Form	<b>99</b>	0
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### PUBLIC DISCLOSURE COPY \*\* 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.



186,690.

Yes X No

No

9

9

9

0

0.

Ο.

Yes

**Current Year** 

185,138.

3

4

5

6

7a

7h

0.

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service A For the 2022 calendar year, or tax year beginning and ending C Name of organization D Employer identification number В Check if applicable Address change LYCOMING COUNTY LIBRARY SYSTEM BOARD Name change 23-2863316 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated **19 EAST FOURTH STREET** (570) 326-0536 City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 17701-6301 WILLIAMSPORT, PA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: AMY C. RESH for subordinates? ..... SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 501(c) ( (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions WWW.LYCOLIBRARY.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation L Year of formation: 1982 M State of legal domicile: PA Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: COORDINATION OF PUBLIC LIBRARY 1 Activities & Governance SERVICES PROVIDED IN LYCOMING COUNTY. 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year 143,253. Contributions and grants (Part VIII, line 1h) 8 enue 9 Program service revenue (Part VIII, line 2g)

Reve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,047.	1,552.
(۳	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	144,300.	186,690.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
s	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	34,987.	38,144.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
ē	b	Total fundraising expenses (Part IX, column (D), line 25) 0 .		
۵	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	104,064.	143,720.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	139,051.	181,864.
	19	Revenue less expenses. Subtract line 18 from line 12	5,249.	4,826.
u es			Beginning of Current Year	End of Year
land	20	Total assets (Part X, line 16)	336,685.	342,007.
LB3	21	Total liabilities (Part X, line 26)	1,203.	1,699.
ELEN	22	Net assets or fund balances. Subtract line 21 from line 20	335,482.	340,308.
Pa	rt II	Signature Block		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer		Date			
•	AMY C. RESH, SYSTEM ADMINI	ISTRATOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN	
Paid	JAIME L. KUNTZ, CPA	Jaime Lotert	10/19/23	r self-employed	201272713	1
Preparer	Firm's name BAKER TILLY US, LI	LP	Firm's I	EIN 39-0	0859910	
Use Only	Firm's address 1000 COMMERCE PARI	K DR.				
	WILLIAMSPORT, PA	17701	Phone	no.570.3	323.6023	
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions			X Yes	No
232001 12-1	3-22 LHA For Paperwork Reduction Act Notic	e. see the separate instructions.			Form <b>990</b> (2	2022)

	990 (2022) LYCOMING COUNTY LIBRARY SYSTEM BOARD 23-2863316 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III X
1	Briefly describe the organization's mission: THE LYCOMING COUNTY LIBRARY SYSTEM IS LYCOMING COUNTY'S FREE
	INFORMATION UTILITY, LIFELONG LEARNING CENTER, AND POPULAR MATERIALS
	COLLECTIVE.
	CONTINUED ON SCHEDULE O.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 114,828. including grants of \$ ) (Revenue \$ )
	THE LYCOMING COUNTY LIBRARY SYSTEM RECEIVED AND DISTRIBUTED STATE AID
	AND COUNTY TAX DOLLARS TO MEMBER LIBRARIES TO SUPPORT THEIR OPERATIONAL
	NEEDS IN 2022. THE LYCOMING COUNTY LIBRARY SYSTEM'S PRIMARY SERVICES
	ARE TO PROVIDE GENERAL PUBLIC LIBRARY SERVICES TO 114,014 COUNTY
	RESIDENTS THROUGH THE SIX MEMBER PUBLIC LIBRARIES, AND OUTREACH
	SERVICES TO RESIDENTS THROUGHOUT LYCOMING COUNTY.
	ALL SIX MEMBER LIBRARIES OFFER A SUMMER LEARNING PROGRAM, DESIGNED TO
	ENGAGE STUDENTS AND HELP THEM RETAIN READING SKILLS BETWEEN THE SCHOOL
	YEARS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
1.5	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 114,828.

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
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		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8		<u> </u>
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?			v
40	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а			v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	4.4%		x
	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i>	11b		
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		x
Ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a	х	
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		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		X
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		X
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		X
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? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			L
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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

(gambling) winnings to prize winners?

