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TIN: 04-2812647 OMB No. 1545-0047

Form **990**

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/Form990 for instructions and the latest information.

Open to Public Inspection

		the Treasury ue Service Go to <u>www.irs.gov/Form990</u> for instructions and the la	test informat	tion.		Inspection
A F	or th	ne 2023 c <u>alendar year, or tax year beginning 03-01-2023</u> , and ending 02-29	-2024	1		
		applicable: C Name of organization Gleason Public Library Endowment change		D Employer i		cation number
		Doing business as				
Nam	ne cha	Number and street (or P.O. box if mail is not delivered to street Room/sui	te	E Telephone	number	
Initi	al ret	address) urn 22 Bedford Road		(978) 369	-4898	
Einal	returi	City or town, state or province, country, and ZIP or foreign postal code				
termin		Carlisle, MA 01741		G Gross recei	ipts \$ 5	84,649
Ame	nded	return				
	maca	Tecani				
	licatio	n				
pendi	ng	F Name and address of principal officer:	H(a) Is this	a group retui	rn for	
		Christine Stevens 22 Bedford Road	subor	dinates?		Yes No
		Carlisle, MA 01741	H(b) Are all include	subordinates		Yes No
I Ta	x-exe	empt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		" attach a list.	. See ir	
J W	ebsi	te: www.gleasonlibrary.org		exemption nu		
			_	1		
K For	m of o	organization: Corporation 🗸 Trust 🗌 Association 🔲 Other	L Year of forma	tion: M	State of	of legal domicile:
	art I	Summary				
	1	Briefly describe the organization's mission or most significant activities:				
φ		Philanthropic support of the Gleason Public Library through the use of funds from gift	s received and	investment i	ncome.	
Activities & Governance						
Е						
30	2	Check this box Number of voting members of the governing body (Part VI, line 1a)			3	5
×ĕ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4	5
es	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			5	0
M	6	Total number of volunteers (estimate if necessary)			6	12
Aci	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a	0
		Net unrelated business taxable income from Form 990-T, Part I, line 11			7b	
	b		Prio	r Year		Current Year
22	8	Contributions and grants (Part VIII, line 1h)		11,864		317,673
E E	9	Program service revenue (Part VIII, line 2g)				0
Revenu	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-7,327	,	13,037
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,556		7,576
	+	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,093		338,286
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)				0
		Benefits paid to or for members (Part IX, column (A), line 4)				0
88		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)				0
Expenses		a Professional fundraising fees (Part IX, column (A), line 11e)				0
쯃		Total fundraising expenses (Part IX, column (D), line 25) 0		10,827	,	10 244
		Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		10,827		19,244 19,244
		Revenue less expenses. Subtract line 18 from line 12		*		
× Se			Beginning o	-1,734 f Current Year	1	End of Year
Assets or Balances						
Bal	20	Total assets (Part X, line 16)		313,575	<u> </u>	641,286
£ 5	21	Total liabilities (Part X, line 26)				0

žŽ	22 Net a	ssets or fund balances. Subtract line	e 21 from line 20		313,575	641,286
		ignature Block			_	
Under	r penalties ledge and l	of perjury, I declare that I have exar pelief, it is true, correct, and complet	mined this return, including acco	mpanying schedule	s and statements, an	d to the best of my
	nowledge.	seller, it is true, correct, and complete	e. Decidiation of preparer (othe	r than officer) is bu		or which preparer has
Sign	Sign	nature of officer			2024-07-10 Date	
Here		istine Stevens Treasurer e or print name and title				
	1 172	Print/Type preparer's name	Preparer's signature	Date	PTIN	
Paid	t				Check if P004	166005
Pre	parer	Firm's name Vallas & Arrison PC			Firm's EIN 04-32156	525
	Only	Firm's address 312 Great Road			Phone no. (978) 486	-9855
	•	Littleton, MA 01460			(, , , , ,	
		- 1				7
		cuss this return with the preparer sh				Yes No
For P	aperwork	Reduction Act Notice, see the se	parate instructions.	Cat.	No. 11282Y	Form 990 (2023
			——————————————————————————————————————			
			rage 2			
Form	990 (2023)				Page 2
Pa	rt III St	atement of Program Service	Accomplishments			
	Ch	eck if Schedule O contains a respon	se or note to any line in this Par	t III		\square
1	Briefly de:	scribe the organization's mission:				
Philan	thropic su	pport of the Gleason Public Library t	hrough the use of funds from g	fts received and inv	vestment income.	
2	Did the o	rganization undertake any significant	program services during the ye	ar which were not l	isted on	
	the prior	Form 990 or 990-EZ?				Yes V No
	If "Yes," c	lescribe these new services on Scheo	dule O.			
3	Did the o	rganization cease conducting, or mal	ke significant changes in how it o	conducts, any prog	ram	
	services?					🔲 Yes 🇹 No
	If "Yes," o	lescribe these changes on Schedule	0.			
4		the organization's program service a				
		01(c)(3) and 501(c)(4) organizations , and revenue, if any, for each progr		unt of grants and a	allocations to others,	the total
	-					
4a	(Code:) (Expenses \$	10,176 including grants o	•) (Revenue \$)
	Philanthro	oic support of the Gleason Public Library	through the use of funds from gifts	received and investme	ent income.	
4b	(Code:) (Eyponsos ¢	including grants o	f ¢) (Payanua ¢	١
4b	(Code:) (Expenses \$	including grants o	Т) (Revenue \$)
4c	(Code:) (Expenses \$	including grants o	f \$) (Revenue \$)
		, , ,				,
				_		
4d	Other pro	gram services (Describe in Schedule	0.)			
	(Expense	•	ling grants of \$) (Revenu	e \$)

Form 990 (2023)

Page **3**

Pa	t N Checklist of Required Schedules			
	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🥵	2	Yes	
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		No
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? <i>If "Yes," complete Schedule C, Part II</i>	4		No
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		No
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? <i>If "Yes," complete Schedule D,</i> Part I	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 2	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X , as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. S	11a		No
	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		No
	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		No
	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	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
	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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	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	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	17		No
18	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		No
19	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		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Dild		_	

Form **990** (2023)

Page 4 -

co 23 Dia cu co 24a Dia th co b Dia c d Dia 25a Se tra b Is th Sc 26 Dia	d the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, alumn (A), line 2? If "Yes," complete Schedule I, Parts I and III		Yes	No No No No No No
co 23 Dia cu co 24a Dia th co b Dia c d Dia 25a Se tra b Is sc 26 Dia	definition (A), line 2? If "Yes," complete Schedule I, Parts I and III	23 24a 24b 24c 24d 25a 25b		No No No
cu co 24a Did th co b Did c Did to d Did 25a Se tra b Is th Sc 26 Did	determination and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," implete Schedule J	24a 24b 24c 24d 25a 25b		No No
the co b Die c Die to d Die 25a See tra b Is the Sc 26 Die	le last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and amplete Schedule K. If "No," go to line 25a	24c 24d 25a 25b		No
c Divito d Divito 25a Security b Is the Sc	d the organization maintain an escrow account other than a refunding escrow at any time during the year defease any tax-exempt bonds?	24c 24d 25a 25b		
to d Did 25a Se tra b Is this Sc 26 Did	defease any tax-exempt bonds?	24d 25a 25b		
d Did 25a Se tra b Is th Sc 26 Did	d the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	25a 25b		
b Is the Sc 26 Die	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete chedule L, Part I	25a 25b		
th: <i>Sc</i> 26 Die	at the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete chedule L, Part I			No
	ficer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family ember of any of these persons? If "Yes," complete Schedule L, Part II			
				No
en 35	d the organization provide a grant or other assistance to any current or former officer, director, trustee, key nployee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 5% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete chedule L</i> ,Part III	27		No
	as the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV structions for applicable filing thresholds, conditions, and exceptions):			
	current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," omplete Schedule L, Part IV	28a		No
	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			No
	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete thedule L, Part IV</i>	28b 28c		No No
	d the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ******************************	29	Yes	
30 Di	d the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation intributions? If "Yes," complete Schedule M	30	103	No
	d the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			
	d the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete chedule N, Part II	31		No No
33 Die	d the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 01.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		No
34 Wa	as 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	34	Yes	
35a Di	d the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b If	'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity thin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36 Se	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related aganization? If "Yes," complete Schedule R, Part V, line 2	36		No
37 Di	d the organization conduct more than 5% of its activities through an entity that is not a related organization and that treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38 Die	d the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. I Form 990 filers are required to complete Schedule O	38	Yes	
Part V				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .		
·			Yes	No

c	Did the organization	comply with	backup	wit	thho	oldin	ıg ı	rules	for	repo	ortab	le p	oaym	ents	to	ven	dors	and	d re	eport	table	gaming
	(gambling) winnings	to prize win	ners?																			

