Return of Organization Exempt From Income Tax

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

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A	For the 20	21 calendar year, or tax year beginning	, and ending			1	
В	Check if applicat					D Employer	dentification number
	Address change	Bucks Count	y Free Library		nitibs - V		A
	Name change	Doing business as		B 11	1		520310
		Number and street (or P.O. box if mail is not delivered to	o street address)	A P	Room/suite	E Telephone	9 number 3 4 8 - 0 3 3 2
Ш	Initial return	150 Pine Street	law postal code	-27 To	- 17	213-	J=0-UJJZ
	Final return/ terminated	City or town, state or province, country, and ZIP or fore	The state of the s	J 🔌			0.050.670
\exists			A 18901-4931			G Gross rece	eipts\$ 9,959,670
Ш	Amended return	F Name and address of principal officer:			H(a) le thie a m	oun return for su	ubordinates? Yes X No
	Application pend	Martina Kominiarek			riger is unsayi	oup roturn for 50	
		150 South Pine Stree	t			bordinates inclu	
		Doylestown	PA 18901		If "No	," attach a list.	See instructions
	Tax-exempt sta	TZZ		27			
-	Website:	www.buckslib.org			H(c) Group ex	emption number	
K			Other ►	1 Yes	ar of formation:		M State of legal domicile: PA
22724	Form of organiz		Other	12 100	a or tormotion.		III Olde or logic or mane.
	art I	Summary	- Maria - Aliabia				
	1 Brief	describe the organization's mission or most sig	initicant activities:		ination	of 211	
ဗ္ဗ	To	provide materials and servi	ces to stimulate the	e imag.	Inacton	OI all	**********
Jan		brary users with programs ar	nd materials for plea	surab.	readi	ng, vie	ewilld.
err		d listening experiences.					
Š	2 Chec	this box ▶ ☐ if the organization discontinued	its operations or disposed of more	e than 25%	6 of its net as	sets.	_
Activities & Governance		per of voting members of the governing body (Pa				1 - 1	5
Se		per of independent voting members of the govern					5
ij		number of individuals employed in calendar yea					143
妄		number of volunteers (estimate if necessary)				6	61
Ă		unrelated business revenue from Part VIII, colu	mn (C) line 12				0
						7b	0
_	b Net L	nrelated business taxable income from Form 99	0-1, Part I, line 11		Prior Ye		Current Year
	O Cont	ibutions and grants (Part VIII line 1h)				8,869	8,382,263
ne	1					4,210	224,689
e		am service revenue (Part VIII, line 2g)	****				677,427
Revenue		tment income (Part VIII, column (A), lines 3, 4, a			90	9,953	
-		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9			11 00	140	1,610
	12 Total	revenue – add lines 8 through 11 (must equal P	art VIII, column (A), line 12)			3,172	9,285,989
	13 Gran	s and similar amounts paid (Part IX, column (A)	, lines 1–3)		48	5,435	199,885
	14 Bene	fits paid to or for members (Part IX, column (A),	line 4)				0
s	15 Salai	es, other compensation, employee benefits (Pa	rt IX, column (A), lines 5-10)	1140000	4,93	6,901	4,556,525
Se		ssional fundraising fees (Part IX, column (A), lin					0
Expenses	b Total	fundraising expenses (Part IX, column (D), line	25) ▶ 0				
Ξ		expenses (Part IX, column (A), lines 11a-11d,		WILLIAM I	4.39	0,815	4,663,281
		expenses. Add lines 13–17 (must equal Part IX,	하시아이에게 하이하게 많은 사람들은 사이 사가 가지 말을 보였다.	-		3,151	9,419,691
		·		-		0,021	-133,702
<u> </u>	I IS Keve	nue less expenses. Subtract line 18 from line 12	******************************		Beginning of C		End of Year
Net Assets or	20 Total	assets (Part X, line 16)				5,136	22,091,549
SSE	20 Total	TOTAL CONTRACTOR OF THE CONTRA		-		7,014	618,431
e le	21 Total	A	- 20			8,122	21,473,118
		ssets or fund balances. Subtract line 21 from lin	e 20 ,		20,25	0,122	21,110,110
	art II	Signature Block					11 6 6 212
U	Inder penaltie	s of perjury, I declare that I have examined this return,	including accompanying schedules an	id statemer	its, and to the	best of my Kn	nowleage and belief, it is
tr	ue, correct, a	nd complete. Declaration of preparer (other than office	r) is based on all information of which p	preparer na	is any knowled	ige.	
Sig	gn 📗	Signature of officer				Date	
	re 👠	Martina Kominiarek	C	EO			
		Type or print name and title	<u> </u>				
-	Prin	/Type preparer's name	Preparer's signature		Date	Check	if PTIN
Pai		" ' '	ynthia Bergvall, CPA		05/1	6/22 self-em	ployed P00133440
	CAI	D D D	Co.			Firm's EIN	23-2749044
	e Only					THE CHY	20 2/10011
USI		PO Box 754	10076 0754				215-343-2727
_		's address > Warrington, PA	18976-0754			Phone no.	
Ma	v the IRS di	scuss this return with the preparer shown above	2 See instructions				X Yes No