1c

Form	990 (2022) LYCOMING COUNTY LIBRARY SYSTEM BOARD 23-2863	316	Р	<sub>age</sub> 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 4			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			x
h.	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>4a</u>		
D	If "Yes," enter the name of the foreign country			
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	50 50		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
ou	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
5	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		x
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		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		L
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders <b>11a</b>	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b			
122	amounts due or received from them.) [11b] 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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	100		
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			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
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		x
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			1
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	Form	990	(2022)	)
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#### LYCOMING COUNTY LIBRARY SYSTEM BOARD

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

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X

Sec	tion A. Governing Body and Management				
		~		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	9			
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.				
b	Enter the number of voting members included on line 1a, above, who are independent <b>1b</b>	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		-		v
•	officer, director, trustee, or key employee?	$\vdash$	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		•		x
	of officers, directors, trustees, or key employees to a management company or other person?		3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4 5		X
5			5 6		X
6 70	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or		0		
7a			70		x
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or		7a		- 23
b	persons other than the governing body?		7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7.0		
a	The governing body?		8a	х	
a b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	È			
Ŭ	organization's mailing address? If "Yes." provide the names and addresses on Schedule O		9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	<u>.                                     </u>			
	(mis dection b requests mormation about policies not required by the internal nevertile code.)	-		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	-	10a	X	
	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?	1	l0b	х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	. [1	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		l2b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe				
	on Schedule O how this was done	Ŀ	12c	Х	
13	Did the organization have a written whistleblower policy?	Ŀ	13	Х	
14	Did the organization have a written document retention and destruction policy?	. L	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official	. [1	15a		X
b	Other officers or key employees of the organization		l5b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
	taxable entity during the year?	_ [1	16a		X
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				
<u></u>	exempt status with respect to such arrangements?	1	16b		
	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(	3)s oi	nly) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain on Schedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fi	nanc	al	
00	statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	KRISTIN CARINGI, CFO/COO - (570) 327-2956 19 EAST FOURTH STREET, WILLIAMSPORT, PA 17701-6301				
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)		_ (C)					(D)	(E)	(F)
Name and title	Average	(do		Pos		۱ than d	ane	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer an I	nd a d I	irecto	or/trus T	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization and related
	organizations below	ual tr	tional		n ploye	t com		1099-NEC)		organizations
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) BARBARA MCGARY	5.00				-					
SYSTEM ADMINISTRATOR	38.00			х				0.	121,162.	11,513.
(2) KRISTIN CARINGI	3.00									
CHIEF FINANCIAL OFFICER	38.00			Х				0.	82,926.	3,049.
(3) DIANE ECK	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) CHRISTIE FORESMAN	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) LARRY STOUT	1.00									
TREASURER		Х		Х				0.	0.	0.
(6) BENJAMIN BRIGANDI	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) DIANE SCHNECK	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JOHN CONFER	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
(9) ROSEMARY HOLMES	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) PATRICIA SHIPMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) RICHARD MIRABITO	1.00									
BOARD MEMBER	1.00	х						0.	0.	0.
				-	-					
		1								
		_	_							000