1c Yes

Form **990** (2023)

_____ Page 5 -

	990 (2023)		Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed 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?	2b	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
	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)?	4a	No
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	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?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
а	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?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	No
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
а	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
а	Gross income from members or shareholders		
b	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?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	
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		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No

b	If "Yes," has it filed a Form /2U to report these payments? If "No," provide an explanation in Schedule U	14b		İ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
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 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		
	If res, complete rorm 6009.	F	orm 99	0 (2023)
	Page 6			
Form	990 (2023)			Page 6
Pa	de Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "Not 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	lines
Se	ction A. Governing Body and Management			
	Enter the country of outline country of the country had a data to be a		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 5 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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
3	officer, director, trustee, or key employee?	2		No
	of officers, directors or trustees, or key employees to a management company or other person? .			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	5 6		No No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			110
b	members of the governing body?	7a 7b		No No
8	persons other than the governing body?			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	- \	No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Coae	e.) Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	Yes	
b	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	12a		No
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
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?			
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	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		No
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 organization's exempt			
	status with respect to such arrangements?	16b		
		-		

	etion C Disclosure										<u> </u>
17	List the states with which a copy of this Fo	orm 990 is requ	ired to	be file	ed		N4 A				
18	Section 6104 requires an organization to r 501(c)(3)s only) available for public inspect					24-					
	✓ Own website ✓ Another's website	✓ Upon re	equest		Othe	er (e	xplain	in S	Schedule O)		
19	Describe in Schedule O whether (and if so, policy, and financial statements available to					go	vernin	g do	cuments, conflict o	of interest	
20	State the name, address, and telephone n Christine Stevens 22 Bedford Road Car	umber of the p lisle, MA 01741				esse	s the	orga	nization's books a	nd records:	
	Christine Stevens 22 Bediord Road Cur	1131C, FIX 01741	(370)3	05 4	0,70						Form 990 (2023)
				Daga	. 7						
				Page	. /						
	990 (2023)	····		1/					!!!	t . d P d	Page 7
Ра	t VII Compensation of Officers, D and Independent Contracto		stees,	, Key	<i>y</i> Er	npı	oyee	S, F	ilgnest Compe	nsated Employ	ees,
	Check if Schedule O contains a resp	onse or note t	o any lir	ne in	this	Part	t VII .				\square
	ction A. Officers, Directors, Truste			•		_			-	-	
1a Coyear.	omplete this table for all persons required to	be listed. Rep	ort com	pens	atio	n foi	r the c	alen	dar year ending wi	th or within the org	ganization's tax
	List all of the organization's current officers mpensation. Enter -0- in columns (D), (E), a							or c	organizations), rega	ardless of amount	
	ist all of the organization's current key em								, , ,		
who i	ist the organization's five current highest or received reportable compensation (box 5 of the organization and any related organization	Form W-2, box									han \$100,000
	ist all of the organization's former officers, portable compensation from the organizatio						sated	emp	loyees who receive	ed more than \$100	,000
• L	ist all of the organization's former directo nization, more than \$10,000 of reportable or	rs or trustees	that red	ceived	d, in	the		•			
-	he instructions for the order in which to list	•		orgai	IIZat	.1011	anu a	ily it	elateu organization	5.	
	Check this box if neither the organization n	or any related o	organiza	ation	com	pen	sated	any	current officer, dire	ector, or trustee.	
	(A)	(B)	Docitio	n (d.	(C		aalt m		(D)	(E)	(F)
	Name and title	Average hours per week (list any hours	pers	an on on is	e bot	οχ, ι h ar	eck m inless office ustee	er	Reportable compensation from the organization	Reportable compensation from related organizations	Estimated amount of other compensation from the
		for related organizations below dotted line)	Individual to or director	Institutional	_		Highest comp employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	organization and related organizations
			trustee r	nal Trustee		ууве	ompensated				
	artha Feeney-Patten or	10.00 35.00	Х						0	91,712	26,258
	ren Gettings	10.00									
	person	0.00	X						0	0	0
(3) Cł	nristine Stevens	5.00	х						0	0	0
Treas		0.00							, and the second		
	itlin Waterson	5.00	x						0	0	0
Secre	tary	0.00									
(5) Ar	nie Luttmann	2.00	х						0	0	0
Chair	person	0.00									

												
											Form 99	n (2022)
											FOITH 99	U (2023)
			— F	Page	8							
Form 990 (2023)												Page 8
Part VII Section A. Officers, Directo	ors, Trustees,	Key E	mplo	yee	s, a	nd F	lighe	st (Compensated I	Employees (conti	nued)	rage O
(A)	(D)			(6)					(D)	(5)	(5)	
(A) Name and title	(B) Average hours per week (list any hours	than	ion (do one bo both a direct	ox, ι an of	t ch inles ficer	ss pe r and	rson		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estima amount o compens	ited f other sation
	for related	2 =					71		(W-2/1099-	(W-2/1099-	organizati	ion and
	organizations below dotted	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MI	(SC/1099-NEC)	MISC/1099-NEC)	relate organiza	
	line)	dual	ution	~	mpk	st co	Ψ.					
		rtae	ial T		уее	dmo						
		99	ruste		-	ensa						
			ě			med						
												-
							+					
							\perp				<u></u>	
c Total from continuation sheets to Pa d Total (add lines 1b and 1c)	•						-			91,712		26,258
Total number of individuals (including of reportable compensation from the	but not limited	to thos		ed ab	ove	e) who	rece	eived	d more than \$100	0,000		
											Yes	No
3 Did the organization list any former of 1a? <i>If "Yes," complete Schedule J for</i>			tee, ke	-	nplo •	yee, •	or hig	hes •	st compensated of		3	No
4 For any individual listed on line 1a, is organization and related organization individual											4	No
5 Did any person listed on line 1a receiv services rendered to the organization										idual for	5	No
Section B. Independent Contract	ors										1	

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A Name and bus			De	(B) scription of services	(C) Compensation
2 Total number of indep	endent contractors (incl	udina hut not limite	d to those listed abo	ve) who received i	more than \$100 000	of
compensation from th		daing but not innice	u to those listed abo	ve) who received h	more than \$100,000	
						Form 990 (2023)
			Page 9 ———			
Form 990 (2023)						Page 9
	nt of Revenue					rage 9
Check if So	chedule O contains a resp	oonse or note to an	y line in this Part VIII			\square
			(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
			Total revenue	exempt function	business	excluded from tax under sections
				revenue	revenue	512 - 514
La ntificulationed campaigns Gifts,	<u>1a</u>					
Grants, ar i d Membership dues	. 1b					
OtherAmt Similar						
AncoEuntsiraising events .	. <u>1c</u>					
d Related organizations	1d					
e Government grants (con	atributions) 1e					
f All other contributions, g and similar amounts not above						
317,673						
q Noncash contributions in	ncluded in					
lines 1a - 1f:\$	1g					
25,201						
h Total. Add lines 1a-1	f	317,673	1			1
2a		Business Code				
I						
Program Service Revenue	_					
<u> </u>						
e Ce						
Se						
E						
f All other program	service revenue.					
9 Total. Add lines 2	2a-2f	0	<u> </u>			
3 Investment income similar amounts) .	e (including dividends, int	erest, and other	15,751			15,751
	tment of tax-exempt bo	nd proceeds	0			
			0			
	(i) Real	(ii) Personal				
6a Gross rents	6a					
b Less: rental expenses	6b					
c Rental income or (loss)	6c					
d Net rental income	e or (loss)		0			
	(i) Securities	(ii) Other				I

	7a Gross amount from sales of assets other than inventory	7a	24	2,288					
Revenue	b Less: cost or other basis and sales expenses	7b	24	5,002					
å	c Gain or (loss)	7c	-	2,714					
ģ	d Net gain or (loss)					-2,7	14		-2,714
Other	(not including \$ contributions reporte	a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a	8,9	37			
	b Less: direct exper	ises		8b	1,3			13,0 Form 990 (202 Page :	
	c Net income or (los		ı om fundraisin	g eve	ents	7,5	76		
	9a Gross income from See Part IV, line 19 b Less: direct exper c Net income or (los	· nses		9a 9b	25		0		
	10aGross sales of inv returns and allowa b Less: cost of good c Net income or (los	entoi ances ds sc	ry, less	10a 10b			0		
					Business Code	9			
	11a								
Oth	b								
	ıer&evenueMiscAmt								
	d All other revenue e Total. Add lines 1								
	12 Total revenue. S	ee in	structions .				0		
						338,2	86		13,037
						— Page 10 ———			101111 990 (2023)
	m 990 (2023) Part IX Statemen	t of	Functional	Exp	enses				Page 10
						complete all columns.	All other organi	zations must complete co	lumn (A).
	Check if Scho	edule	O contains a	resp	onse or note to a	any line in this Part IX			🗸
	not include amounts 8b, 9b, and 10b of l			es 6b),	(A) Total expenses	(B) Program servic expenses		(D) Fundraising expenses
1	Grants and other ass domestic government					0			
2	Grants and other ass Part IV, line 22	istan	ice to domest			0			
3	Grants and other ass governments, and fo and 16	reign	individuals. S			0			
4	Benefits paid to or fo	r me	mbers			0			
	Compensation of currence key employees .					0			
6	Compensation not indicate (as defined under secin section 4958(c)(3)	tion (B)	4958(f)(1)) a			0			
7	Other salaries and wa					0			
8	Pension plan accruals 401(k) and 403(b) er					0			