Form	m 990 (2021) Bucks County Free Library 23-1520310	Page Z
Pa	art III Statement of Program Service Accomplishments	
111711171	Check if Schedule O contains a response or note to any line in this Part III	
1		
	Dieny describe the organizations and convigence to stimulate the imagination (of all
Τ.	To provide materials and services to stimulate the imagination of)
1	library users with programs and materials for pleasurable readir	ng, viewing
	and listening experiences.	
-		
-		
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	* The state of the
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	[T]
	services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4		
	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.	
	the total experience, and resemble and resem	
	7 000 400	224 689 1
4a	a (Code:) (Expenses \$ 7,869,402 including grants of \$ 199,885) (Revenue \$	224,009)
L	Library Programs - to provide library service, books, databases,	, and
_	audio/visual products to the patrons of Bucks County. The Count	ty of Bucks
d	audio/visual products to the patrons of bucks county. The county	cy or having
р	orovides six library sites free of rent charges. The Pierce Lib	orary
Δ	Association provides the Samuel Pierce Branch Library site at an	n annual
7.3	and the state of t	or the year
r	rent of \$1. The corresponding in-kind contributions received for	or clie Aear
r	reflected in these financial statements consists of \$441,000 in	donated
	facilities.	***
	LACTITUTES.	
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4h	(Code:) (Expenses \$ 648,473 including grants of \$) (Revenue \$)
4b	o (Code:) (Expenses \$ 648,473 including grants of \$) (Revenue \$	y services
	o (Code:)(Expenses \$ 648,473 including grants of \$) (Revenue \$ Technology Services - To provide computer and various technology	y services
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t	to the public	
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4c N	to the public c (Code:)(Expenses \$ including grants of \$) (Revenue \$)	
4c N	to the public c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A d Other program services (Describe on Schedule O.)	
4c N	to the public c (Code:) (Expenses \$ including grants of \$) (Revenue \$ N/A d Other program services (Describe on Schedule O.)	

Form 990 (2021) Bucks County Free Library 23-1520310 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ election in effect during the tax year? If "Yes," complete Schedule C, Part II 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 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 6 "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a complete Schedule D, Part VI b Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more 11c of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate 14b X foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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

Form 990 (2021) Bucks County Free Library
Part IV Checklist of Required Schedules (continued)

11117111			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			20
	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		v	
	employees? If "Yes," complete Schedule J	23	Χ	
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	240		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		
	to defease any tax-exempt bonds?	24d		_
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	ETT ZTU		_
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			- **
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Χ
26	If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	ervx ====		
26	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	5.670		
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			١,,
	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,"			37
	complete Schedule N, Part II	32	-	Х
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,	34	X	
	or IV, and Part V, line 1		Λ	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	25
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35b		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	330		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	36		X
27	related organization? If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
20	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	eneral -		
38	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
p	art 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	nany and each and each of the		
-	CHACK II COLLOGIA C. COLLOGIA C. LOCA C. LOCA C.	74.44442	Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to prize winners?	1c	X	

	330 (2021) Edecks Country Fire Description of Country				Van	No
	rt V Statements Regarding Other IRS Filings and Tax Compliance (continu	uea)			Yes	No I
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	,	143	*********		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	143	2b	Χ	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns to the second of t			2 ZD	Λ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions	5.		3a	aiiiiiiii	Х
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3b		- 1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule					1
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a			4a		X
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int):	44 4a		27
b	If "Yes," enter the name of the foreign country	Locour	to (ERAD)	**		
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ACCOUNT	IS (FDAR)	5a	200000000	Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	allOll?		5c		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			** 30		1
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	E		6a		X
	organization solicit any contributions that were not tax deductible as charitable contributions?	ne or		· · · · · ·		1.5
b		115 01		6b		
_	gifts were not tax deductible?					
7	Organizations that may receive deductible contributions under section 170(c).	aboote				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good and	joods		7a		
	and services provided to the payor?	****		7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		0.4446.000.000.000.000.000.000.000.000			1
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	15		7c		
	required to file Form 8282?	7d	***********	** / / /		
d	If "Yes," indicate the number of Forms 8282 filed during the year		2	7e		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			7f		\vdash
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control of the organization received a contribution of qualified intellectual property, did the organization file Fo		20 as required?	7g		\vdash
g	If the organization received a contribution of qualified intellectual property, and the organization file in the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.			7h		
h	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine					1
8	sponsoring organizations maintaining donor advised tunds. Did a donor advised tund maintaine sponsoring organization have excess business holdings at any time during the year?	u by ti		8	1	
0				• •		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?			9a	1	
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		1
b 40	Section 501(c)(7) organizations. Enter:					
10	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b 44		100				
11 a	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
-	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources					
b		11b				
12a	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	1 II			13a		
и	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С		13c				
14a	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?		100 D 00 D 00 D	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					T
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	SSSSS-8		M620		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.		ARTERIOR STREET	ST 251		
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	1				
••	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		en's persy actoring as will also and the account of the con-	17		
	If "Yes," complete Form 6069	Correction				

23-1520310 Form 990 (2021) Bucks County Free Library Page 6 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. Check if Schedule O contains a response or note to any line in this Part VI Section 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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 1b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b X affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?

11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	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?	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			1
	organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed N

- 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 only) available 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)
- Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- State the name, address, and telephone number of the person who possesses the organization's books and records >

John J. Doran III

150 South Pine Street

PA 18901

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 instructions for definition of "key employee."
- 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.