	990 (2022) LYCOMING	COUNTY	ЦΤ	BR	AR	Y S	2.1	EM BOARD	23-2863	316 Page
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees, a	and	Highe	st C	ompensated Employee	es (continued)	
	(A)	(B)			(C			(D)	(E)	(F)
	Name and title	Average			Posi	tion		Reportable	Reportable	Estimated
		hours per				nore thar son is bo		compensation	compensation	amount of
		week				rector/tru		from	from related	other
		(list any	ctor					the	organizations	compensation
		hours for	Individual trustee or director			p		organization	(W-2/1099-MISC/	from the
		related	ee or	stee		nsate		(W-2/1099-MISC/	1099-NEC)	organization
		organizations	trust	al tru		yee om pe		1099-NEC)	,	and related
	hours for related organizations below line) hours for related organizations below line) hours for related organizations below line) hours below below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours below line) hours line) hours below line) hours below line) hours line)									organizations
		line)	Indiv	Instit	Officer	Key e High	Former			
							-			
					_					
					_		_			
					-		-			
					_		_			
1b	Subtotal							0.	204,088.	14,562
								<b>^</b>	0	
С	Total from continuation sheets to Part VI	I, Section A						0.	0.	0
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)							0.	-	
d	Total (add lines 1b and 1c)							0.	204,088.	-
	Total (add lines 1b and 1c) Total number of individuals (including but n							0.	204,088.	14,562
d	Total (add lines 1b and 1c)							0.	204,088.	14,562
_ <u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization	ot limited to the	ose	listec	l ab	ove) w	ho re	0 . ceived more than \$100	204,088. ,000 of reportable	14,562
d	Total (add lines 1b and 1c) Total number of individuals (including but n compensation from the organization Did the organization list any <b>former</b> officer,	ot limited to the	ose ee, k	listec	l ab	ove) w	ho re	0 . cceived more than \$100 hest compensated emp	204,088. ,000 of reportable	14,562
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_d 2 3 4 5 Sec	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization) Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>tion B. Independent Contractors</b> Complete this table for your five highest co the organization. Report compensation for (A)	director, truste uch individual um of reportable 0,000? <i>If "Yes,</i> accrue compen uplete Schedule mpensated ind the calendar ye	ee, k e co satio e <u>J fo</u> eper	ey er mper mple on fro	nplo nsat te S om a ch p t co	ove) w byee, c ion an chedu any un eerson ntracto	ho re or hig d oth le J for relate	0 • cceived more than \$100 hest compensated emp rer compensation from t or such individual ed organization or indivi the organization's tax y (B)	204,088. ,000 of reportable loyee on the organization dual for services \$100,000 of compensa- year.	14,562 Yes No 3 X 4 X 5 X ation from (C)
_d 2 3 4 5 Sec	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization) Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>tion B. Independent Contractors</b> Complete this table for your five highest co the organization. Report compensation for (A)	director, truste uch individual um of reportable 0,000? <i>If "Yes,</i> accrue compen uplete Schedule mpensated ind the calendar ye	ee, k e co satio e <u>J fo</u> eper	ey er mper mple on fro	nplo nsat te S om a ch p t co	ove) w byee, c ion an chedu any un eerson ntracto	ho re or hig d oth le J for relate	0 • cceived more than \$100 hest compensated emp rer compensation from t or such individual ed organization or indivi the organization's tax y (B)	204,088. ,000 of reportable loyee on the organization dual for services \$100,000 of compensa- year.	14,562 Yes No 3 X 4 X 5 X ation from (C)
_d 2 3 4 5 <u>Sec</u> 1 	Total (add lines 1b and 1c) Total number of individuals (including but in compensation from the organization Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>con</i> <b>tion B. Independent Contractors</b> Complete this table for your five highest co the organization. Report compensation for (A) Name and business	ot limited to the director, truste uch individual im of reportable 0,000? <i>If "Yes,</i> accrue compen aplete Schedule mpensated ind the calendar ye address	ee, k ee, k e co satio eper ear e <b>NC</b>	iistec	nplo nsat te S ch p t co g wi	ove) w	ho re	0 • ceived more than \$100 hest compensated emp rer compensation from t or such individual ed organization or indivi- the organization's tax y (B) Description of s	204,088.	14,562 Yes No 3 X 4 X 5 X ation from (C)
_d 2 3 4 5 Sec	Total (add lines 1b and 1c) Total number of individuals (including but no compensation from the organization) Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i> For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i> <b>tion B. Independent Contractors</b> Complete this table for your five highest co the organization. Report compensation for (A)	ot limited to the director, truste uch individual im of reportable 0,000? If "Yes, accrue compen aplete Schedule mpensated ind the calendar yes address	ee, k ee, k e co satio eper ear e <b>NC</b>	iistec	nplo nsat te S ch p t co g wi	ove) w	ho re	0 • ceived more than \$100 hest compensated emp rer compensation from t or such individual ed organization or indivi- the organization's tax y (B) Description of s	204,088.	14,562 Yes No 3 X 4 X 5 X ation from (C)

					UN	TY LIBRAN	RY SYSTEM	BOARD	23-2863	316 Page 9
Pa	rt VII	I Statement of R	even	ue						
		Check if Schedule C	) cont	ains a respo	nse d	or note to any lin		(D)	(2)	
							(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
							Total Tevenue		business revenue	from tax under
										sections 512 - 514
nts nts	1 a	Federated campaigns								
àran our	b									
s, G	с	Fundraising events								
Gift lar	d	Related organizations								
imi	е	Government grants (con	tributi	ions) <b>1e</b>		182,489.				
r in S	f	All other contributions, gifts	s, gran	ts, and						
ibu		similar amounts not include	ed abov			2,649.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included i	n lines	1a-1f <b>1g</b> \$						
an	h	Total. Add lines 1a-1f					185,138	•		
						Business Code				
e	2 a	I								
e rvic	b									
senu	с									
am eve	d									
Program Service Revenue	е									
Ъ	f	All other program service	e reve	nue						
	g	Total. Add lines 2a-2f								
	3	Investment income (inclu	uding	dividends, ir	itere	st, and				
		other similar amounts)					1,552	•		1,552.
	4	Income from investment	of tax	k-exempt bo	nd p	roceeds				
	5	Royalties		<u></u>						
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a							
	b	Less: rental expenses	6b							
	с	Rental income or (loss)	6c							
	d	Net rental income or (los	s) <u></u>							
	7 a	Gross amount from sales o	f	(i) Securit	es	(ii) Other				
		assets other than inventory	7a							
	b	Less: cost or other basis								
ne		and sales expenses								
enue	с	Gain or (loss)	7c							
	d	Net gain or (loss)			. <u></u>					
Other Ro	8 a	Gross income from fundrais	sing ev	vents (not						
đ		including \$		of						
		contributions reported o	n line	1c). See						
		Part IV, line 18			8a					
		Less: direct expenses			8b					
	с	Net income or (loss) from	n fund	Iraising even	ts					
	9 a	Gross income from gam								
		Part IV, line 19			9a					
		Less: direct expenses			9b					
	с	Net income or (loss) from	n gam	ing activities	; <u></u>					
	10 a	Gross sales of inventory	, less	returns						
		and allowances								
	b	Less: cost of goods sold	I		10b					
	с	Net income or (loss) from	n sale	s of inventor	у					
s						Business Code				
Miscellaneous Revenue	11 a	l								
ane	b									ļ
cell	с									ļ
Mis	d	All other revenue								
-	е	Total. Add lines 11a-11c	1	<u></u>					-	
	12	Total revenue. See instruct	tions				186,690	. 0.	0.	1,552.

