including \$ 2,585.				
		of contributions reported on line				
		1c). See Part IV, line 18 8a				
	b	Less: direct expenses 8b				
	C	Net income or (loss) from fundraising events				
	9a	Gross income from gaming				
		activities. See Part IV, line 19 . 9a				
	b	Less: direct expenses 9b				
	C	Net income or (loss) from gaming activities			10 10 10 10 10 10 10 10 10 10 10 10 10 1	
	10a	Gross sales of inventory, less				
		returns and allowances 10a				
	b	Less: cost of goods sold 10b				
	C	Net income or (loss) from sales of inventory				
9		Business Code				
ec ec	11a					
Miscellaneous	b					
e e	C					in the second se
E H	d	All other revenue				
2	е	Total. Add lines 11a-11d				
	12	Total revenue. See instructions	190,783.	66.	0.	
		REV 01/21/25		00.	0.	0.

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete

) no	Check if Schedule O contains a response of include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
	o, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21		•		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
5	Benefits paid to or for members	21,840.	21,840.	0.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .		21,010.		0.
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	14,633.	14,633.	0.	0.
9	Other employee benefits				
10 11	Payroll taxes	3,351.	3,351.	0.	0.
a	Management				
b	Legal				
C	Accounting	1,650.	1,650.	0.	0.
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>			
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	118.	118.	0.	0.
13	Office expenses	60.	60.	0.	0.
14	Information technology				
15	Royalties				
16	Occupancy	4,028.	4,028.	0.	0.
17 18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
23	Insurance	2,481.	2,481.	0.	0
24	Other expenses. Itemize expenses not covered	2,401.	2,401.	0.	0.
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	Building Project	99,774.	99,774.	0.	
b	Operating Costs/Programs	15,192.	15,192.	0.	0.
C			10,102.	0.	0.
d					
e	All other expenses				William Constitution
25	Total functional expenses. Add lines 1 through 24e	163,127.	163,127.	0.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet
Check if Schedule O

)		(A) Beginning of year		(B) End of year
1	The state of boaring	67,833.	1	95,548
2	o and the state of	132,963.	_	133,030
3	in a granto receivable, flet		3	133/030
4	Accounts receivable, net		4	
5	directive individual of the control of the co			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
6	controlled entity or family member of any of these persons		5	
0	- and dried receivables from other disqualified persons (as defined if			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ets 7	Notes and loans receivable, net		7	
Assets 6 8 6	Inventories for sale or use	District do	8	
9	Prepaid expenses and deferred charges		9	
10				
	basis. Complete Part VI of Schedule D 10a			
	Less: accumulated depreciation 10b		10c	
11	Investments—publicly traded securities		11	
12	Investments—other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV. line 11		13	
14	Intangible assets			
15	Other assets, See Part IV, line 11		14	
16	Total assets. Add lines 1 through 15 (must equal line 33)	200 706	15	
17	Accounts payable and accrued expenses	200,796.	16	228,578
18	Grants payable	1,868.	17	1,994
19	Deferred revenue		18	
20	Tax-exempt bond liabilities		19	
21	Escrow or custodial account liability. Complete Part IV of Schedule D .		20	
22	Loans and other payables to any current or former officer, director,	A STATE OF THE STA	21	
22	trustee, key employee, creator or founder, substantial contributor or 35%		13147	
	controlled entity or family member of any of these persons			
23	Secured mortgages and notes payable to unrelated third parties		22	
24	Unsecured notes and loans payable to unrelated third parties		23	
25	Other liabilities (including federal income tax, payables to related third		24	
	parties, and other liabilities not included on lines 17-24) Complete Part V			
	of Schedule D			
26	Total liabilities. Add lines 17 through 25	1 2 2 2	25	
2	Organizations that follow FASB ASC 958, check here	1,868.	26	1,994.
2	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions			<u> </u>
28	Net assets with depart readmint on a		27	
	Organizations that do not follow FASB ASC 958, check here		28	
	and complete lines 29 through 33.			
29				
30	Capital stock or trust principal, or current funds		29	
31	Paid-in or capital surplus, or land, building, or equipment fund		30	
32	Retained earnings, endowment, accumulated income, or other funds .  Total net assets or fund balances	198,928.	31	226,584.
27 28 29 30 31 32 33		198,928.	32	226,584.
33	Total liabilities and net assets/fund balances	200,796.	33	228,578.