(list any hours for related organizations below dotted line) (1) Constance Moore President 0.00 X X X 0 0 0 (2) Jonathan W. Panofsky 1.00	ion and inizations
President 0.00 X X 0 0 0 (2) Jonathan W. Panofsky 1.00	723
President 0.00 X X 0 0 0 (2) Jonathan W. Panofsky 1.00	200
1.00	X-0
	200
Vice President 0.00 X X X 0	0
(3) Richard D. Rogers	
1.00	0
(4) Anthony Bush	
1.00 X 0 0 0	0
(5) Huldah (Beth) Taylor	
Trustee 0.00 X 0 0	0
(6) Martina Kominiarek	
CEO 0.00 X 160,329 0	24,420
(7) John J. Doran III	
CFO 0.00 X 102,154 0	7,153
(8) Joseph Thompson	
COO 0.00 X 98,312 0	19,901
(9) Pam Riley	
40.00 X 68,997 0	18,026
(10)	
(11)	

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	
Name and title Aver		(C) Position (do not check more than of box, unless person is both officer and a director/trusty per week					is both r/trust	n an Reportable tee) compensation from the		(E) Reportable compensation from related	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
	CONTROL CONTROL NAME AND ADDRESS OF THE PARTY OF THE PART										
	(A										
47.496.00		******									
17.6.4.6											
	iikskiiniussaanseamateetes										
									400 700		60 506
1b c	Subtotal Total from continuation she							>	429,792		69,500
<u>d</u>	Total (add lines 1b and 1c) Total number of individuals (in							hov	429,792		69,500
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organization and related organization and related organization line 1 for services rendered to the organization that is not services rendered to the organization from the organization and related on line 1 for services rendered to the organization from the organization fr	ormer officer, direction of the second of th	ecto dule of re thar	r, tru J for port \$15	stee suc able 50,00	, key h ind com 00? I	y emplividum emplems e	ploy ual sations," of	ree, or highest compensate on and other compensation complete Schedule J for su	d from the <i>ich</i> r individual	3 X 4 X 5 X
	ion B. Independent Contractor Complete this table for your fix			tod	indo		lont (nont	ernators that received more	than \$100,000 of	
1	compensation from the organi	zation. Report co	omp	ensa	tion	for t	he ca	alen	dar year ending with or with	nin the organization's tax ye	ear.
	Name and	(A) business address						L	Descrip	(B) otion of services	(C) Compensation
	Total number of independent	contractors (inclu	ıdino	but	not	limit	ed to	the	ose listed above) who		
DAA	received more than \$100,000	of compensation	fror	n the	e org	aniz	ation	>		0	Form 990 (2021

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt (C) (D) (A) Revenue excluded Unrelated Total revenue from tax under sections 512-514 business revenue function revenue Contributions, Gifts, Grants and Other Similar Amounts 1a 1a Federated campaigns b Membership dues 1b c Fundraising events 10 d Related organizations 1d 7,954,509 e Government grants (contributions) 1e f All other contributions, gifts, grants, 427,754 1f and similar amounts not included above g Noncash contributions included in lines 1a-1f 1a |\$ 8,382,263 • h Total. Add lines 1a-1f. **Business Code** 157,057 157,057 519100 2a Fines Program Service 49,602 49,602 519100 b Copy/Printer income 12,556 12,556 519100 Book sales 5,276 519100 5,276 Lost and damaged material 198 519100 198 Meeting room income f All other program service revenue 224,689 q Total. Add lines 2a-2f Investment income (including dividends, interest, and 564,891 564,891 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a 6a Gross rents **b** Less: rental expenses 6b c Rental inc. or (loss) 6с d Net rental income or (loss) 7a Gross amount from (ii) Other (i) Securities sales of assets 11,000 775,217 7a other than inventory Revenue b Less: cost or other 5,490 668,191 basis and sales exps. 7b 5,510 107,026 c Gain or (loss) 7c 112,536 Other 112,536 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 Яa b Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ **Business Code** 519100 1,085 1,085 Vending machine income 525 525 Miscellaneous income d All other revenue ,610 Total. Add lines 11a-11d 677,427 226,299 9,285,989 Total revenue. See instructions

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) (A) (B) Program service Do not include amounts reported on lines 6b, 7b, Total expenses Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations 199,885 and domestic governments. See Part IV, line 21 199,885 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 421,223 78,069 499,292 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 476,199 3,262,776 2,786,577 Other salaries and wages Pension plan accruals and contributions (include 14,558 74,644 60,086 section 401(k) and 403(b) employer contributions) 78,903 404,575 325,672 Other employee benefits 315,238 240,204 75,034 Payroll taxes 10 Fees for services (nonemployees): a Management 23;166 23,166 Legal 52,126 52,126 c Accounting Professional fundraising services. See Part IV, line 17 48.372 Investment management fees 48,372 f Other. (If line 11g amount exceeds 10% of line 25, column 4,835 100,223 95,388 (A) amount, list line 11g expenses on Schedule O.) 3,607 10,638 7,031 Advertising and promotion 12 363,409 18,207 381,616 Office expenses 13 524,411 7,664 Information technology 532,075 14 Royalties 15 634,111 634,111 Occupancy 16 154 26,290 26,136 Travel 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,936 16,404 11.468 Conferences, conventions, and meetings 19 20 Payments to affiliates 285,451 285,451 Depreciation, depletion, and amortization 22 4,919 25.123 20,204 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 1,402,201 1,402,201 Program materials 11,067 88,923 77,856 Dues and memberships 36,562 36,562 Subscriptions e All other expenses 0 8,517,875 901,816 9,419,691 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ following SOP 98-2 (ASC 958-720)

Form 990 (2021) Bucks County Free Library

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash—non-interest-bearing 2,128,561 1,796,958 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 266,419 Accounts receivable, net 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 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 10a 10b basis. Complete Part VI of Schedule D 3,320,713 b Less: accumulated depreciation 15,269,443 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 15 15 Other assets. See Part IV, line 11 20,985,136 22,091,549 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 687,014 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 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 431 687,014 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here ▶ 🔀 Assets or Fund Balances and complete lines 27, 28, 32, and 33. 12,767,786 14,014,215 Net assets without donor restrictions 27 7,458,903 7,530,336 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 20,298,122 21,473,118 32 Total net assets or fund balances 32 22,091,549 20,985,136 Total liabilities and net assets/fund balances