d

25

26

e All other expenses

Total functional expenses. Add lines 1 through 24e

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here \_\_\_\_\_\_ if following SOP 98-2 (ASC 958-720)

Joint costs. Complete this line only if the organization

Form	990 (2022) LYCOMING COU t IX Statement of Functional Expense	INTY LIBRARY	SYSTEM BOARD	23-28	63316 Pag
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must com	plete column (A).	
	Check if Schedule O contains a response			, , ,	
	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above to disgualified				
č	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	34,320.		34,320.	
8	Pension plan accruals and contributions (include	•		,	
	section 401(k) and 403(b) employer contributions)	1,190.		1,190.	
9	Other employee benefits				
10	Payroll taxes	2,634.		2,634.	
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
с	Accounting	4,725.		4,725.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	10.400		10.000	
13	Office expenses	13,499.	199.	13,300.	
14	Information technology	83,933.	74,376.	9,557.	
15	Royalties				
16		170	170		
17	Travel	178.	178.		
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
20 21	Payments to affiliates				
21	Depreciation, depletion, and amortization	500.	500.		
22 23	Insurance	1,310.		1,310.	
23 24	Other expenses. Itemize expenses not covered	_,0101		_, , , , , , , , , , , , , , , , , , ,	
- 1	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	BOOKS	37,875.	37,875.		
a b	· · · · · · · · · · · · · · · · · · ·	37,875. 1,575.	37,875. 1,575.		

181,864.

114,828.

0.

67,036.

Net

33

LYCOMING (	COUNTY	LIBRARY	SYSTEM	BOARD
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23-2863316 Page 11

		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments		2	292,878.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	42,084.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
Assets	7	Notes and loans receivable, net		7	
set	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	7 001	9	7,045.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D10a10,62Less: accumulated depreciation10b10,62	5.		
	b	Less: accumulated depreciation 10, 62	5. 500.	10c	0.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	336,685.	16	342,007. 1,699.
	17	Accounts payable and accrued expenses	1,203.	17	1,699.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ŝ	22	Loans and other payables to any current or former officer, director,			
litie		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	1,203.	26	1,699.
		Organizations that follow FASB ASC 958, check here			
ces		and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions		27	340,308.
Ba	28	Net assets with donor restrictions		28	
pur		Organizations that do not follow FASB ASC 958, check here			
Vet Assets or Fund Balances		and complete lines 29 through 33.			
0 S	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
t As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	335,482.	32	340,308.

Total net assets or fund balances

Total liabilities and net assets/fund balances

342,007. Form **990** (2022)

336,685. 33

# Form 990 (2022) Part X Balance Sheet

	990 (2022) LYCOMING COUNTY LIBRARY SYSTEM BOARD	23-2	2863316	Pag	<sub>ge</sub> 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5,6	
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,8	
3	Revenue less expenses. Subtract line 2 from line 1	3		1,82	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	335	5,48	82.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	34(	),3	08.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		Ĺ

Form **990** (2022)