9	Other employee benefits	0					
	Payroll taxes	0					
	· •	•					
	Fees for services (non-employees):	_					
а	Management	0					
b	Legal	5,195			5,195		
C	: Accounting	1,400			1,400		
d	I Lobbying	0					
е	Professional fundraising services. See Part IV, line 17	0					
f	Investment management fees	2,473			2,473		
	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0					
12	Advertising and promotion	1,129	1,129				
13	Office expenses	49	49				
14	Information technology	0					
	Royalties	0					
	Occupancy	0					
	Travel	0					
		0					
	Payments of travel or entertainment expenses for any federal, state, or local public officials						
	Conferences, conventions, and meetings	0					
	Interest	0					
21	Payments to affiliates	0					
22	Depreciation, depletion, and amortization	0					
23	Insurance	518	518				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
ā	a Printing and Publications	1,822	1,822				
i	b Story Time	1,633	1,633				
•	c Paypal fees	1,526	1,526				
•	d Event Expenses	1,408	1,408				
-	• All other evpenses	2,091	2,091				
-	e All other expenses	*			0.000		
	Total functional expenses. Add lines 1 through 24e	19,244	10,176		9,068		0
	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).						
						Form 9 9	90 (2023)
		— Page 11 ———					
	n 990 (2023) Part X Balance Sheet						Page 11
	Check if Schedule O contains a response or note to any	y line in this Part IX .					
			(A) Beginning of ye			(B) End of yea	ar
	1 Cash-non-interest-bearing		j j , , ,	35,675 1	-	,	318,874
	2 Savings and temporary cash investments			2	+		0
	, ,			3			0
		•		4			0
	4 Accounts receivable, net	e Cinna diversity		4			
	5 Loans and other receivables from any current or former trustee, key employee, creator or founder, substantial of controlled entity or family member of any of these person	ontributor, or 35%		5			0
	6 Loans and other receivables from other disqualified pers section 4958(f)(1)), and persons described in section 4			6			0
S	7 Notes and loans receivable, net			7			0
ě	8 Inventories for sale or use			8	İ		0
Assets	9 Prepaid expenses and deferred charges			9			0

-	۱	Land buildings and southwest seat or abban	ı	ı					
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a						
	b	Less: accumulated depreciation	10b			10c			0
	11	Investments—publicly traded securities .				11			0
	12	Investments—other securities. See Part IV, line	11 .			12			0
	13	Investments—program-related. See Part IV, line	11 .			13			0
	14	Intangible assets				14			0
	15	Other assets. See Part IV, line 11		[277,900	15			322,412
	16	Total assets. Add lines 1 through 15 (must eq	ual line	33)	313,575	16			641,286
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue				19			
	20	Tax-exempt bond liabilities				20			
S	21	Escrow or custodial account liability. Complete P	art IV o	f Schedule D		21			
Liabilities	22	Loans and other payables to any current or for employee, creator or founder, substantial contri or family member of any of these persons .				22			
9.	23	Secured mortgages and notes payable to unrela	atod th	ird partics		23			
	24	Unsecured notes and loans payable to unrelated		· '		24			
	25	Other liabilities (including federal income tax, pa		·		25			
	25	and other liabilities not included on lines 17 - 24 Complete Part X of Schedule D		to related triird parties,					
	26	Total liabilities. Add lines 17 through 25 .			0	26			0
Fund Balances		Organizations that follow FASB ASC 958, cl	neck h	ere 🔽 and					
and	27	complete lines 27, 28, 32, and 33. Net assets without donor restrictions			313.575	27			641,286
Bal	28	Net assets with donor restrictions			313,373	28			041,200
Þ	28	Net assets with donor restrictions				28			
Ē		Organizations that do not follow FASB ASC 958, check here							
5	29	complete lines 29 through 33. Capital stock or trust principal, or current funds							
	30	Paid-in or capital surplus, or land, building or eq		nt fund		30			
Assets	31	Retained earnings, endowment, accumulated inc		Ļ		31			
	32	Total net assets or fund balances			313.575	32			641,286
Net	33	Total liabilities and net assets/fund balances .			313,575	33			641,286
107701					,		F		0 (2023)
									. ,
				— Page 12 ———					
Fa ===		(2022)							
	art XI	(2023) Reconcilliation of Net Assets							Page 12
Г	ait Ai								
		Check if Schedule O contains a response or n	ote to	any line in this Part XI .	<u> </u>		• •	• •	
1	Tota	al revenue (must equal Part VIII, column (A), line 1	2) .			1			338,286
2		al expenses (must equal Part IX, column (A), line	•			2			19,244
3		enue less expenses. Subtract line 2 from line 1	•			3			319,042
4		assets or fund balances at beginning of year (m		ual Part X, line 32, column (A))	4			313,575
5		unrealized gains (losses) on investments			<i>"</i>	5			8,669
6		ated services and use of facilities				6			<u> </u>
7		estment expenses				7			
8		r period adjustments				8			
9	Oth	er changes in net assets or fund balances (expla	in in Sc	chedule O)		9			
10	Net	assets or fund balances at end of year. Combine	lines 3	s through 9 (must equal Pa	art X, line 32, column (B))	10			641,286
P	art XII	Financial Statements and Reporting	g			1			
-		Check if Schedule O contains a response or	note to	any line in this Part XII .					
								Yes	No
1		ounting method used to prepare the Form 990:		Cash Accrual	Other	_			
		ne organization changed its method of accounting edule O.	g from	a prior year or checked "O	ther," explain on				
2		re the organization's financial statements compile	d or re	viewed by an independent	accountant?		2a		No
		es,' check a box below to indicate whether the fire				on a			

separate bas	is, consolidated basis, or both:	1 1	ĺ
Separ	rate basis Consolidated basis Both consolidated and separate basis		
	ganization's financial statements audited by an independent accountant?	2b	No
If 'Yes,' check	k a box below to indicate whether the financial statements for the year were audited on a separate basis, basis, or both:		
Separ	rate basis Consolidated basis Both consolidated and separate basis		
	ne 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	2c	
If the organiz	zation changed either its oversight process or selection process during the tax year, explain in Schedule O		
	f a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform C.F.R. Part 200, Subpart F?	3a	No
b If "Yes," did t	the organization undergo the required audit or audits? If the organization did not undergo the required ts, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	- NO
- dadie of dadie			990 (2023)
Form 990 (2023)			
Additional I	Data	Return to	Form
	Software ID: 23017517		
	Software Version: 2023v5.1		
Form 990, Spec	cial Condition Description:		
ofile Dublic Vie	upl Dandor Objected: 202411020240200116 Submission: 2024-07-10	TIN: 04	2012647
efile Public Vis			-2812647 1545-0047
efile Public Vis SCHEDULE (Form 990)	A Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section	OMB No.	
SCHEDULE	A Public Charity Status and Public Support	OMB No.	1545-0047
SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organ	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. Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No.	1545-0047 123 to Public pection
SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the orgal Gleason Public Library	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. Go to www.irs.gov/Form990 for instructions and the latest information. Employer ident 04-2812647	OMB No.	1545-0047 123 to Public pection
SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organ Gleason Public Library Part I Reas	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. Go to www.irs.gov/Form990 for instructions and the latest information. Employer ident 04-2812647 Fon for Public Charity Status (All organizations must complete this part.) See instructions.	OMB No.	1545-0047)23 to Public pection
SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organic Gleason Public Library Part I Reas The organization is	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. Go to www.irs.gov/Form990 for instructions and the latest information. Employer ident 04-2812647	OMB No.	1545-0047)23 to Public pection
SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organication is 1 A chur	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. Go to www.irs.gov/Form990 for instructions and the latest information. Employer ident	OMB No.	1545-0047)23 to Public pection

7 🔲 An organization that normally receives a substantial nart of its support from a governmental unit or from the general public described in

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

A hospital or a cooperative hospital service organization described in $\mathbf{section}\ \mathbf{170(b)(1)(A)(iii)}.$