Form 990 (2021)

LOLL	1990 (2021) Ducks Country Free Hibrary				4
Pa	rt XI Reconciliation of Net Assets				
000007.23	Check if Schedule O contains a response or note to any line in this Part XI				حليا
1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,2		
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,4		
3	Revenue less expenses. Subtract line 2 from line 1	3			702
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,2		
5	Net unrealized gains (losses) on investments	5	1,3	08,	<u>698</u>
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	21,4	73,	<u>118</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				\Box
			-	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 O.				
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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	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 audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on	212222110			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Single Audit Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	entencia de la composición de la compo	3b		

SCHEDULE A (Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

Open to Public Inspection

Name of the organization

Part I

Bucks County Free Library

Employer identification number 23-1520310

The	orga			e it is: (For lines 1 through 12,							
1	Ц			ociation of churches described		n 170(b)(1)	(A)(i).				
2	\sqcup			A)(ii). (Attach Schedule E (For							
3				ce organization described in s e							
4		A medical res	search organization operated	d in conjunction with a hospital	described	in section	170(b)(1)(A)(iii). Enter the h	iospital's name,			
		city, and state									
5		An organizati	ion operated for the benefit o	of a college or university owner	d or operat	ed by a gov	vernmental unit described in				
			b)(1)(A)(iv). (Complete Part								
6				overnmental unit described in	section 17	⁷ 0(b)(1)(A)(v).				
7	X	-	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support f omplete Part II.)	rom a gove	ernmental u	unit or from the general publi	С			
8		A community	trust described in section 1	170(b)(1)(A)(vi). (Complete Pa	rt II.)						
9	П			cribed in section 170(b)(1)(A)		ed in conju	nction with a land-grant colle	ge			
		or university	or a non-land-grant college of	of agriculture (see instructions)	. Enter the	name, city	, and state of the college or				
40		university:	ion that normally receives (1) more than 33 1/3% of its sup	nort from	contribution	s membership fees and are				
10	Ш	receints from	activities related to its exem	opt functions, subject to certain	exception	s: and (2) r	no more than 331/3% of its				
		support from	gross investment income ar	nd unrelated business taxable i	income (le	ss section 5	511 tax) from businesses				
				0, 1975. See section 509(a)(2							
11	П	An organizati	on organized and operated	exclusively to test for public sa	fety. See s	section 509	9(a)(4).				
12	П	An organizati	on organized and operated	exclusively for the benefit of, to	perform t	he function:	s of, or to carry out the purpo	oses of			
		one or more	publicly supported organizat	ions described in section 509((a)(1) or se	ection 509(a)(2). See section 509(a)(3)	. Check			
				scribes the type of supporting of							
	а	Type I. A	supporting organization ope	erated, supervised, or controlle	d by its su	pported org	ganization(s), typically by giv	ing			
			=	ver to regularly appoint or elect		of the dire	ctors or trustees of the				
				omplete Part IV, Sections A			-diti(a) by baying				
	b	Type II. A	A supporting organization su	pervised or controlled in conne	ection with	its support	ed organization(s), by naving	led			
				ting organization vested in the Part IV, Sections A and C.	same per	SOIIS LIIAL CO	of thanage the suppor	lea			
	_			upporting organization operate	ed in conne	ection with	and functionally integrated v	vith.			
	С	its suppo	rted organization(s) (see ins	tructions). You must complet	e Part IV,	Sections A	A, D, and E.				
	d	Type III r	non-functionally integrated	I. A supporting organization op	erated in o	connection	with its supported organizati	on(s)			
		that is no	t functionally integrated. The	e organization generally must s	satisfy a di	stribution re	equirement and an attentiver	ess			
				nust complete Part IV, Section							
	е	Check thi	is box if the organization rec	eived a written determination f	rom the IR	S that it is	a Type I, Type II, Type III				
				n-functionally integrated suppo	rting organ	iization.					
	f		mber of supported organizati		sennener:						
_	g			ne supported organization(s).	Challe Abo		(a) A—aust of manatan	(vi) Amount of			
(i		e of supported ganization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization ur governing	(v) Amount of monetary support (see	other support (see			
	OI §	garnzation		above (see instructions))		ment?	instructions)	instructions)			
					Yes	No					
(A)											
(B)											
` ′											
(C)											
` '											
(D)											
,-,											
(E)											
\ - /											
Tota	1		444444444444444444444444444444444444444								
								Sabadula A (Form 990) 2021			