SCHE	DULE A		Dublic Cho	rity Status an		lia Su	innort		OMB No. 1545-0047
(Form §	990)			rity Status an nization is a section 501					2022
				47(a)(1) nonexempt cha					2022
	t of the Treasury /enue Service			ttach to Form 990 or Fo			ormotion		Open to Public Inspection
Name o	f the organizati		Go to www.irs.gov/	Form990 for instruction	is and the	atest m	ormation.	Employer	identification number
i taine e	i the eligenization		MING COUNT	Y LIBRARY SY	STEM H	BOARD			3-2863316
Part I	Reason	for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	s. –	0 1000010
The orga				For lines 1 through 12, c					
1	7			on of churches described			I)(A)(i).		
2	A school dese	cribed in <b>sect</b>	ion 170(b)(1)(A)(ii).(	Attach Schedule E (Forn	n 990).)				
3	A hospital or	a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).		
4	A medical res	earch organiz	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
	city, and state	-							
5		-		llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
c 🗆	7		Complete Part II.)	e e stal u unit els e suile s el in		70/1-\/4\/A\	()		
ο 7 X	7	-	-	nental unit described in ntial part of its support fi				ne general r	ublic described in
/ [1]	0		complete Part II.)	Initial part of its support in	on a gove	minentai		le general j	
8	<b>-</b>			(1)(A)(vi). (Complete Par	t II.)				
9	- ·			in section 170(b)(1)(A)(		ed in conju	inction with a	land-grant	college
	-	-	-	ulture (see instructions).		-		-	-
	university:								
10	An organizati	on that norma	ally receives (1) more	than 33 1/3% of its supp	oort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
	activities relat	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support f	rom gross investment
				(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	fter June 30, 1975.
	7		mplete Part III.)						
11	7 -	•	-	ively to test for public sa	•			way out the	numpeopo of one or
12	-	•	-	ively for the benefit of, to d in section 509(a)(1) o	-			•	
			-	f supporting organization					
a		-		upervised, or controlled				-	aivina
			-	gularly appoint or elect a	• • • •	-			
		•	complete Part IV, Se						
b [	<b>Type II.</b> A s	upporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organizatio	n(s), by hav	ing
		-		anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
_			st complete Part IV,						
c				g organization operated				ly integrate	d with,
. г		0	. , .	). You must complete I					
d L		-		porting organization oper ation generally must sat				•	. ,
		•	0	nplete Part IV, Sections	•		•	anallenin	eness
e				written determination fro				II. Type III	
				nally integrated supporti			· )  ·, · )	,	
f Er	ter the number								
g Pr			n about the supporte	d organization(s).					
	(i) Name of suppo organization		(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount o support (see ir	,	(vi) Amount of other support (see instructions)
	organization			above (see instructions))	Yes	No	support (see in	istructions	
			1		1	i i	1		

Total

# Schedule A (Form 990) 2022 LYCOMING COUNTY LIBRARY SYSTEM BOARD 23-2863316 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	215,002.	184,124.	139,088.	143,253.	185,138.	866,605.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	215,002.	184,124.	139,088.	143,253.	185,138.	866,605.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						866,605.
	ction B. Total Support				L		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	215,002.	184,124.	139,088.	143,253.	185,138.	866,605.
		-	-	-	-	-	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,530.	5,489.	7,509.	1,047.	1,552.	17,127.
9	Net income from unrelated business			,		,	/
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	50.		112.			162.
11	<b>Total support.</b> Add lines 7 through 10						<u>162.</u> 883,894.
	Gross receipts from related activities,	etc. (see instructio	ne)			12	000,0010
	First 5 years. If the Form 990 is for th			ourth or fifth tax y	vear as a section 5		
10	organization, check this box and <b>stor</b>	0					
Sec	ction C. Computation of Publi						
	Public support percentage for 2022 (I			olumn (f))		14	98.04 %
	Public support percentage from 2021					15	98.13 %
	<b>33 1/3% support test - 2022.</b> If the o						
	stop here. The organization qualifies						V
b	<b>33 1/3% support test - 2021.</b> If the c		-				
~	and <b>stop here.</b> The organization qual			1			
<b>1</b> 7a	10% -facts-and-circumstances test		•••			ind line 14 is 10% (	
	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances test	-		• • • •		7a and line 15 is <sup>.</sup>	
Ň	more, and if the organization meets th	0					
	organization meets the facts-and-circu						
10							
10	Private foundation. If the organization	IT UIU HOL CHECK a		a, 100, 178, 01 170	, check this box a	iu see instructions	•

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022	LYCOMING	COUNTY	LIBRARY	SYSTEM	BOARD	23-2863316	Page 3
Part III Support Schedule fo	r Organizatior	ns Describe	ed in Sectior	i 509(a)(2)			

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)
Section A. Public Support

000							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
~	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf					-	
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		1				1
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organizatio	on,
_	check this box and stop here						
	ction C. Computation of Publi					1 1	
	Public support percentage for 2022 (			column (f))		15	%
-	Public support percentage from 2021					16	%
	ction D. Computation of Inves					1 1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
<b>1</b> 9a	1 33 1/3% support tests - 2022. If the	organization did n	ot check the box of	on line 14, and line	e 15 is more than 3	33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ation	
b	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check th	his box and see in:	structions	

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

Schedule A (Form 990) 2022

#### LYCOMING COUNTY LIBRARY SYSTEM BOARD 23-2863316 Page 5 Schedule A (Form 990) 2022

Pa	Supporting Organizations (continued)		
		Ye	es 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? 11	1	
b	A family member of a person described on line 11a above? 11	,	
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11	;	
Sec	tion B. Type I Supporting Organizations		

			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			1
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	

	bonted organ	11Zalio(113).	
Section D	. All Type	<b>III Supporting</b>	Organizations

			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).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

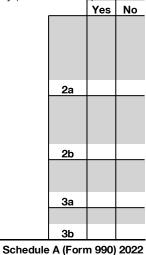
#### Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	- vear	(see instructions).
-	Oneon the box next to the method that the organization used to satisfy the integral r art rest during the	s your	(

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

с		The organization supp	oorted a governme	ntal entity. Des	ribe in Part VI /	low you su	pported a	governmental entity	(see instructions	s).
---	--	-----------------------	-------------------	------------------	-------------------	------------	-----------	---------------------	-------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each b of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.



