### Short Form

**Return of Organization Exempt From Income Tax**

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)**

- Do not enter social security numbers on this form, as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

#### A: For the 2020 calendar year, or tax year beginning March 1, 2020, and ending February 28, 2021

#### B. Check if applicable:
- C. Name of organization: Gleason Public Library Endowment
- D. Employer Identification number: 04-2812647
- E. Telephone number: 978-369-4898
- F. Group Exemption Number:

#### G. Accounting Method:
- □ Cash  □ Accrual  □ Other (specify) □

#### I. Website: □ www.gleasonlibrary.org

#### J. Tax-exempt status (check only one) □ 501(c)(3) □ 501(c)(4) □ (insert no.) □ 4947(a)(1) or □ 527

#### K. Form of organization:
- □ Corporation  □ Trust  □ Association  □ Other

#### L. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500,000 or more, file Form 990 instead of Form 990-EZ.

#### Part I: Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I.

| Revenue/Expenses | 1 Contributions, gifts, grants, and similar amounts received | 2 Program service revenue including government fees and contracts | 3 Membership dues and assessments | 4 Investment income | 5a Gross amount from sale of assets other than inventory | 5b Less: cost or other basis and sales expenses | 5c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | 6 Gaming and fundraising events: | 6a Gross income from gaming (attach Schedule G if greater than $15,000) | 6b Less: direct expenses from gaming and fundraising events | 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 7a Gross sales of inventory, less returns and allowances | 7b Less: cost of goods sold | 7c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) | 8 Other revenue (describe in Schedule O) | 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 10 Grants and similar amounts paid (list in Schedule O) | 11 Benefits paid to or for members | 12 Salaries, other compensation, and employee benefits | 13 Professional fees and other payments to independent contractors | 14 Occupancy, rent, utilities, and maintenance | 15 Printing, publications, postage, and shipping | 16 Other expenses (describe in Schedule O) | 17 Total expenses. Add lines 10 through 16 | 18 Excess or (deficit) for the year (subtract line 17 from line 9) | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 20 Other changes in net assets or fund balances (explain in Schedule O) | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 |
|------------------|-------------------------------------------------|-------------------------------------------------|-----------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|-------------------------------------------------|-------------------|
|                  | 1,274                                           |                                                 |                                   |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |                                                 |                   |

For Paperwork Reduction Act Notice, see the separate instructions.
Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II.

(A) Beginning of year     (B) End of year
22 Cash, savings, and investments ................................................................. 231,893  22  262,433
23 Land and buildings ......................................................................................... 23
24 Other assets (describe in Schedule O) ............................................................. 28,000  24  28,000
25 Total assets .................................................................................................... 259,893  25  290,433
26 Total liabilities (describe in Schedule O) ....................................................... 0  26  0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) . 259,893  27  290,433

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization’s primary exempt purpose? See Primary Exempt Purpose, Schedule O

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 See Schedule O

(Grants $ __________________) If this amount includes foreign grants, check here ▶ □ 28a 4,608

29

(Grants $ __________________) If this amount includes foreign grants, check here ▶ □

30

(Grants $ __________________) If this amount includes foreign grants, check here ▶ □ 30a

31 Other program services (describe in Schedule O) .............................................

(Grants $ __________________) If this amount includes foreign grants, check here ▶ □ 31a

32 Total program service expenses (add lines 28a through 31a) ......................... ▶ 32 4,608

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title     (b) Average hours per week devoted to position     (c) Reportable compensation (Forms W-2/1099-MISC) if not paid, enter -0-     (d) Health benefits, contributions to employee benefit plans, and deferred compensation     (e) Estimated amount of other compensation

Christine Stevens, Trustee

Martha Feeney-Patten, Secretary

Karen Gettings, Trustee

Dale Joachim, Trustee

Maxine Crowther, Trustee
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O .

Yes ☑️

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.

Yes ☑️

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

Yes ☑️

b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.

Yes ☑️

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.

Yes ☑️

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.

Yes ☑️

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.

37a

37b Did the organization file Form 1120-POL for this year?

Yes ☑️

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?

Yes ☑️

b If "Yes," complete Schedule L, Part II, and enter the total amount involved.

38b

39 Section 501(c)(7) organizations. Enter:

39a Initiation fees and capital contributions included on line 9.

39b Gross receipts, included on line 9, for public use of club facilities.

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.

Yes ☑️

c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4956.

40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.

40d All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

Yes ☑️

41 List the states with which a copy of this return is filed.

MA

42a The organization's books are in care of Christine Stevens.

Telephone no. 978-369-4898.

Located at 22 Bedford Road, Carlisle, MA 01741.

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.

Yes ☑️

c At any time during the calendar year, did the organization maintain an office outside the United States?

Yes ☑️

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year.

43

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Yes ☑️

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.

Yes ☑️

c Did the organization receive any payments for indoor tanning services during the year?

Yes ☑️

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Yes ☑️

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Yes ☑️

b 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," Form 980 and Schedule R may be needed to be completed instead of Form 990-EZ. See instructions.

Yes ☑️
Part VI  Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>47</td>
<td>✓</td>
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<td>48</td>
<td>✓</td>
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<tr>
<td>49a, b</td>
<td>✓</td>
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</table>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If “Yes,” complete Schedule C, Part I.

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
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(f) Total number of other employees paid over $100,000

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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(d) Total number of other independent contractors each receiving over $100,000

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter “None.”

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.

Sign Here

<table>
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<th>Signature of officer</th>
<th>Date</th>
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<tr>
<td>Christine Stevens, Treasurer</td>
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Paid Preparer Use Only

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<tr>
<th>Print/Type preparer’s name</th>
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May the IRS discuss this return with the preparer shown above? See instructions.