Schedule A (Form 990) 2021 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	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,035,181	9,182,089	8,980,447	10,158,869	8,382,263	45,738,849
2	Tax revenues levied for the organization'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	420,000	420,000	420,000	420,000	441,000	2,121,000
4 5	Total. Add lines 1 through 3 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)	9,455,181	9,602,089	9,400,447	10,578,869	8,823,263	47,859,849
6	Public support. Subtract line 5 from line 4						47,859,849
	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	9,455,181	9,602,089	9,400,447	10,578,869	8,823,263	47,859,849
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	356,573	388,964	428,230	472,604	564,891	2,211,262
9	Net income from unrelated business 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.)	2,327	529	927	140	1,610	5,533
11	Total support. Add lines 7 through 10					1 40	50,076,644
12	Gross receipts from related activities, etc.	(see instructions)	vices en exercicarios		0.000.000.000.000	12	2,063,772
13	First 5 years. If the Form 990 is for the or						► □
	organization, check this box and stop her tion C. Computation of Public Su				****************		
_				(D)		14	95.57%
14	Public support percentage for 2021 (line 6						96.11%
15	Public support percentage from 2020 School 33 1/3% support test—2021. If the organ			3 and line 14 is 3	3 1/3% or more of	4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	30.1170
16a	box and stop here. The organization qual			_			ightharpoons
	33 1/3% support test—2020. If the organ				5 is 33 1/3% or mo	ore check	heart state of the
b	this box and stop here . The organization						▶ □
17a	10%-facts-and-circumstances test—202						4 (4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
174	10% or more, and if the organization meet						
	Part VI how the organization meets the fac						
	organization			•)
b	10%-facts-and-circumstances test—202			box on line 13, 16	a, 16b, or 17a, and	l line	
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization die	d not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and se	e	
	instructions						
	A * * * * * * * * * * * * * * * * * * *						4 (F 000) 0004

Page 2

Schedule A (Form 990) 2021

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

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

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

Sec	tion A. Public Support	1						
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
8	Add lines 7a and 7b Public support. (Subtract line 7c from							
	line 6.) ction B. Total Support							
			(b) 2019	(c) 2019	(d) 2020	(e) 2021	Т	(f) Total
		(a) 2017	(b) 2018	(C) 2019	(a) 2020	(e) 2021	-	(i) Total
9	Amounts from line 6						\neg	
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							_
С	Add lines 10a and 10b						-	
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
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 or	ganization's first.	second, third, fourt	h, or fifth tax year	as a section 501(d)(3)		
	organization, check this box and stop her	-					*****	▶ □
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2021 (line 8	, column (f), divide	ed by line 13, colur	nn (f))			15	%
16	Public support percentage from 2020 Scho						16	%_
Sec	tion D. Computation of Investme	nt Income Pe	rcentage					
17	Investment income percentage for 2021 (I	ine 10c, column (f	f), divided by line 1	3, column (f))		*****	17	%
	Investment income percentage from 2020 5						18	%
19a	33 1/3% support tests—2021. If the orga							
	17 is not more than 33 1/3%, check this be						****	
b	33 1/3% support tests—2020. If the orga							
	line 18 is not more than 33 1/3%, check th							
20	Private foundation. If the organization did	not check a box	on line 14, 19a, or	19b, check this bo	ox and see instruc	uons		******

Part IV

Schedule A (Form 990) 2021

Supporting Organizations

(Complete only if you checked a box in line 12 on 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.
- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control? C
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 8 7? If "Yes," complete Part I of Schedule L (Form 990).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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.)

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Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	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.	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
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 Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove 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	-00000000000000000000000000000000000000	
2	Did the organization operate for the benefit of any supported organization other than the supported			
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1151	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		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
9.00	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		
Secti	on 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 year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting		ons	7310 Page
1 Check here if the organization satisfied the Integral Part Test as a qualifying trus	t on Nov. 20, 19	70 (explain in Part VI).	
instructions. All other Type III non-functionally integrated supporting organization	ons must comple	ete Sections A through E	(P) Current Veer
Section 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		
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	1 1		
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		
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a 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		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
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		
Section 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		
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-functionally inte		supporting organization	
(see instructions).	- ,,		

Schedu	ule A (Form 990) 2021 Bucks County Free	Library	23-1520	310 Page 7
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Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		
- 6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2021 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	(1)	(ii)	(iii)
Sect	ion E – Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2021	Distributable Amount for 2021
1_	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required-explain in Part VI). See			
- 120	instructions.			
3_	Excess distributions carryover, if any, to 2021			
	From 2016			
	From 2017			
	From 2018			
	From 2019 From 2020			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years		,	
	Applied to 2021 distributable amount	**************************************		
	Carryover from 2016 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7:			
a	Applied to underdistributions of prior years			
	Applied to 2021 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.	+CUT 1 1 1 1 1 1 1 1 1		
6	Remaining underdistributions for 2021 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j and 4c.			
- 8	Breakdown of line 7:			
	Excess from 2017	***************************************		
	Excess from 2018			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			

Schedule A (For	n 990) 2021		Bucks	County	Free	Librar	V		23-1520	310	Page 8
Part VI	Suppleme III, line 12; B, lines 1 a 3a, and 3b	Part IV, S and 2; Par ; Part V, li	rmation. Faction A, t IV, Section 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine 1; Partine	Provide the clines 1, 2, 3 on C, line 1	explanation b, 3c, 4b, Part IV, S B, line 1e	ons require 4c, 5a, 6, Section D ; Part V, S	ed by Part , 9a, 9b, 9c , lines 2 an Section D,	:, 11a, 11l nd 3; Part lines 5, 6,	Part II, line on the part II, line on the part II, section E and 8; and Fuctions.)	art IV, i, lines	Section 1c, 2a, 2b,
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Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2021

Employer identification number

Bucks County Free Library 23-1520310 Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 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).