No

2

Yes No

	dule A (Form 990) 2022 LYCOMING COUNTY LIBRAR			23-2863316 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting o	rganization (see

instructions).

Schedule A (Form 990) 2022

# Schedule A (Form 990) 2022 LYCOMING COUNTY LIBRARY SYSTEM BOARD 2 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

				ieu)	
<u>Sect</u>	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.	C I		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ıs	Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8					
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

<ul> <li>Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)</li> <li>SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:</li> <li>OTHER INCOME</li> <li>2018 AMOUNT: \$ 50.</li> <li>2020 AMOUNT: \$ 112.</li> </ul>
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2018 AMOUNT: \$ 50.
OTHER INCOME 2018 AMOUNT: \$ 50.
2018 AMOUNT: \$ 50.
2020 AMOUNT: \$ 112.

### Schedule B

#### (Form 990)

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Fi

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Department of the Treasury Internal Revenue Service

#### Name of the organization

\*\* PUBLIC DISCLOSURE COPY

## Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

BOARD

OMB No. 1545-0047

Employer identification number

23-2863316

	LYCOMING	COUNTY	LIBRARY	SYSTEM
rganization type (che	eck one):			
lers of:	Section:			
orm 990 or 990-EZ	X 501(c)	( 3) (enter	number) organiz	ation

	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private 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.

#### **General Rule**

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)



223451 11-15-22

Schedule B (Form 990) (2022)	
Name of organization	

LYCOMING	COUNTY	LIBRARY	SYSTEM	BOARD	
----------	--------	---------	--------	-------	--

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>133,452.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$42,084.	Person X 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.	(b) Name, address, and ZIP + 4	(c) Total 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 On 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.)

Employer identification number

23-2863316

(a)

No.

from

Part I

(a)

No.

from

Part I

Name of orga	Inization		
	IG COUNTY LIBRARY SYSTEM BOARD Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is neede	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	te)
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estima (See instruction	

(b)

(b)

Employer identification number

(d)

Date received

(d)

Date received

(d)

Date received

(d)

Date received

23-2863316

# (c) (d) FMV (or estimate) Date received (See instructions.) \$ (c) (d) FMV (or estimate) **Date received** (See instructions.) \$ Schedule B (Form 990) (2022)

Description of noncash property given Description of noncash property given

Schedule	B (Form 990) (2022)			Page 4				
Name of c	organization			Employer identification number				
LYCOM	ING COUNTY LIBRARY SYST	EM BOARD		23-2863316				
Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of	ons to organizations described in se through (e) and the following line ent charitable, etc., contributions of \$1,000 or I	ry. For organizations	hat total more than \$1,000 for the year				
(a) No.	Use duplicate copies of Part III if additional s	space is needed.						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held				
		(e) Transfer of gif	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee				

Department of the Treasury Internal Revenue Service

(Form	990)
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232051 09-01-22

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.



Name of the organization

LYCOMING COUNTY LIBRARY SYSTEM BOARD

Employer identification number 23-2863316

Pa	rt I Organizations Maintaining Donor Advised	d Funds or Other Sir	nilar Funds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.		
		(a) Donor advised	funds (	<b>b)</b> Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	-		
	are the organization's property, subject to the organization's of	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that gran	t funds can be used o	nly
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any	other purpose conferr	
Dee	impermissible private benefit?			
Pa			on Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	· · · · · ·		
	Preservation of land for public use (for example, recreat			prically important land area
	Protection of natural habitat		Preservation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribut	ion in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
a				2a
b				2b
C.	Number of conservation easements on a certified historic stru			2c
d	Number of conservation easements included in (c) acquired a			
•				2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or ter	minated by the organi	zation during the tax
	year	annant is la sate d		
4	Number of states where property subject to conservation eas		n handling of	
5	Does the organization have a written policy regarding the per violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		enforcing conservatio	
U		narialing of violations, and	chloroling conscivatio	are asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations and enfo	rcing conservation eas	sements during the year
•		ing of violatione, and offic	in the second	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(h)(4)(B)	(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn		•	
	organization's accounting for conservation easements.	C C		
Pa	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its rever	ue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, o	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	icial statements that descr	ibes these items.	
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue s	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or r	esearch in furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB A	SC 958 relating to these it	ems:	
а	Revenue included on Form 990, Part VIII, line 1			\$
b	Assets included in Form 990, Part X			\$
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Schedule D (Form 990) 2022