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

•		section 170(b)(1)(A)(Jupport II om u	9010111110111011 0	int of from the genera	ii public acacı ibca iii
8		A community trust descr		•	Complete Part II	.)		
9		An agricultural research on non-land grant college of						ge or university or a
10		An organization that nor from activities related to investment income and u 30, 1975. See section 5 An organization organize	mally receives: (its exempt funct unrelated busines (09(a)(2). (Con	1) more than 331/3% tions—subject to certain the control of the co	of its support fr ain exceptions, a s section 511 ta	om contribution and (2) no more x) from busines	s, membership fees, a than 33 1/3% of its si ses acquired by the or	upport from gross
			·	,	. ,			•
12	✓	An organization organize more publicly supported on lines 12a through 12c	organizations de d that describes	escribed in section 50 the type of supportin	9(a)(1) or sec g organization a	tion 509(a)(2) nd complete line	See section 509(a) s 12e, 12f, and 12g.	(3). Check the box
a		Type I. A supporting or organization(s) the power complete Part IV, Sect	er to regularly ap ions A and B.	point or elect a major	ity of the directo	ors or trustees o	f the supporting orga	nization. You must
b	✓	Type II. A supporting o management of the support complete Part IV	oorting organizat	ion vested in the sam				
С		Type III functionally in supported organization(s						ed with, its
d		Type III non-function functionally integrated. T instructions). You must	he organization	generally must satisfy	a distribution re			
е		Check this box if the orgintegrated, or Type III no				S that it is a Typ	e I, Type II, Type III f	unctionally
f	Enter	the number of supported	,	3 11 3	-		<u>1</u>	
g	Provi	de the following informatio	on about the sup	ported organization(s				
		ame of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
(A) (Gleason	Public Library	046001106	6	Yes		10,176	0
Tota	al .	1					10.176	0
	Paperv	vork Reduction Act Noti or 990-EZ.	ice, see the Ins	_	Cat. No. 11285F	:	10,176 Schedule A	0 A (Form 990) 2023
For	Paperv		ice, see the Ins	tructions for Pag		-	,	
For Forr	Paperv n 990 (ice, see the Ins	_			,	A (Form 990) 2023
For Forr	Paperv n 990 d edule A	or 990-EZ.	e for Organiza ou checked the	Pag ations Described is box on line 5, 7, or	e 2 in Sections 1: or 8 of Part I o	70(b)(1)(A)(r if the organiz	Schedule A iv) and 170(b)(1 zation failed to qual	Page 2)(A)(vi)
Sche Pa	Paperv n 990 d dule A art II	(Form 990) 2023 Support Schedule (Complete only if your of the organization of the or	e for Organiza ou checked the	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o	70(b)(1)(A)(r if the organiz	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi)
Sche Pa Sche Pa Calc (or 1	Paperv n 990 dedule A art II ection endar y fiscal y Gifts, g membe	(Form 990) 2023 Support Schedule (Complete only if your off the organization of the complete only if the organization of the	e for Organiza ou checked the failed to qualif	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o sted below, ple	70(b)(1)(A)(r if the organizesse complete	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi) ify under Part III.
Schee Pa Si Cali (or 1	edule A art II ection endary fiscaly fiscaly formulae include Tax rev organiz to or ex	(Form 990) 2023 Support Schedule (Complete only if your of the organization of the or	e for Organiza ou checked the failed to qualifi (a) 2019	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o sted below, ple	70(b)(1)(A)(r if the organizesse complete	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi) ify under Part III.
Schee Pa	edule A art II ection endary fiscaly Gifts, g membe include Tax rev organiz to or ex The valifurnishe	(Form 990) 2023 Support Schedule (Complete only if you of the organization of the org	e for Organiza ou checked the failed to qualify (a) 2019 ot	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o sted below, ple	70(b)(1)(A)(r if the organizesse complete	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi) ify under Part III.
Schee Pa	ection endary fiscaly Gifts, g membe include Tax rev organiz to or ey The vali furnishe the org	(Form 990) 2023 Support Schedule (Complete only if you of the organization of the org	e for Organiza ou checked the failed to qualife (a) 2019 ot paid	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o sted below, ple	70(b)(1)(A)(r if the organizesse complete	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi) ify under Part III.
Scheen Part Scheen	edule A art II ection endary fiscaly Gifts, g membe include Tax rev to or e)	(Form 990) 2023 Support Schedule (Complete only if you of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization without charge. Add lines 1 through 3 of the of total contributions of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of organization of organization of organization of organization organization organization organization of organization o	e for Organiza ou checked the failed to qualife (a) 2019 ot paid	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o sted below, ple	70(b)(1)(A)(r if the organizesse complete	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi) ify under Part III.
Sche Pa Sche Pa 3 4 5	edule A art II ection endar y fiscal y Gifts, g membe include Tax rev organiz to or ex the org The vali furnishe the org Total. / The poi each pe governi support line 1 th	(Form 990) 2023 Support Schedule (Complete only if you of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization of the organization without charge. Add lines 1 through 3 reconstruction of total contributions of the organization organization organizati	c for Organiza ou checked the failed to qualify (a) 2019 ot paid	Pag ations Described in a box on line 5, 7, con y under the tests list	e 2 in Sections 1: or 8 of Part I o sted below, ple	70(b)(1)(A)(r if the organizesse complete	Schedule A iv) and 170(b)(1 zation failed to qual Part III.)	Page 2)(A)(vi) ify under Part III.
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Scheen Para Scheen	edule A art II ection endar y fiscal y formula furnishe the orig furnishe the orig furnishe the orig furnishe the orig furnishe the orig each pe governi support line 1 th shown Public line 4. ection endar y fiscal y Amou	(Form 990) 2023 Support Schedule (Complete only if you of the organization of the org	e for Organiza ou checked the failed to qualife (a) 2019 ot paid t to s by on nount from	tions Described is box on line 5, 7, cy under the tests list (b) 2020	e 2 In Sections 1: or 8 of Part I o sted below, ple (c) 2021	(d) 2022	Schedule /	Page 2)(A)(vi) ify under Part III. (f) Total

9	income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets						
11	(Explain in Part VI.) Total support. Add lines 7 through						
12	10 Gross receipts from related activities, etc	c (see instructio	ne)			12	
	First 5 years. If the Form 990 is for the	•	•				ganization check
	this box and stop here	-			•		garnzation, check
_	ection C. Computation of Public						
	Public support percentage for 2023 (line			column (f))		14	
15	Public support percentage for 2022 Sch	edule A, Part II, li	ne 14			15	
16a	33 1/3% support test—2023. If the or	rganization did no	ot check the box	on line 13, and lin	e 14 is 33 1/3% o	or more, check th	is box
	and stop here. The organization qualifie 33 1/3% support test—2022. If the obox and stop here. The organization of	organization did r	not check a box o	n line 13 or 16a,	and line 15 is 33	1/3% or more, ch	eck this
17a	10%-facts-and-circumstances test— and if the organization meets the "facts-	2023. If the orga	anization did not	check a box on lir	ne 13, 16a, or 16	b, and line 14 is	10% or more,
	meets the "facts-and-circumstances" tes	st. The organizat	ion qualifies as a	publicly supported	d organization .		▶ 🗌
	10%-facts-and-circumstances test- more, and if the organization meets the organization meets the "facts-and-circu 	e "facts-and-circu umstances" test.	imstances" test, The organization	check this box an qualifies as a pub	d stop here. Exp licly supported o	olain in Part VI ho rganization	
	instructions						►□
	instructions						(Form 990) 2023
			Page 3				
Sche	dule A (Form 990) 2023						Page 3
	art III Support Schedule for						
	Support Schedule for (Complete only if you c	hecked the box	on line 10 of I	Part I or if the o	rganization fail		
P	Support Schedule for (Complete only if you of the organization fails to	hecked the box	on line 10 of I	Part I or if the o	rganization fail		
Se Cale	art III Support Schedule for (Complete only if you on the organization fails to ection A. Public Support endar year	hecked the box qualify under	on line 10 of I the tests listed	Part I or if the o	organization fail complete Part I	I.)	nder Part II. If
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Sec Cale (or 1 2 3 4 5 6 6 7a b	Support Schedule for (Complete only if you of the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513	hecked the box qualify under	on line 10 of I the tests listed	Part I or if the o	organization fail complete Part I	I.)	nder Part II. If
Sec Cale (or 1 2 3 4 5 6 6 7a b	Support Schedule for (Complete only if you of the organization fails to ection A. Public Support endar year fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants."). 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons 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. Add lines 7a and 7b. Public support. (Subtract line 7c	hecked the box qualify under	on line 10 of I the tests listed	Part I or if the o	organization fail complete Part I	I.)	nder Part II. If
Sec Cale (or 1 2 2 3 4 4 5 6 7 a b c 8 8	Support Schedule for (Complete only if you of the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization of the organization	hecked the box qualify under	on line 10 of I the tests listed	Part I or if the o	organization fail complete Part I	I.)	nder Part II. If
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P	Support Schedule for (Complete only if you of the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513	hecked the box qualify under	on line 10 of I the tests listed	Part I or if the o	organization fail complete Part I	I.)	nder Part II. If
P	Support Schedule for (Complete only if you or the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization fails to the organization of the	checked the box qualify under	(b) 2020	Part I or if the cobelow, please (c) 2021	rganization fail complete Part I (d) 2022	(e) 2023	(f) Total