Pa	rt XI Reconciliation of Net Assets			Page 12
	Check if Schedule O contains a response or note to any line in this Port VI			
1				
2	Total expenses (must equal Part IX, column (A) line 25)		190,	
3			163,	
4	NEL GOSELO UL IUIUI DEIENCAS ET DAGINDING OF VOOR (muset a musel D. 1 V. II. a.a.			656.
5	Net unrealized gains (losses) on investments		198,	928.
6				
7	IIIVGSUITETII EXDENSES			
8	THUI DELICO ACIUSIMENTS			
9	Other Changes in riet assets of fund palances (explain on Schedule O)			
10	Net assets of fund balances at end of year. Combine lines 3 through 0 (must asset bart V. I.	_		
	02, column (B))	3		
Par	i maricial Statements and Reporting		226,	584.
	Check if Schedule O contains a response or note to any line in this Part XII			
		• • •	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		res	NO
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
	School C.			
2a		2a		×
	in 103, check a box below to indicate whether the tinancial statements for the work was a smalled	20		
	to the desiral separate basis, consolidated basis, or both.			
L	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
D	Were the organization's financial statements audited by an independent accountant?	2b		×
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both.			
	osparate basis, consolidated basis, or both.			
•	Separate basis Consolidated basis Both consolidated and separate basis			
1	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
7	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a				
-	Uniform Guidence CO.5. By was the organization required to undergo an audit or audits as set forth in the			***************************************
b	If "Yes," did the organization undergo the required audit annually of the incoming the in	За		×
	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.	1		
		3b		
	REV 01/21/25 PRO	Forr	n <b>990</b>	(2024)

#### SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

mal Revenue Service

Name of the organization

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

Open to Public Inspection

Sou	th No	ew Berlin Fre	e Library	7				Employer identification	on number
	rt I	Reason for Pul	olic Charity	Status.	All organizations mu	st comr	lete this	16-0923548	1
The	organi	zation is not a priva	ite roundatio	n because	it is: (For lines 1 through	th 12 ch	ock only	and how	ions.
1	$\Box A$	church, convention	of churches	, or associ	ation of churches desc	ribed in	section 1	70(b)(1)(A)(i).	
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3	L A	hospital or a coope	rative hospit	a service	organization described	in contin	- 470(h)	(1)(A)(iii).	
4	A	medicai research o	rganization o	perated in	conjunction with a hos	spital des	scribed in	section 170(b)(1)(A	(iii). Enter the
5		opital o harrie, city,	and State.					CARLO A	
3	-	יין ווארון ווארון ווארון ווארון ווארון	ial. (combier	erani.	a college or university			A STATE OF THE PARTY OF THE PAR	tal unit described in
6		federal, state, or loc	cal governme	ent or gove	rnmental unit describe	d in sect	ion 170(b	)(1)(A)(v)	
7	de	scribed in section	170(b)(1)(A)(	eives a su ( <b>vi)</b> . (Comp	bstantial part of its sup lete Part II.)	oport fro	m a gove	rnmental unit or fro	n the general public
8		community trust de	scribed in se	ection 170	(b)(1)(A)(vi). (Complete	Part II.)			
9	☐ Ar	agricultural resear	ch organizati	on describ	ed in section 170/b//1	VAVINA	nerated in	conjunction with a	land arent college
	un	iversity:	iana grant o	onege of a	griculture (see instructi	ions). Em	er the ha	me, city, and state o	f the college or
10	An An	organization that r	normally rece	ives (1) mo	ore than 331/3% of its si	upport fr	om contri	butions membershi	o fees and gross
	su	poort from gross in	vestment inc	ome and	involated business	ertain exc	eptions;	and (2) no more that	1 331/3% of its
		, , , , , , , , , , , , , , , , , , , ,		ou , ,	OTO. OCC SCULIOI DUST	and. La	MINDIGIE P	art III )	businesses
11	☐ An	organization organ	nized and ope	erated exc	lusively to test for publi	ic safety	See see	tion 500(a)(4)	
12	An	organization organi	zed and ope	rated exclu	sively for the benefit of	to perfe	em the fu	actions of arts and	out the purposes of
1	OII	c of filole publicly s	supported of	ianizations	described in section	COLOUR	ar coction	500(a)(0) Can and	5 FAAL-1/AL OL 1
	LITE	DOX OIT III 65 12a LI	irough 12a tr	iat describe	es the type of supportin	g organiz	ation and	complete lines 12e	12f and 12g
а		the supported org	ng organizat	ion operate	ed, supervised, or cont	rolled by	its suppo	orted organization(s)	typically by giving
		the supported org	ariization(5) t	ne power i	o regularly appoint or e	elect a m	ainrity of	the directors or trus	ees of the
b		Type II. A support	ina araaniza	tion cupon	iced or controlled	A and E	š.		
	-	control or manage	ment of the	supporting	vised or controlled in coorganization vested in	onnection	o with its	supported organizat	ion(s), by having
		organization(s). Yo	u must com	plete Pari	IV, Sections A and C		e hersons	unat control or man	age the supported
C		Type III functiona	lly integrate	d. A suppo	orting organization one	rated in a	connectio	n with and function	ally integrated with
		ite cappoited orga	1112011011(3) (3	ce monact	ions). You must comp	lete Par	t IV. Sect	ions A. D. and F.	
d		Type III non-funct	tionally integ	grated. A	supporting organization	onerate	d in conn	action with its supp	orted organization(s)
		triat is not failetion	any internate	c. The ord	anization denerally mil	st satisty	a dietrib	ition requirement or	d an attentiveness
е		reduiternent (see il	istructions).	rou must	complete Part IV, Sec	ctions A	and D, a	nd Part V.	
C		functionally integra	ne organizati	on receive	d a written determination	on from t	he IRS th	at it is a Type I, Type	e II, Type III
f	Ente	the number of sup	norded organ	nizatione	ictionally integrated su	pporting	organizat	ion.	
g	Provi	de the following inf	ormation abo	out the sur	pported organization(s).				
		e of supported organizati		(ii) EIN	(iii) Type of organization	T	organization	T. A. A.	
				,,,	(described on lines 1-10		ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			3-47		above (see instructions))	docu	ment?	instructions)	instructions)
						Yes	No		
(A)									
(B)									
(C)									
(D)		Water to the same of the same							
(E)									
Total									
1000			1				A CONTRACTOR OF THE PARTY OF TH		