		G COUNTY L						23-28			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Histo	rical Tre	asures, or	<sup>r</sup> Other	<sup>•</sup> Similar	Assets	contii	nued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check a	any of the f	ollowing that	make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c			hange progra						
b	Scholarly research	e	• 🗌 o	other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how the	y further th	e organizatio	n's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of								_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the o	organizatio	n answered "	Yes" on	Form 990,	Part IV,	ine 9, or		
1a	Is the organization an agent, trustee, custodi								7.2		٦
	on Form 990, Part X?							∟	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the to	llowing tai	ble:					Amoun	+	
	De sienie a balance								Amoun	ι	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete										
	Complete	(a) Current year		ior year	(c) Two year		(d) Three ye	ears back	(e) Fou	vears	back
1a	Beginning of year balance			,			( )			,	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
•	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1a,	column (a)	) held as:	<b>-</b>					
а	Board designated or quasi-endowment		%	( )	,						
	Permanent endowment	%									
		%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that	are held ar	d administer	ed for th	е				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fui	nds.							
Par	, <b>3</b> , 11										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV,	line 11a. S	ee Form 990,	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or c basis (investr		.,	or other (other)	• •	ccumulated preciation	d	(d) Boo	k valu	e
1a	Land										
	Buildings										
с	Leasehold improvements										
d	Equipment			1	0,625.		10,62	5.			0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. columr</u>	<u>1 (B). line 1</u>	<u>)c.)</u>						0.
									D / C	- 000	0000

Schedule D (Form 990) 2022

Part VII	Investments - Other Securities. Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 000 Part X line 12	
(a) Descrip	tion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
	al derivatives			,
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Part VIII	b) must equal Form 990, Part X, col. (B) line 12.)			
	Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-vear market value
(1)		.,		,
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	n Fauna 000 David IV/ lines		
	Complete if the organization answered "Yes" o	Description	TTd. See Form 990, Part X, line 15.	(b) Book value
(4)	(d) L			(b) DOOK value
<u>(1)</u> (2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	ımn (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	leral income taxes			
(2)				
(3)				
(4)				
(5)				
(6) (7)				
(8)				
(9)				
	ımn (b) must equal Form 990, Part X, col. (B) line :	25)		
	(2) made oquar i onn ood, i are A, coi. (D) inte i			

LYCOMING COUNTY LIBRARY SYSTEM BOARD

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

X

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Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 LYCOMING COUNTY LIBRARY	SYSTEM BOARD	23-28	63316 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenue p		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	186,690.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	186,690.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	186,690.
Pa	t XII Reconciliation of Expenses per Audited Financial Stat	ements With Expenses	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line			
1	Total expenses and losses per audited financial statements		1	181,864.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	181,864.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i i		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	)		181,864.
Pa	rt XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

## PART X, LINE 2:

THE	SYSTEM	I ACCOU	JNTS F	OR UNC	ERTAIN	TY IN	INCOME	TAXES	USINC	G A R	ECOGNI	TION	
THR	ESHOLD	OF MOF	RE-LIK	ELY-TH	IAN NOT	TO BE	SUSTA	INED UE	PON EX	XAMIN	IATION	BY TH	E
APP	ROPRIAT	E TAX	ING AU	THORIT	Y. MEA	SUREME	NT OF	ТНЕ ТАХ	UNCI	ERTAI	NTY OC	CURS	IF
THE	RECOGN	ITION	THRES	HOLD ]	S MET.	MANAG	EMENT	DETERMI	NED 1	ГНАТ	THERE	WERE 1	NO
<u>TAX</u>	UNCERI	AINTIE	ES THA	T MET	THE RE	COGNIT	ION TH	RESHOLI	D IN 2	2022	OR 202	21.	

Schedule D (Form 990) 2022

SCHEDULE O (Form 990) Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



23-2863316

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BEGINNING AS THE PRESCHOOLER'S "DOOR TO LEARNING", OUR LIBRARIES

PROVIDE A FRIENDLY ENVIRONMENT IN WHICH CHILDREN, YOUNG ADULTS, AND

LYCOMING COUNTY LIBRARY SYSTEM BOARD

ADULTS CAN FIND THE MATERIALS AND SERVICES THEY NEED TO ENHANCE THEIR

PERSONAL AND WORKING LIVES.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED IN DETAIL BY THE CFO AND THEN PROVIDED TO ALL

TRUSTEES FOR THEIR REVIEW AND APPROVAL PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS AND THE EXECUTIVE DIRECTOR ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM ANNUALLY. THE FORMS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND SECRETARY. THERE WERE NO CONFLICTS NOTED IN THE CURRENT YEAR THAT WOULD REQUIRE ANY ACTION.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR AND OTHER SALARIES ARE PART OF A SALARY ADMINISTRATION PLAN CONDUCTED BY AN OUTSIDE CONSULTANT WHO COMPARES COMPARABLE POSITION SALARIES LOCALLY AND STATEWIDE. THE STATE LIBRARY PROVIDES SALARY FIGURES FOR CEO'S ACROSS THE STATE. THE SALARY ADMINSTRATION PLAN WAS UPDATED IN 2009. THE JAMES V. BROWN LIBRARY (RELATED PARTY) BOARD REVIEWS AND APPROVES ANNUAL SALARY RAISES AS PART OF THE BUDGET PROCESS EACH YEAR TO ENSURE THAT COMPENSATION DOES NOT EXCEED FAIR MARKET VALUE. REVIEW AND APPROVAL PROCESS IS DOCUMENTED VIA BOARD MINUTES.