Page 1 of 1

Page 2

Name of organization

Employer identification number

23-1520310 Bucks County Free Library Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part (d) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. County of Bucks 55 East Court St Person 1 **Payroll** \$ 6,003,000 Noncash Doylestown (Complete Part II for noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Pennsylvania Department of Education Office of Commonwealth Libraries 2.... Person 333 Market Street **Payroll** 1,951,509 Noncash Harrisburg (Complete Part II for noncash contributions.) (d) (c) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) Type of contribution **Total contributions** Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (c) (d) (b) (a) **Total contributions** Type of contribution Name, address, and ZIP + 4 No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) Total contributions Type of contribution No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

В	ucks County Free Library		23-1520310
	Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A Form 990, Part IV, line 6.	Accounts.
		(a) Donor advised funds	(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 writing that	t the assets held in donor advised	
•	funds are the organization's property, subject to the organization's excl		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	**************************************	stince the automorphism of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the control of the contr
•	only for charitable purposes and not for the benefit of the donor or donor		
	conferring impermissible private benefit?		Yes No
Pa	nt II Conservation Easements.		
11211	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check		
•	Preservation of land for public use (for example, recreation or educ		important land area
	Protection of natural habitat	Preservation of a certified his	·
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ryation contribution in the form of a conse	ervation
-	easement on the last day of the tax year.		Held at the End of the Tax Year
2	-		
a	Total acreage restricted by conservation easements		
b	Number of conservation easements on a certified historic structure incl		
C			***
d	the transfer of Decision		2d
3	Number of conservation easements modified, transferred, released, ex	tinguished or terminated by the organiza	· · · · · · · · · · · · · · · · · · ·
3	tax year	inguistica, or terminated by the organiza	alon damig and
4	Number of states where property subject to conservation easement is I	ocated •	
4	Does the organization have a written policy regarding the periodic mon		
5	violations, and enforcement of the conservation easements it holds?	normy, inspection, nanding or	Yes No
	Staff and volunteer hours devoted to monitoring, inspecting, handling o	f violations, and enforcing conservation e	
6	Start and volunteer flours devoted to monitoring, inspecting, nariding o	violations, and emotoring conservation e	addition adming the year
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	ations, and enforcing conservation easer	ments during the year
7	** S *********************************	iations, and emorcing conservation case.	nems during the year
0	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(R)(i)
8			Yes No
^	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easem	onte in its revenue and evnense stateme	10000000 10000000 10000000 1 (Jan. 1)
9	balance sheet, and include, if applicable, the text of the footnote to the		
	organization's accounting for conservation easements.	31gam=24131	
Pa	rt III Organizations Maintaining Collections of Art,	Historical Treasures, or Other	Similar Assets.
HEREIT	Complete if the organization answered "Yes" on I	Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to r		ce sheet works
Iu	of art, historical treasures, or other similar assets held for public exhibit		
	service, provide in Part XIII the text of the footnote to its financial states		•
b	If the organization elected, as permitted under FASB ASC 958, to repo		heet works of
_	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items:	, , , , , , , , , , , , , , , , , , , ,	
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, or	ovide the
~	following amounts required to be reported under FASB ASC 958 relating		
а	B		> \$
	Assets included in Form 990, Part X		Sahadula D (Form 990) 2021