Pa	Support Schedule for Organiz	ations Descr	ihed in Sect	ione 170/h\/	IVAV:-AI	470/11/11/11	Page 2
	Part III. If the organization fails t	he box on line	ab / or a of	Part   or if th	a araani-ati-	6 11 11	i) alify under
	don A. I ablic Support			bed below, p	rease comple	ete Part III.)	
	endar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	199,034.	24,283.				
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				69,368.	85,916.	393,006.
3	The value of services or facilities furnished by a governmental unit to the organization without charge	48,845.	48,845.	50,300.	300.	104,800.	253,090.
4	Total. Add lines 1 through 3	247,879.	73,128.	64,705.	69,668.	190,716.	646,096.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						040,096.
	Public support. Subtract line 5 from line 4 ion B. Total Support		n de la la la companya de la company				646,096.
	ndar year (or fiscal year beginning in)	(a) 2020	#1 0004		7/11/		
7	Amounts from line 4	247,879.	(b) 2021 73, 128.	(c) 2022	(d) 2023	(e) 2024	(f) Total
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	21,	28.	89.	69,668.	190,716.	646,096.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	21	20.	89.	66.	66.	270.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,514.		5,608.	EOF		
11	Total support. Add lines 7 through 10				595.		9,717.
12	Gross receipts from related activities, etc.	(see instructio	ns)			12	656,083.
13	riist 3 years. If the Form 990 is for the	organization's	first, second,	third, fourth,	or fifth tax ve	ar as a section	501(c)(3)
Coot	generally street and box and stop ne						
14	on C. Computation of Public Suppor	t <b>Perce</b> ntage			A PAROLINE PROPERTY AND ADDRESS OF THE PAROLINE		
15	Public support percentage for 2024 (line 6	o, column (t), div	vided by line 1	1, column (f))		14	98.48%
16a	delic support percentage from 2023 Schedule A, Part II, line 14						
b	this box and stop here. The organization	ation did not c qualifies as a p	heck a box or ublicly suppor	i line 13 or 16a ted organizatio	, and line 15 is	s 331/3% or mo	ore, check
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the forganization	24. If the orgarets the facts-a acts-and-circul	nization did no nd-circumstar mstances test	t check a box	on line 13, 16 ck this box an tion qualifies	a, or 16b, and	line 14 is
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization meets the organization	23. If the organ meets the fac facts-and-circ	nization did no ts-and-circum umstances tes	t check a box stances test, o t. The organiza	on line 13, 16 check this box ation qualifies	and <b>stop here</b> as a publicly s	e. Explain upported
18	<b>Private foundation.</b> If the organization d instructions	id not check a	box on line	13 160 16h	17a, or 17b, c	check this box	and see

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.

	cion A. Public Support Indar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	161,0000			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	× × ×					
3	Gross receipts from activities that are not an unrelated trade or business under section 513					2	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge					3	
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		4	7			
8 8	Add lines 7a and 7b  Public support. (Subtract line 7c from line 6.)						
	on B. Total Support						L
	dar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(6) Total
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			(-)	(4) 2020	(6) 2024	(f) Total
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C  1	Add lines 10a and 10b  Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
2	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the organization, check this box and stop here		A	third, fourth,	or fifth tax yea	ır as a sectio	n 501(c)(3)
ectio	on C. Computation of Public Support	Percentage					
5	Public support percentage for 2024 (line 8.	column (f) div	vided by line 1	3. column (f))		15	0/
0	Public support percentage from 2023 Schell	dule A. Part II	l line 15			16	% %
CTIO	n D. Computation of Investment Inco	me Percen	tage			10	%
7 8	Investment income percentage for 2024 (lin	e 10c, colum	n (f), divided by	/ line 13, colur	nn (f))	17	%
0	investment income percentage from 2023 S	chedule A P	art III line 17				
va .	331/3% support tests—2024. If the organiza	d stop have 3	the organization	on line 14, and	d line 15 is mo	re than 331/39	
b	331/3% support tests – 2023. If the organizat	ion did not ch	eck a boy on li	n qualifies as a	publicly suppor	ted organizati	on
	ino to lo flot filore than 55 7370, Check this bo	x and stop ne	re. The organiz	ation qualifies	as a publicly sur	ported organ	ization
20	Private foundation. If the organization did	not check a b	ox on line 14,	19a, or 19b, ch	neck this box a	nd see instru	ctions

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
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	3a		
b			
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f	3c		
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	9c		
	10a		
THE REAL PROPERTY.	10b		