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
LYCOMING COUNTY LIBRARY SYSTEM BOARD	23-2863316
FORM 990, PART VI, SECTION C, LINE 19:	
FINANCIAL STATEMENTS AND MOST RECENT FORM 990 ARE POSTED O	N OUR WEBSITE.
GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY AR	E AVAILABLE FOR
PUBLIC REVIEW UPON REQUEST.	
FORM 990, PART V, LINE 2A:	
ALL INDIVIDUALS WORKING AT THE LYCOMING COUNTY LIBRARY SYS	TEM BOARD
(THE "BOARD") ARE EMPLOYEES OF JAMES V. BROWN LIBRARY ("JVI	3") AND ARE
REPORTED ON ITS FORM 941 UNDER EIN 24-0799180. THE SALARY A	AND BENEFIT
EXPENSE REPORTED ON FORM 990, PART IX ARE THE BOARD'S ALLO	CATED PAYROLL
COSTS BASED ON TIME SPENT BY THE SHARED EMPLOYEES. JVB IS A	AN AFFILIATED
TAX-EXEMPT ORGANIZATION AND IS CONSIDERED A COMMON PAY AGE	VT FOR W-2
REPORTING.	

SCH	<b>IEDULE</b> R
	1

#### (Form 990)

### **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.

OMB No. 1545-0047

2022 Open to Public Inspection

Employer identification number

23-2863316

Department of the Treasury Internal Revenue Service

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

Name of the organization

#### LYCOMING COUNTY LIBRARY SYSTEM BOARD

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling 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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>3)</b> 12(b)(13) olled ity?
				501(c)(3))		Yes	No
JAMES V. BROWN LIBRARY OF WILLIAMSPORT AND						1	
LYCOMING COUNTY - 24-0799180, 19 EAST FOURTH						i	
STREET, WILLIAMSPORT, PA 17701	PUBLIC LIBRARY	PENNSYLVANIA	501(C)(3)	LINE 7	N/A	1	Х
	-						
	-						

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

Schedule R (Form 990) 2022

#### Schedule R (Form 990) 2022 LYCOMING COUNTY LIBRARY SYSTEM BOARD

23-2863316 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.

organizationo troated do a pa		,										
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)		i)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate itions?	Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes		
	]											
	1											
	-											
	-											
	-											
	{											
	4											

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.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	<b>(e)</b> Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	(i Sec 512(b contr enti	i) ;tion b)(13) rolled tity?
		country)						Yes	
								$\vdash$	<u> </u>
								$\vdash$	├──
								$\vdash$	<u> </u>
								$\vdash$	<u> </u>
		1				1		1 1	

#### Schedule R (Form 990) 2022 LYCOMING COUNTY LIBRARY SYSTEM BOARD

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х
	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		Х
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X	L
	Performance of services or membership or fundraising solicitations for related organization(s)	11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	L
o	Sharing of paid employees with related organization(s)	10	X	L
р	Reimbursement paid to related organization(s) for expenses	1p		X
	Reimbursement paid by related organization(s) for expenses	1q		X
r	Other transfer of cash or property to related organization(s)	1r		X
s	Other transfer of cash or property from related organization(s)	1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			

	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1)				
(2)				
<u>(3)</u>				
<u>(4)</u>				
<u>(5)</u>				
_(6)				

#### Schedule R (Form 990) 2022 LYCOMING COUNTY LIBRARY SYSTEM BOARD

#### 23-2863316 Page 4

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(-)	(1-)	(-)	(-1)	10		(4)	()		- <b>\</b>	(1)	(1)	(1.)
(a)	(b)	(c)	(d)	(e) Are a	<b>i</b> ll	(f)	(g)		h)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c) orgs.	s sec. (3)	Share of total	Share of end-of-year	tio	ropor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managin	
of entity		country)	excluded from tax under	orgs.		income			tions?	of Schedule K-1	partner?	
		country)	sections 512-514)	Yes I	No	Income	255615	Yes	No	(Form 1065)	Yes No	·
				+	-+							+
												L
												<b> </b>

Schedule R (Form 990) 2022

Schedule R (Fo	orm 990) 2022
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## Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.