b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30,								
С	1975. Add lines 10a and 10b.								
11	Net income from unrelated business activities not included on line 10b, whether or not the business is								
12	loss from the sale of capital assets								
13	(Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)								
14	First 5 years. If the Form 990 is for the	-			•	. , ,	-		
	this box and stop here							!	▶ 🔲
_	ection C. Computation of Public 9 Public support percentage for 2023 (lin	Support Perce	entage	column (f))		11			
15 16	Public support percentage from 2022 S					15 16			
	ection D. Computation of Investi					16			
17	Investment income percentage for 202			line 13, column ((f))	17			
18	Investment income percentage from 20	022 Schedule A,	Part III, line 17 .			18			
19a	33 1/3% support tests-2023. If the	organization did r	not check the box	on line 14, and	line 15 is more than	33 _{1/3} %, and li	ne 17	is not	
	more than 33 1/3%, check this box and	stop here. The	organization qua	lifies as a publicly	y supported organiza	ation	1	▶ 🗌	
b	33 1/3% support tests—2022. If the	-			•				18 is
20	not more than 33 1/3%, check this box								
20	Private foundation. If the organization	n did not check a	box on line 14,	19a, or 19b, che	ck this box and see i				
						Schedule A	(Form	990)	2023
			Page 4						
Sche	dule A (Form 990) 2023							P	age 4
Par	(Complete only if you checked a	box on line 12 o							
	box 12b, of Part I, complete Se 12d, of Part I, complete Section			(12c, of Part I, (complete Sections A,	D, and E. If yo	u ched	ked bo	ΟX
Se	ection A. All Supporting Organiz	ations							
						_ [Yes	No
1	Are all of the organization's supported If "No," describe in Part VI how the st describe the designation. If historic and	upported organiza	ations are designa	ated. If designat			1	Yes	
2	Did the organization have any support 509(a)(1) or (2)? If "Yes," explain in P described in section 509(a)(1) or (2).						2		No
3a	Did the organization have a supported 3c below.	organization des	cribed in section	501(c)(4), (5), o	r (6)? <i>If "Yes," answ</i>	er lines 3b and			
b	Did the organization confirm that each	supported organ	ization qualified u	nder section 50	1(c)(4), (5), or (6) ar	nd satisfied	3a		No
	the public support tests under section determination.						3b		
С	Did the organization ensure that all su If "Yes," explain in Part VI what contr					(B) purposes?	3c		
4a	Was any supported organization not o checked box 12a or 12b in Part I, answ			eign supported (organization")? If "Ye	es" and if you			<u> </u>
b	Did the organization have ultimate con			hor to make a	into to the fersion -	innorted	4a		No
	organization? If "Yes," describe in Par or supervised by or in connection with	t VI how the organits supported or	anization had suc ganizations.	h control and di	scretion despite beir	ng controlled	4b		
C	Did the organization support any foreig 501(c)(3) and 509(a)(1) or (2)? If "Yes to the foreign supported organization"	s," explain in Par	t VI what control	ls the organization	on used to ensure th	der sections at all support	4c		
5a	Did the organization add, substitute, or and 5c below (if applicable). Also, prov organizations added, substituted, or re organization's organizing document at	vide detail in Par emoved; (ii) the i	t VI, including (i) reasons for each s) the names and such action; (iii)	EIN numbers of the the authority under	supported the	5a		No.
J.	amendment to the organizing docume	•	t cupported areas	nization noit of	a clace almonder design	natad in the	эa		No
b	Type I or Type II only. Was any add organization's organizing document?	ieu oi substitute(ı supported orga	mzation part of a	a ciass aiready desigi	nateu in the	5b		
c	Substitutions only. Was the substitut	tion the result of	an event beyond	the organization	s control?		5c		
6	Did the organization provide support (other than (i) its supported organization supported organizations, or (iii) other	ons, (ii) individual	s that are part of	the charitable cl	ass benefited by one	or more of its			

	organization's supported organizations? If "Yes," provide detail in Part VI.	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).	7		No
8	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 .			No
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 .	9a		No
С	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 .			No
10a	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.	9c		No
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).	10a		No
	Schedule A		1 990)	2023
		-	_	
	Page 5 ————			
Sche	dule A (Form 990) 2023		F	Page 5
Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		No
b	A family member of a person described on 11a above?	11b		No
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		No
	<u>VI.</u> ection B. Type I Supporting Organizations	<u> </u>		
	ection B. Type I Supporting Organizations		Yes	No
1	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI 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 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		
Se	ection C. Type II Supporting Organizations			
			Yes	No
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).	1	Yes	
Se	ection D. All Type III Supporting Organizations	<u> </u>		<u> </u>
			Yes	No
1	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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?			
,		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant	2		<u> </u>
3	by reason of the relationship described in line 2 above, did the organization's supported 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.	3		
Se	ection E. Type III Functionally-Integrated Supporting Organizations		I	L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions)	:	
ā	The organization satisfied the Activities Test. Complete line 2 below.			
Ŀ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
_	The control of the co	!		

I ne organization	n supported a governmental entity. Describe in Part VI now yo	ou sup	ported a government entity (se	e ınstrt	ictions)
2 Activities Test. Answer	lines 2a and 2b below.				Yes	No
supported organization organizations and ex responsive to those sup	the organization's activities during the tax year directly further of some organization was responsive? If "Yes," then in the plain how these activities directly furthered their exempt purpoported organizations, and how the organization determined the or	n Part poses,	VI identify those supported how the organization was		res	NO
of the organization's s	bed on line 2a, above constitute activities that, but for the orguported organization(s) would have been engaged in? If "Yes,	" expl	ain in Part VI the reasons for	2a		
organization's involven	tion that its supported organization(s) would have engaged in nent.	tnese	activities but for the	2b		
'''	rganizations. Answer lines 3a and 3b below.					
the supported organiza	ave the power to regularly appoint or elect a majority of the off ations? <i>If "Yes" or "No", provide details in Part VI. tercise a substantial degree of direction over the policies, prog</i>		·	3a		
	is? If "Yes," describe in Part VI. the role played by the organi			3b		
			Schedule A	(Forn	n 990)	2023
	Page 6 ————					
Schedule A (Form 990) 2023 Part V Type III Nor	n-Functionally Integrated 509(a)(3) Supporting C)raan	izations		F	Page 6
	e organization satisfied the Integral Part Test as a qualifying tru			/I). Se	e	
instructions. All	other Type III non-functionally integrated supporting organization		must complete Sections A throu			
Section A - Adjust	ed Net Income		(A) Prior Year			
(B) Current Year (optional)						
1 Net short-term capital	gain	1				
2 Description of prior yes	ur distributions	2	1			
2 Recoveries of prior-year	ii distributions		<u> </u>			
3 Other gross income (se	ee instructions)	3				
4 Add lines 1 House 2		م ا	1			
4 Add lines 1 through 3		4	<u> </u>			
5 Depreciation and deple	tion	5				
	spenses paid or incurred for production or collection of gross ment, conservation, or maintenance of property held for see instructions)	6				
7 Other expenses (see in	nstructions)	7	<u> </u>			
8 Adjusted Net Income	e (subtract lines 5, 6 and 7 from line 4)	8				
Section B - Minim	um Asset Amount		(A) Prior Year			
(B) Current Year (optional)						
Aggregate fair market tax year or assets held	value of all non-exempt-use assets (see instructions for short I for part of year):	1				
a Average monthly value	of securities	1a	I			
a Average moneiny value	5. 5555, 1665		<u> </u>			
b Average monthly cash	balances	1b	<u> </u>			
c Fair market value of otl	her non-exempt-use assets	1c	<u> </u>			
d Total (add lines 1a, 1b	, and 1c)	1d				

e	Discount claimed for blockage or other factors (explain in detail in Part VI):					<u> </u>
2	Acquisition indebtedness applicable to non-exempt us	e assets	2			
	Culturate line 2 from the state		La	İ		
3	Subtract line 2 from line 1d		3			<u> </u>
4	Cash deemed held for exempt use. Enter 0.015 of line instructions).	e 3 (for greater amount, see	4			_
5	Net value of non-exempt-use assets (subtract line 4 f	rom line 3)	5			<u> </u>
6	Multiply line 5 by 0.035		6			<u>_</u>
7	Recoveries of prior-year distributions		7			<u> </u>
8	Minimum Asset Amount (add line 7 to line 6)		8			_
	Section C - Distributable Amount					
1	Current Year Adjusted net income for prior year (from Section A, lir	ne 8. Column A)	1]		
	7.6Jaccou					<u> </u>
2	Enter 85% of line 1		2			
3	Minimum asset amount for prior year (from Section B,	line 8, Column A)	3			<u> </u>
	Entar greater of line 2 or line 2		4	İ		
4	Enter greater of line 2 or line 3		4			<u> </u>
5	Income tax imposed in prior year		5			
6	Distributable Amount. Subtract line 5 from line 4, un temporary reduction (see instructions)	nless subject to emergency	6			
7	Check here if the current year is the organization instructions)	n's first as a non-functionally- Page 7	integrat	ed Type III sup		organization (see nedule A (Form 990) 2023
Cabac	hulo A (Form 000) 2022					D 7
	tule A (Form 990) 2023 TV Type III Non-Functionally Integrated	1 509(a)(3) Supporting	Organ	izations (co	ntinued)	Page 7
	tion D - Distributions	() () ()				Current Year
1 /	Amounts paid to supported organizations to accomplisi	n exempt purposes			1	
	Amounts paid to perform activity that directly furthers excess of income from activity	exempt purposes of supported	d organi	zations, in	2	
3 /	Administrative expenses paid to accomplish exempt pur	rposes of supported organizat	ions		3	
4	Amounts paid to acquire exempt-use assets				4	
5	Qualified set-aside amounts (prior IRS approval require	ed - provide details in Part VI))		5	
6	Other distributions (describe in Part VI). See instruction	ons			6	
7 T	otal annual distributions. Add lines 1 through 6.				7	
	Distributions to attentive supported organizations to widetails in Part VI). See instructions	hich the organization is respor	nsive (<i>pi</i>	rovide	8	
9	Distributable amount for 2023 from Section C, line 6				9	
10 L	ine 8 amount divided by Line 9 amount				10	
	Section F - Distribution Allocations	/ii		(ii)		(iii)