Par	Supporting Organizations (continued)			Page
4.4			Yes	N
11 a	Has the organization accepted a gift or contribution from any of the following persons?		103	
a	A person who directly or indirectly controls, either alone or together with persons described an lines 11h	100000		
	the governing body of a supported organization?	11a		
b	manipulation of a person described of file 118 annual	11b	and the same of	
C	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11a	110		
	provide detail in Part VI.			
ect	ion B. Type I Supporting Organizations	11c		
	Dille	продения продения	Yes	N
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
ecti	ion C. Type II Supporting Organizations			
			Yes	N
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).			
cti	on D. All Type III Supporting Organizations	1		******
	The interporting organizations			
1	Did the organization provide to each of its ownered and its		Yes	N
n.	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	48.0		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
_	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	er mil		
	organization(5), or (ii) serving on the governing pogy of a supported organization? If "Alo " available to the			
	The organization maintained a close and community working relationship with the supported organization(s)	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
cti	on E. Tuno III. Superior ally letter and all 2	3		**********
1	on E. Type III Functionally Integrated Supporting Organizations			
1 a b	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in the organization satisfied the Activities Test. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.	nstruc	tions	).
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (			
2	Activities Test. Answer lines 2a and 2b below.			ons
a		1	/es	N
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of the set of the s			
	that these activities constituted substantially all of its activities.			
		2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the engaged in the engaged in these activities but for the engaged in the e			
	have diffuged in these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No." provide details in Part VI	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and pativities of	Ja		
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	01		
	- July 22 July 23 Grant and Tegard.	3b		

Par	Type III Non-Functionally Integrated 509(a)(3) Supporting O	raor	oizotione	Page
1	Uneck here if the organization satisfied the Integral Part Toot on a gualific in	and sales		
1	instructions. All other Type III non-functionally integrated supporting orga	aniza	ast on Nov. 20, 1970 (ex	ctions A through E
Lec	tion A—Adjusted Net Income		(A) Prior Year	(B) Current Year
_1_	Net short-term capital gain	1		(optional)
_2	Recoveries of prior-year distributions	2		
_ 3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	<b>A</b>	
_ 7	Other expenses (see instructions)	7		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
-	tion B—Minimum Asset Amount	10	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			(Optional)
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	10		
d	Total (add lines 1a, 1b, and 1c)	10		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	-		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C-Distributable Amount	0		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)			
2	Enter 0.85 of line 1.	1		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	3		
	effergency temporary reduction (see instructions)	6		and the second
7	Check here if the current year is the organization's first as a non-functional	Ily is	stearated Type III	
	(coo instructions)	arry II	regrated Type III SUDDO	rung organization

Pa	rt V Type III Non-Functionally Integrated 509(a)	(3) Supporting Organ	nizations (continue	d	Page
Sec	ction D—Distributions		(continue	u)	Current Year
1	Amounts paid to supported organizations to accomplish	evernt purposes			- Interior Four
2	Amounts paid to perform activity that directly furthers ex organizations, in excess of income from activity	kempt purposes of supp	orted	1	
3	Administrative expenses paid to accomplish exempt pur	moses of supported area	oni-otions	2	
4	Amounts paid to acquire exempt-use assets	poses of supported orga	anizations	3	
5	Qualified set-aside amounts (prior IRS approval required	- provide details in Band	L 1.78\	4	
6	Other distributions (describe in Part VI). See instructions	provide details in Part	(VI)	5	
7	Total annual distributions, Add lines 1 through 6			6	
8	Distributions to attentive supported organizations to white (provide details in <b>Part VI</b> ). See instructions.	ch the organization is res	sponsive	7	
9	Distributable amount for 2024 from Section C, line 6			8	
10	Line 8 amount divided by line 9 amount			9	
Sec	tion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2024	10 s	(iii) Distributable
_1_	Distributable amount for 2024 from Section C, line 6		110 202		Amount for 2024
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.		1		
3	Excess distributions carryover, if any, to 2024				
a	From 2019		<u> </u>		
b	From 2020				
C	From 2021				
d					
е	From 2023				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2024 distributable amount				
i	Carryover from 2019 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2024 from Section D, line 7:				
а	Applied to underdistributions of prior years			4	
b	Applied to 2024 distributable amount				BELLEVI FOR STORY
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2025. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2020			-	
b	Excess from 2021			-	
С	Excess from 2022				
d	Excess from 2023			-	
е	Excess from 2024				

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; a lines 2, 5, and 6. Also complete this part for any additional information. (See instructions	1c; Part IV, Section ion E, lines 1c, 2a, 2t and Part V, Section E
Pt II 1 2022: 5	In 10: Other Income Part II, Line 10 Description: Other Income 2020 5608. 2023: 595.	: 3514.