3 Using the organizations acquisition, accession, and other records, chock any of the following that make significant use of its collection terms (check all that apply): a Public achibition d Loan or exchange program b Scholary research b Scholary research c Preservation for future generations c Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar seasets to be sold to raise farinds rather than to be maintained as part of the organization's collection?	Pa	rt III Organizations Maintainin	g Collections of A	Art, Historical Tr	easures, or Othe	r Similar Assets	continu	ed)	
b Scholarly research c Other		Using the organization's acquisition, access							
c Preservation for future generations ## Provide a description of the organization solicitons and explain how they further the organization's exempt purpose in Part XIII. **Section of Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. **Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its the organization and part, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its few organization and part, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its few organization and part XIII and complete the following lable: **Complete in the arrangement in Part XIII and complete the following lable: **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 10. **Part V Endowment Endowment Nation Complete if the explanation has been provided on Part XIII. **Is Region organization organization answered Yes" on Form 990, Part X, line 10. **Is Region organization organization in the account year end balance (line 1g, column	а	Public exhibition	d 🗍 Lo	oan or exchange prog	ram				
c Preservation for future generations ## Provide a description of the organization solicitons and explain how they further the organization's exempt purpose in Part XIII. **Section of Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. **Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its the organization and part, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its few organization and part, trustee, custodian or other intermediary for contributions or other assets not include on Form 990, Part X, line 21. **Is its few organization and part XIII and complete the following lable: **Complete in the arrangement in Part XIII and complete the following lable: **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 21. for escrow or custodial account liability?* **Is its few organization include an amount on Form 990, Part X, line 10. **Part V Endowment Endowment Nation Complete if the explanation has been provided on Part XIII. **Is Region organization organization answered Yes" on Form 990, Part X, line 10. **Is Region organization organization in the account year end balance (line 1g, column	b	Scholarly research	e 🗍 O	ther					
XIII	С	Preservation for future generations	S						
Southing the year, did the organization solct or receive donalons of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organizations collection?	4		ollections and explain h	now they further the o	rganization's exempt _l	ourpose in Part			
### Reserve and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1a Is the organization an agent, rustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If Yes, "explain the arrangement in Part XIII and complete the following table: 1	5		or receive donations of	art, historical treasure	es, or other similar				
Part IV	•						Yes		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? □ If "Yes," explain the arrangement in Part XIII and complete the following table: □ Beginning balance □ Beginning balance □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distributions during the year □ Distribution suring the year table and the year of the explanation has been provided on Part XIII Part V Endowment Funds. □ Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions □ S5, 073 □ 3, 867, 966 □ 3, 014, 562 □ 3, 430, 537 □ 2, 935, 549 □ 50. Contributions □ S5, 073 □ 3, 867, 966 □ 3, 014, 562 □ 3, 430, 537 □ 2, 935, 549 □ 50. Contributions □ S5, 073 □ 3, 867, 966 □ 3, 014, 562 □ 3, 430, 537 □ 2, 935, 549 □ 50. Contributions □ S5, 073 □ 3, 867, 966 □ 3, 014, 562 □ 3, 430, 537 □ 2, 935, 549 □ 50. Contributions □ Contributions □ S6, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 074, 074 □ 1, 07	Pa				- Al Al Material Control				
No 1 1 1 1 1 1 1 1 1		990, Part X, line 21.				orted an amount o	n Form		
to Reginning balance 1c	1a	Is the organization an agent, trustee, custod	ian or other intermedia	ry for contributions or	other assets not			-	
to Reginning balance 1c		included on Form 990, Part X?			*********		Yes		No
d Additions during the year d Additions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability? b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	wing table:		rr			
d Additions during the year e Distributions during the year 1							Amount		
e Distributions during the year f Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?						4 4 4 4 4 4			
e Distributions during the year fe fending balance 11 2a Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?	d	Additions during the year							
Feet Ending balance 17	е	Distributions during the year				1e			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No bif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.	f	Ending balance	*****			1f	(-)		_
Part V		Did the organization include an amount on F	orm 990, Part X, line 2	1, for escrow or custo	idial account liability?		Yes		No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance	b		. Check here if the exp	lanation has been pro	ovided on Part XIII				L
1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back (e) Four years back (e) Four years back (d) Three years back 2, 3, 430, 537 2, 935, 549 c Net investment earnings, gains, and losses 4.97, 425 520, 471 1, 034, 926 -415, 975 634, 281 d Grants or scholarships 0 Three expenditures for facilities and programs -1.98, 7.00 -200, 687 -153, 991 -139, 293 f Administrative expenses -18,043 -10,298 -20,687 -153, 991 -139,293 f Administrative expenses -18,043 -10,298 -20,687 3,014,562 3,014,562 3,430,537 2 Provide the estimated percentage of	Pa								
1a Beginning of year balance 4,182,223 3,867,966 3,014,562 3,430,537 2,935,549 b Contributions 55,073 959 30,000 CN Net investment earnings, gains, and losses 497,425 520,471 1,034,926 -415,975 634,281 d Grants or scholarships 497,425 520,471 1,034,926 -415,975 634,281 d Grants or scholarships -417 -196,875 -200,687 -153,991 -139,293 f Administrative expenses -18,043 -10,298 -10,835 3,014,562 3,430,537 g End of year balance 4,716,261 4,182,223 3,867,966 3,014,562 3,430,537 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 1.98 % b Permanent endowment ▶ 98.02 % c Term endowment ▶ 98.02 % c Term endowment ▶ 98.02 % c Term endowment ₱ 98.02 % Yes No 10 Unrelated organizations 33(i) IX 33(i) IX 33(i) IX 3a(ii) I Valuations 33(ii) IX 33(ii) IX b If "Yes" on line 3a(ii), are the related organizations is listed as required on Schedule R? 3b I 4 Describe in Part XIII the intended uses of the		Complete if the organization	n answered "Yes" o	on Form 990, Par					
b Contributions c Net investment earnings, gains, and losses d 497, 425 520, 471 1,034,926 -415,975 634,281 d Grants or scholarships e Other expenditures for facilities and programs -417 -196,875 -200,687 -153,991 -139,293 f Administrative expenses -18,043 -10,298 -10,835 g End of year balance 4,716,261 4,182,223 3,867,966 3,014,562 3,430,537 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 1.98 % b Permanent endowment ▶ 98.02 % c Term endowment ▶ 8.02 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VIII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describin of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation and the possibility of the possibility of the property (a) Equipment (b) Cost or other basis (b) Cost or other basis (c) Accumulated (d) Book value depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciation depreciatio								_	
c Net investment earnings, gains, and losses	1a	Beginning of year balance				3,430,537	2,9	35,	549
Net investment earnings, gains, and losses 497, 425 520, 471 1,034,926 -415,975 634,281	b	Contributions	55,073	959	30,000				
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses							_		
d Grants or scholarships e Other expenditures for facilities and programs -417 -196,875 -200,687 -153,991 -139,293 f Administrative expenses -18,043 -10,298 -10,835 g End of year balance 4,716,261 4,182,223 3,867,966 3,014,562 3,430,537 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 1.98 % b Permanent endowment ▶ 98.02 % c Term endowment ▶ 98.02 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (investment) (other) (other) 4 Description of property (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 4 1, 810, 590, 1, 267, 764, 542, 826 d Equipment 5, 450, 003, 4, 103, 874, 1, 346, 129 d Equipment 6 Other 7, 940, 421, 7, 086, 734, 853, 687		losses	497,425	520,471	1,034,926	-415,975	6	34,	281
f Administrative expenses	d	Grants or scholarships							
g End of year balance	е	Other expenditures for facilities and							
g End of year balance		programs				-153,991	-1	39,	293
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 1.98 % b Permanent endowment ▶ 98.02 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) Uniteraction and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 5, 450,003 4,103,874 1,346,129 4 2,826 6 Other 7, 940,421 7,086,734 853,687	f	Administrative expenses							
a Board designated or quasi-endowment ▶ 98.02 % c Term endowment ▶ 98.02 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations 5a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements 5,450,003 4,103,874 1,346,129 d Equipment 1,810,590 1,267,764 542,826 e Other 7,940,421 7,086,734 853,687	g					3,014,562	3,4	30,	537
b Permanent endowment ▶ 98.02 % c Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI: Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) (other) 1a Land b Buildings c Leasehold improvements 5, 450, 003 4, 103, 874 1, 346, 129 d Equipment 4 1, 810, 590 1, 267, 764 542, 826 e Other 7, 940, 421 7, 086, 734 853, 687	2	Provide the estimated percentage of the cur		(line 1g, column (a)) h	neld as:				
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) X (3a(ii)) X (3b) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VIII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 5, 450,003 4,103,874 1,346,129 d Equipment 1,810,590 1,267,764 542,826 e Other 7,940,421 7,086,734 853,687			1.98%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) X (3a(ii)) X (3b) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VIII Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements 5, 450,003 4,103,874 1,346,129 d Equipment 1,810,590 1,267,764 542,826 e Other 7,940,421 7,086,734 853,687	b	Permanent endowment ► 98.02 %							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (other) 4 Land B Buildings C Leasehold improvements 4 Equipment 5 , 450,003 4,103,874 1,346,129 4 Equipment 6 Equipment 7 , 940,421 7,086,734 853,687	С	Term endowment ▶ %							
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c Leasehold improvements 5,450,003 4,103,874 1,346,129 d Equipment 1,810,590 1,267,764 542,826 e Other 7,940,421 7,086,734 853,687	b	Buildings				100 051	1 0 1		1.0.0
d Equipment 1,810,590 1,267,764 542,826 e Other 7,940,421 7,086,734 853,687	С	Leasehold improvements							C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200 C 200
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	(a) Description of security or category	(b) Book value	(c) Method	of valuation:
	(including name of security)		Cost or end-of-y	ear market value
) Financial	derivatives			
	eld equity interests			
(4)				
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	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related. Complete if the organization answered "Yes" on	Form 990, Part IV, I	ine 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value		of valuation:
			Cost or end-of-y	ear market value
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6) 7) 8) 9) otal. <i>(Colum</i>	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I	line 11d. See Form 990,	Part X, line 15.
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6) 7) 8) 9) otal. (Column Part IX	Other Assets. Complete if the organization answered "Yes" on	Form 990, Part IV, I	line 11d. See Form 990,	
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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