(:)

Section F - Distribution Allocations

	instructions)	Excess Distributions	Underdistributio Pre-2023	ons Distributable Amount for 2023
1 Distributable amount	for 2023 from Section C, line 6			
	any, for years prior to 2023 quired <i>explain in Part VI</i>).			
	carryover, if any, to 2023:			
a From 2018				
c From 2020 d From 2021				
e From 2022				
f Total of lines 3a thro				
g Applied to underdist	3			
h Applied to 2023 dist	ributable amount			
i Carryover from 2018	not applied (see			
instructions)	ings 2g, 2h, and 2; from line 2f			
4 Distributions for 2023	ines 3g, 3h, and 3i from line 3f. from Section D, line 7:			
a Applied to underdist	ributions of prior years			
b Applied to 2023 dist				
5 Remaining underdistri 2023, if any. Subtraction	lines 4a and 4b from line 4. butions for years prior to at lines 3g and 4a from line 2. ater than zero, explain in Part VI .			
lines 3h and 4b from	butions for 2023. Subtract line 1. If the amount is greater Part VI . See instructions.			
7 Excess distributions 3j and 4c.	carryover to 2024. Add lines			
8 Breakdown of line 7:				
a Excess from 2019.				
efile Public Visual Ren	der Objectld: 2024119293493	300116 - Submission: 2024-	07-10	TIN: 04-2812647
Schedule B		hedule of Contribu		OMB No. 1545-0047
(Form 990) Department of the Treasury Internal Revenue Service		ttach to Form 990, 990-EZ, or 9 <u>w.irs.gov/Form990</u> for the late		2023
Name of the organization Gleason Public Library En				Employer identification number 04-2812647
Organization type (che	eck one):			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter nur	mber) organization		
	4947(a)(1) nonexem	pt charitable trust not treate	ed as a private founda	ation
	527 political organiza	ation		
Form 990-PF	501(c)(3) exempt pri	vate foundation		
	4947(a)(1) nonexem	pt charitable trust treated as	s a private foundation	1
	501(c)(3) taxable pri	vate foundation		

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

	rganization filing Form 990, 990-EZ, or 990-PF that received, dure other property) from any one contributor. Complete Parts I and tions.		
Special Rules			
under sectored from	ganization described in section 501(c)(3) filing Form 990 or 990- tions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (rom any one contributor, during the year, total contributions of tl VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	Form 990 or 990-EZ), Part II, li he greater of (1) \$5,000 or (2) 2	ne 13, 16a, or 16b, and that
during the	ganization described in section 501(c)(7), (8), or (10) filing Form year, total contributions of more than \$1,000 <i>exclusively</i> for rel or for the prevention of cruelty to children or animals. Complete	ligious, charitable, scientific, lite	
during the If this box purpose. [ganization described in section 501(c)(7), (8), or (10) filing Form year, contributions exclusively for religious, charitable, etc., pur is checked, enter here the total contributions that were received Don't complete any of the parts unless the General Rule applies charitable, etc., contributions totaling \$5,000 or more during the	rposes, but no such contribution during the year for an exclusion to this organization because	ns totaled more than \$1,000. ively religious, charitable, etc., it received nonexclusively
990-EZ, or 990-PI	nization that isn't covered by the General Rule and/or the Spec F), but it must answer "No" on Part IV, line 2, of its Form 990; o DPF, Part I, line 2, to certify that it doesn't meet the filing require F).	or check the box on line H of its	Form 990-EZ
For Paperwork Red for Form 990, 990-E	luction Act Notice, see the Instructions EZ, or 990-PF.	Cat. No. 30613X	Schedule B (Form 990) (2023)
	Page 2 ——		
Schedule B (Form Name of organizati Gleason Public Libra	ion	Page Employer id 04-2812647	e 2 entification number
Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	Person Payroll Noncash (Complete Part II for noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contributions.) (d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

			Noncash
			(Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
			Person
-	-	_	Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	. Name, address, and ZIP + 4	Total contributions	Type of contribution
_			Person
			Payroll
		\$	Noncash
			(Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
			Person
-			Payroll
		\$	□ Noncash
			(Complete Part II for noncash
			contributions.) Schedule B (Form 990) (2023)
Schedule E	Page 3 ———————————————————————————————————		Schedule B (Form 990) (2023)
Name of org	3 (Form 990) (2023) ganization	Employer identification	Schedule B (Form 990) (2023) Page 3
Name of org	3 (Form 990) (2023)		Schedule B (Form 990) (2023) Page 3
Name of org	3 (Form 990) (2023) ganization	04-2812647	Schedule B (Form 990) (2023) Page 3
Name of org Gleason Pub	B (Form 990) (2023) ganization blic Library Endowment	04-2812647	Schedule B (Form 990) (2023) Page 3
Part II (a) No. from	3 (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)	(c) FMV (or estimate)	Page 3 on number (d) Date received
Part II (a) No. from Part I	3 (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)	(c) FMV (or estimate) (See instructions)	Page 3 on number (d) Date received
Part II (a) No. from	3 (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b)	(c) FMV (or estimate) (See instructions)	Page 3 on number (d) Date received
Part II (a) No. from Part I (a) No. from Part I (a)	B (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (b)	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate)	Page 3 On number (d) Date received (d)
Part II (a) No. from Part I (a) No. from Part I (a)	B (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (b)	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate)	Page 3 On number (d) Date received (d) Date received
Part II (a) No. from Part I (a) No. from Part I (a)	B (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)	Page 3 In number (d) Date received (d) Date received
Part II (a) No. from Part I (a) No. from Part I (a)	B (Form 990) (2023) ganization blic Library Endowment Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given (b)	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)	Page 3 On number (d) Date received (d) Date received
Part II (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I	(b) Description of noncash property given (b) Description of noncash property given (b) (b) Description of noncash property given (b) (b) (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (FMV (or estimate)	Page 3 On number (d) Date received (d) Date received (d) Date received
Name of org Gleason Pub Part II (a) No. from Part I (a) No. from Part I	Solution Solution	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (see instructions)	Page 3 On number (d) Date received (d) Date received (d) Date received
Part II (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I	(b) Description of noncash property given (b) Description of noncash property given (b) (b) Description of noncash property given (b) (b) (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (see instructions)	Page 3 On number (d) Date received (d) Date received (d) Date received
Name of org Gleason Pub Part II (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)	Page 3 In number (d) Date received (d) Date received (d) Date received (d) Date received
Name of org Gleason Pub Part II (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from Part I (a) No. from	(b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given (b) Description of noncash property given	(c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions) (c) FMV (or estimate) (See instructions)	Page 3 In number (d) Date received (d) Date received (d) Date received (d) Date received