#### SCHEDULE O (Form 990)

(Rev. December 2024)

partment of the Treasury rnal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Canada Na	Employer identification number
South New Berlin Free Library	16-0923548
Other: Part I Line 16 Operating Expenses as listed	
Pt VI, Line 11b: Provide a paper or PDF copy of the return	
Pt VI, Line 15b: Use Labor Law Wage increase as guide	
Pt VI, Line 2: Directors Husband/Wife	
10 VI, Dine 2. Directors Husband/Wife	
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### Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047	OMB	No.	1545-0047
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For calendar year 2024, or fiscal year beginning

, 2024, and ending

partment of the Treasury ernal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	FIN - COV					
South New Berlin Free Library  Name and title of officer or person subject to tax	EIN or SSN 16-0923548					
	20 0525540					
Part I Type of Return and Return Information						
The state of the s						
Check the box for the return for which you are using this Form 8879-TE and e 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms or	enter the applicable amount, if any, from the return. Form					
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the	ther whole dollars only. If you check the box on line 1a, 2a,					
3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, applicable line below. Do not complete more than one line in Part I.						
1a Form 990 check here X b Total revenue, if any (Form 990, Pa	art VIII. column (A) II.					
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ	(line 9)					
b lotal tax (Form 1120-POL line 22)	., line 9)					
b lax based on investment income	(Form 990-PF Part V line 5)					
b Balance due (Form 8868 line 3c)	(Form 990-PF, Part V, line 5) . 4b					
b Total tax (Form 990-T. Part III line 4	4)					
b Total tax (Form 4720, Part III, line 1)	6b					
b FMV of assets at end of tax year //	Form 5227 Herm Di					
b Tax due (Form 5330, Part II line 10)						
10a Form 8038-CP check here b Amount of credit payment requests	d (Form 2000-00 D-1 III II - 00)					
Decidiation and Signature Authorization of Officer or Do	toon Cubic Mar T					
or der perialties of perjury, I declare that X I am an officer of the above entity or	am a person subject to tax with respect to (save					
of entity), (EIN)  2024 electronic return and accompanying schedules and statements, and, to the be complete. I further declare that the amount in Part I above is the amount shows and						
on the tax year 2024 electronically filed return. If I have indicated within this agency(ies) regulating charities as part of the IRS Fed/State program, I also a return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my filed return. If I have indicated within this return that a copy of the return is being of the IRS Fed/State program, I will enter my PIN on the return's disclosure consents.	on the return to the IRS and to receive from the IRS (a) an on for any delay in processing the return or refund, and (c) definancial Agent to initiate an electronic funds withdrawal in software for payment of the federal taxes owed on this yearn, I must contact the U.S. Treasury Financial Agent at each I also authorize the financial institutions involved in the coessary to answer inquiries and resolve issues related to for the electronic return and, if applicable, the consent to the enter my PIN    Solution   PIN					
Signature of officer or person subject to tax	Date 01/30/2025					
Part III Certification and Authentication						
RO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  1 6	Do not enter all zoron					
certify that the above numeric entry is my PIN, which is my signature on the 2024 m submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Mode providers for Business Returns.	electronically filed return indicated above. I confirm that I ernized e-File (MeF) Information for Authorized IRS e-file					
RO's signature Paul L Rowe	Date 01/30/2025					
EDO Must Datain This E						
ERO Must Retain This Form — See Instructions						