No. from Part I	Description of noncash property given					FMV (or estimate) (See instructions)		(a) Date received
(a) No. from Part I	(b) Description of noncash property given				n	(c) FMV (or estimate) (See instructions)		(d) Date received
-							\$	Schedule B (Form 990) (2023
				Р	age 4 ————			
		90) (2023)					F1	Page
Name of or Gleason Pu		, Endowment					04-2812647	entification number
Part III	than \$1,	000 for the ye	ear from any one con	tributor. Compl	ete columns (a)	through (e)	tion 501(c)(7), and the follow	(8), or (10) that total more ving line entry. For ns of \$1,000 or less for
	the year	(Enter this i	nformation once. See	e instructions.)		charitable, e	-	ns of \$1,000 or less for
(a) No. from Part I		(b) Purpos	se of gift	((c) Use of gift		(d) Descr	iption of how gift is held
-								
		Transferee's	name, address, and	•) Transfer of gift	Relationshi	o of transferor t	to transferee
(a) No. from Part I		(b) Purpos	se of gift	((c) Use of gift		(d) Descr	iption of how gift is held
-					\ T			
ŀ		Transferee's	name, address, and	`) Transfer of gift	Relationship	o of transferor t	to transferee
efile Pul	blic Visua	al Render	ObjectId: 20241	19293493001	16 - Submissio	n: 2024-0	7-10	TIN: 04-2812647
SCHED	ULE D		Supplome	ntal Finar	ncial Staten	nonte		OMB No. 1545-0047
(Form 990)			► Complete if the					2022
Department of th Internal Revenue			Part IV, line 6, 7, 8, 9 So to <u>www.irs.gov/Fo</u>), 10, 11a, 11b, ▶ Attach to Fo	11c, 11d, 11e, 11 orm 990.	lf, 12a, or 12		Open to Public Inspection
	the organ					ı	Employer identi	fication number
Part I			intaining Donor Ad	lvised Funds o	or Other Simila		04-2812647 Accounts.	
			anization answered "	Yes" on Form 9	90, Part IV, line	6.		-d -kb
1 Total	number at	end of year .		(a) L	Oonor advised fund	S	(b) Funds ar	nd other accounts
		•	ns to (during year)					
3 Aggre	egate value	of grants fron	n (during year)					
4 Aggre	egate value	at end of year	·					
			donors and donor advect to the organization's					e Yes No
chari	table purpo	ses and not fo	I grantees, donors, and or the benefit of the do 	nor or donor adv	isor, or for any oth	er purpose co	nferring	☐ Yes ☐ No
Part II		vation Ease	ements. anization answered "	Vos" on Form 0	00 Part IV line	7		

1	Purpose(s) of conservation easements he	eld by the organization (check all	that a	oply).		
	Preservation of land for public use	(e.g., recreation or education)		Preservation	n of an histo	orically important land area
	Protection of natural habitat			Preservation	n of a certifi	ed historic structure
	Preservation of open space					
2	Complete lines 2a through 2d if the organ		ion co	ntribution in t	he form of a	
_	easement on the last day of the tax year Total number of conservation easements				2a	Held at the End of the Year
a b	Total acreage restricted by conservation e				<u> </u>	
c	Number of conservation easements on a				2c	
d	Number of conservation easements include historic structure listed in the National Re		2006, a	and not on a	2d	
3	Number of conservation easements moditax year	fied, transferred, released, exting	juished	l, or terminate	ed by the or	ganization during the
4	Number of states where property subject	to conservation easement is loc	ated 🕨			
5	Does the organization have a written poli enforcement of the conservation easeme	cy regarding the periodic monitor nts it holds?	ing, in	spection, hand	dling of viola	ations, and Yes No
6	Staff and volunteer hours devoted to mo	nitoring, inspecting, handling of v	violatio	ns, and enfor	cing conserv	vation easements during the year
7	Amount of expenses incurred in monitori	ng, inspecting, handling of violati	ons, a	nd enforcing c	onservation	easements during the year
8	Does each conservation easement report and section $170(h)(4)(B)(ii)$?					(4)(B)(i) Yes No
9	In Part XIII, describe how the organizatio balance sheet, and include, if applicable, the organization's accounting for conservations.	he text of the footnote to the or				
Part	t III Organizations Maintaining Complete if the organization a	Collections of Art, Historicanswered "Yes" on Form 990,	Part	IV, line 8.		
1a	If the organization elected, as permitted historical treasures, or other similar asse Part XIII, the text of the footnote to its f	ts held for public exhibition, educ	ation,	or research in		
b	If the organization elected, as permitted historical treasures, or other similar asse following amounts relating to these items	ts held for public exhibition, educ				
(i	i) Revenue included on Form 990, Part VII	I, line 1				> \$
(ii	ii) Assets included in Form 990, Part X					. • \$
2	If the organization received or held works following amounts required to be reported	d under FASB ASC 958 relating t	o thes	e items:		
а	Revenue included on Form 990, Part VIII,					·
b	Assets included in Form 990, Part X					
For P	Paperwork Reduction Act Notice, see th	ne Instructions for Form 990.		Ca	t. No. 5228	3D Schedule D (Form 990) 2022
		Page 2				
Scher	dule D (Form 990) 2022					Page 7
	t III Organizations Maintaining	Collections of Art, Historic	cal Tr	easures, or	r Other Si	Page 2
3	Using the organization's acquisition, acce					
а	items (check all that apply): Public exhibition	d		Loan or exch	nange progr	rams
b	Scholarly research	e		Other		
с	Preservation for future generation	s				
4	Provide a description of the organization' Part XIII.	s collections and explain how the	y furth	er the organiz	ation's exe	mpt purpose in
5	During the year, did the organization soli assets to be sold to raise funds rather the					
Par	t IV Escrow and Custodial Arra Complete if the organization a line 21.		Part	IV, line 9, or	reported	an amount on Form 990, Part X,
1a	Is the organization an agent, trustee, cuincluded on Form 990, Part X?					
L	If "Voc." explain the arrangement in Part	VIII and complete the following to	able	ſ	1	Amount
b C	If "Yes," explain the arrangement in Part Beginning balance	AIII and complete the following to	inie:		1c	Amount

Deginning balance						
$oldsymbol{d}$ Additions during the year \ldots . \ldots .				1d		
$oldsymbol{e}$ Distributions during the year				1e		
f Ending balance				1f		
2a Did the organization include an amount on F	orm 990, Part X, li	ine 21, for escrow o	r custod	ial account lia	ability?	Yes No
b If "Yes," explain the arrangement in Part XIII	. Check here if the	explanation has be	en provi	ded in Part X	ш	
Part V Endowment Funds.			_			
Complete if the organization ans					(d)	
	(a) Current year	r (b) Prior year	(c) Tv	vo years back	Three years back	(e) Four years back
1a Beginning of year balance						
b Contributions						
c Net investment earnings, gains, and losses						
d Grants or scholarships						
 Other expenditures for facilities and programs . 						
f Administrative expenses						
g End of year balance						
Provide the estimated percentage of the currBoard designated or quasi-endowment	ent year end balar	nce (line 1g, column	(a)) held	d as:		
b Permanent endowment ▶						
c Term endowment ▶						
The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.					
3a Are there endowment funds not in the posse organization by:	•	nization that are he	ld and ac	dministered f	or the	Yes No
(i) Unrelated organizations						3a(i)
(ii) Related organizations						3a(ii)
b If "Yes" on 3a(ii), are the related organization						3b
4 Describe in Part XIII the intended uses of the		idowment funds.				
Part VI Land, Buildings, and Equipme Complete if the organization ans		Form 990. Part IV	/. line 1	1a. See For	m 990. Part X.	line 10.
Description of property (a) Cost or of (investm	ther basis (b) C	ost or other basis (ot				(d) Book value
1a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other						
Total. Add lines 1a through 1e. (Column (d) must	equal Form 990,	Part X, column (B)	, line 10((c).)	•	
					Schedul	e D (Form 990) 2022
		Page 3 ———				
Schedule D (Form 990) 2022						Page 3
Part VII Investments - Other Securities	2S.					r age 3
Complete if the organization ans		Form 990, Part I	/, line 1			
(a) Description of security of (including name of secu		(b		,	(c) Method of value or end-of-year m	
(including hame or secu	ricy)	val		Cost	or end or year in	larket value
(1) Financial derivatives .						
(2) Closely-held equity interests						
(3)Other						
(A)						
(B)						
(C) (D)						
(E)						
(F)			_			
(G)						
(H)						
		I	I			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII			
Investments - Program Related.			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.			
(a) Description of investment	(b) Book value		od of valuation: f-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	•		
Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV	line 11d See For	m 990 Part Y	ine 15
(a) Description	, iiile 11d. See i oi		(b) Book value
(1)Other Assets			28,000
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)		. ▶	322,412
Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV	lino 110 or 11f C	00 Form 000 Pa	ert V line 3E
1. (a) Description of liability	, iiile 11e 0i 11i.3e	ee 101111 990, Fa	(b) Book value
(1) Federal income taxes			
			_
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)		Þ	
2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the	_		
organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if	the text of the footr	ote has been pro	vided in Part XIII

Schedule D (Form 990) 2022

		ciliation of Reve		udited Financial Staten red 'Yes' on Form 990, Pa		er Return	rage -
1				ted financial statements .		1	
2		ed on line 1 but not	•			_	
– a		gains (losses) on inve			2a		
		es and use of facilities			2b		
b							
С	•	rior year grants .			2c		
d	Other (Describe	in Part XIII.)			2d		
е	Add lines 2a th	rough 2d				2e	
3	Subtract line 26	from line 1				3	
4	Amounts includ	ed on Form 990, Par	t VIII, line 12	2, but not on line 1 :			
а	Investment exp	enses not included o	n Form 990,	Part VIII, line 7b .	4a		
ofil	e Public Visu	al Bondor Oh	ioctId: 20)2411929349300116 -	Submission: 2024-0	7-10	TIN: 04-2812647
*	EDULE M	7-10	OMB No. 1545-0047				
	m 990)		N	Ioncash Contri	butions		OMB No. 1545-0047
וט ו)	111 990)						2023
		=	_	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	2023
		► Attach to Form					
Depart	ment of the Treasury	► Go to <u>www.irs</u>	.gov/Form	990 for the latest informa	tion.		Open to Public
	Revenue Service						Inspection
	e of the organiza					Employer	identification number
Gleas	on Public Library E	ndowment				04-281264	7
Pa	rt I Types	of Property				0+ 20120+	,
	,,,,,,	от торогсу	(-)	(h)	(a)		(4)
			(a) Check if	(b) Number of contributions or	(c) Noncash contribution	М	(d) ethod of determining
			applicable		amounts reported on		sh contribution amounts
					Form 990, Part VIII, line 1	g	
1	Art—Works of a	rt					
2	Art—Historical ti						
3	Art—Fractional i						
4	Books and publi						
5	Clothing and ho goods	usehold					
6	Cars and other						
7	Boats and plane						
8	Intellectual prop						
9	Securities—Publi	•	X	1	25,20	1	
10	Securities—Clos	ely held stock .					
11	Securities—Part						
	or trust interes						
12	Securities—Misc						
13	Qualified conser contribution—F						
	structures .						
14	Qualified conser						
	contribution—C						
15	Real estate—Re						
16	Real estate—Co					+	
	Real estate—Otl Collectibles .						
18 19	Food inventory						
20	Drugs and medi						
21	-						
22	Historical artifac						
23	Scientific specim						
24	Archeological ar						
25	Other ► (
26	Other ▶ (•					
27	Other ▶ (
28	Other ▶ (
29			the organiza	tion during the tax year for	contributions		
				B, Part IV, Donee Acknowledg		29	
						-	Yes No
30a	must hold for a		rom the dat	contribution any property r e of the initial contribution, a			

		30a	No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	No
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	No
b	If "Yes," describe in Part II.		
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		
	describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 51227J

Schedule M (Form 990) (2023)

Page 2 -

efile Public Visual Render ObjectId: 202411929349300116 - Submission: 2024-07-10

TIN: 04-2812647 OMB No. 1545-0047

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal 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 990-EZ.

Go to <u>www.irs.gov/Form990</u> for the latest information.

Open to Public

Inspection

Name of the organization Gleason Public Library Endowment **Employer identification number**

04-2812647

	04-2012047
Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Form 990 is circulated to the trustees and director before filing.
Form 990, Part VI, Section C, Line 19	Upon Request
Form 990, Part IX, Line 24e	Bank Fees: Column (A) - Total = \$27; Column (B) - Program Services = \$27; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Filing Fees: Column (A) - Total = \$0; Column (B) - Program Services = \$0; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Library Support: Column (A) - Total = \$655; Column (B) - Program Services = \$655; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Misc. Program Expenses: Column (A) - Total = \$178; Column (B) - Program Services = \$178; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Professional Development: Column (A) - Total = \$266; Column (B) - Program Services = \$266; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Program Exp - Reimbursement: Column (A) - Total = \$600; Column (B) - Program Services = \$600; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Software: Column (A) - Total = \$258; Column (B) - Program Services = \$258; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Staff Appreciation: Column (A) - Total = \$107; Column (B) - Program Services = \$107; Column (C) - Management & General = \$0; Column (D) - Fundraising = \$0

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

Cat. No. 51056K

Schedule O (Form 990) 2023

Additional Data

Return to Form

Software ID: 23017517 **Software Version:** 2023v5.1

TIN: 04-2812647

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023 Open to Public Inspection

Name of the organization Gleason Public Library Endowment Employer identification number 04-2812647 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (c) Legal domicile (state or foreign country) (e) End-of-year assets (f) Direct controlling entity (a)
Name, address, and EIN (if applicable) of disregarded entity Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. (c) Legal domicile (state or foreign country) (f) Direct controlling entity (a)
Name, address, and EIN of related organization (g) Section 512(b) (13) controlled entity? No (1)Gleason Public Library 22 Bedford Road Public Library for the Town of Carlisle MA No Carlisle, MA 01741 04-6001106 Schedule R (Form 990) 2023 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No. 50135Y — Page 2 — Schedule R (Form 990) 2023 Page **2** Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (a) Name, address, and EIN of related organization (b) Primary activity (c) Legal domicile (d) (g) Share of end-of-(h) (e) Predominant (i) Code V-UBI (k) Percentage ownership Share of total Disproprtionate allocations? General or managing partner? Direct controlling income(related, amount in box 20 of (state or entity unrelated. income vear foreign country) xcluded from tax assets Schedule K-1 (Form 1065) under sections 512-514) No Yes No Yes Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. (e)
Type of entity
(C corp, S
corp,
or trust) (c) Legal domicile (a) Name, address, and EIN of (b) Primary activity (d) Direct controlling (f) Share of total (g) Share of end-(h) Percentage (i) Section 512(b)(13) related organization entity of-vear ownership controlled entity? (state or foreign country) Yes No

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							Sche	edule R (Forr	m 990)	2023
	Page 3	-								
hedule R (Form 990) 2023										Page 3
Part V Transactions With Related Organ	izations. Complete i	if the organization	answered "Ye	s" on Form 9	90, Part I\	/, line 34, 35	b, or 36.			
Note. Complete line 1 if any entity is listed in Par						TT 71/2		Г	Yes	s No
During the tax year, did the organization engage in a Receipt of (i) interest, (ii) annuities, (iii) royaltie	· -			-	sted in Pari	s II-IV?		1	.a	No
b Gift, grant, or capital contribution to related organization									b	No
Gift, grant, or capital contribution from related o	rganization(s)							. 1	c	No
d Loans or loan guarantees to or for related organ	nization(s)							·	.d	No
e Loans or loan guarantees by related organization	n(s)							1	.e	No
f Dividends from related organization(s)								1	Lf	No
								1	.g	No
h Purchase of assets from related organization(s)								1	.h	No
Exchange of assets with related organization(s) .								_	Li	No
Lease of facilities, equipment, or other assets to	related organization(s)							1	lj .	No
. Lance of facilities againment or other passes from	on volated evennination	(a)						-	.k	No
 Lease of facilities, equipment, or other assets from Performance of services or membership or fundra 	=							 -	LI	No
Performance of services or membership or fundra	=							_	m	No
Sharing of facilities, equipment, mailing lists, or o	-							1	Ln	No
Sharing of paid employees with related organizat	ion(s)							1	.0	No
								_		.
 Reimbursement paid to related organization(s) for Reimbursement paid by related organization(s) for Reimbursement paid by related organization(s) for Reimbursement paid by related organization(s). 	•							_	.p .q	No No
Trainbursement paid by related organization(b).	or expenses :									
r Other transfer of cash or property to related org	anization(s)							. 1	lr	No
s Other transfer of cash or property from related of								•	s	No
If the answer to any of the above is "Yes," see the		mation on who must	complete this lir		vered relati	<u> </u>	ansaction threshold			
(a) Name of related				(b) Transactio		(c) nount involved	Method of de	(d) termining amou	nt involv	red
				type (a-s)					
							Scho	edule R (Forr	m 990)	2023
	Page 4						Sche	edule R (Forn	m 990)	2023
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edule R (Form 990) 2023	Page 4						Sche	edule R (Forr		
art VI Unrelated Organizations Taxable	e as a Partnership.	. Complete if the o					line 37.			Page 4
art VI Unrelated Organizations Taxable vide the following information for each entity taxed a	e as a Partnership.	. Complete if the o	ation conducted				line 37.			Page 4
art VI Unrelated Organizations Taxable vide the following information for each entity taxed a not a related organization. See instructions regard (a)	e as a Partnership. as a partnership throug ing exclusion for certain (b) (c)	Complete if the o	ation conducted ships.	more than five	percent of	its activities (m	line 37. leasured by total as	ssets or gross	revenu	Page 4
art VI Unrelated Organizations Taxable vide the following information for each entity taxed a not a related organization. See instructions regard	e as a Partnership. as a partnership throug ing exclusion for certain (b) (c) Primary Legal activity domicile	Complete if the o	(e) Are all partners section	(f) Share of total e	(g) Share of nd-of-year	its activities (m	line 37. reasured by total as	ssets or gross (j) General or managing	revenu	Page 4
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rt VI Unrelated Organizations Taxable ide the following information for each entity taxed a not a related organization. See instructions regard (a)	e as a Partnership. as a partnership throug ing exclusion for certain (b) (c) Primary Legal activity displayed (state o foreign	Complete if the o th which the organization investment partners (d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	ation conducted ships. (e) Are all partners section 501(c)(3)	(f) Share of total e	(g) Share of nd-of-year	its activities (m (h) Disproprtiona allocations?	te Code V-UBI amount in box 20 of Schedule k-1	ssets or gross (j) General or managing	Pe ov	Page 4
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Schedule R (Fo				Page 5											
Part VII	Supplemental Info		nses to quest	tions on Sci	hedule R. See i	nstructions	s.								
Return Reference Explanation															
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Software ID: 23017517 **Software Version:** 2023v5.1