Page 4

Pέ	Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	u rn .	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	2 1	11 005 607
1	Total revenue, gains, and other support per audited financial statements	1	11,035,687
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 1,308,698		
b	Donated services and use of facilities 2b 441,000		
	Recoveries of prior year grants 2c		
ď	(#2000000000000000000000000000000000000		1 7/0 600
_	Add lines 2a through 2d	2e	1,749,698 9,285,989
3	Subtract line 2e from line 1	3	9,200,909
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)		
	Cities (Decoribe III at Atti)	4-	
_	Add lines 4a and 4b	4c	9,285,989
5 Pr-	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) IN XII Reconciliation of Expenses per Audited Financial Statements With Expenses per R		
Pe	Reconciliation of Expenses per Audited Financial Statements With Expenses per R Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	etuin	•
1	Total expenses and losses per audited financial statements	1	9,860,691
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		27000700
_	Donated services and use of facilities 2a 441,000		
b	Prior year adjustments 2b		
c	Other losses 2c		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	441,000
3	Subtract line 2e from line 1	3	9,419,691
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,419,691
Pa	rt XIII Supplemental Information.		
Provi	de 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; Pa	rt X, lin	ne
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.		
Pa	art V, Line 4 - Intended Uses for Endowment Funds		
T	ne Disbrow fund was designated by the donor for the Yardley	bra	nch and
S	olely for business related materials and programs including	COU	inty wide
d	atabases and programs.	A * * * A A A	
Tl	ne Bucks County Foundation fund was established to provide a	an a	additional
01	oportunity for the general public to give to the library mis	ssic	on.
593			***************************************
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Schedule D (Fo	rm 990) 2021	Bucks	County	Free	Library	23-1520310	Page 5
Part XIII	Supplemen	ntal Inform	ation (cont	inued)			
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SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990

2021

Open to Public OMB No. 1545-0047 Inspection

% ⊠ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Supp Fin Support Support Fin Support Support Support (h) Purpose of grant or assistance Employer identification number Yes 23-1520310 Fin Fin Fin Supp Supp Supp Supp noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) noncash assistance (e) Amount of 605 37,218 6,293 18,617 75,152 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash 62, grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501c3 23-2746802 501c3 501c3 GOV 23-6000404 GOV 23-1494787 23-6000458 23-7037275 General Information on Grants and Assistance (p) EIN Bucks County Free Library Enter total number of other organizations listed in the line 1 table the selection criteria used to award the grants or assistance? (1) Twp Library of Lower Southampton (2) Free Lib of New Hope & Solebury (3) Free Library of Northampton Twp Village Library of Wrightstown PA 19053 PA 18974 18940 PA 18954 18954 (a) Name and address of organization (4) Warminster Twp Free Library 25 Upper Holland Road or government 1983 Bridgetown Pike 727 Penns Park Road 93 West Ferry Road 1076 Emma Lane Feasterville Warminister Wrightstown Name of the organization Richboro New Hope Part II Part 2 0 8 6 9

For Paperwork Reduction Act Notice, see the Instructions for Form 990. $^{\rm DAA}$

Schedule I (Form 990) (2021)

Schedule I (Form 990) (2021) BUCKS COUNTY	Bucks County Free Library	7	23-1520310		Page Z
Partill Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	Domestic Individua	Is. Complete if the o	rganization answered	I "Yes" on Form 990, Part	
Part III can be duplicated if additional space is needed.	onal space is needed.	20 July 000 (10)	to turnom ((b)	Joach acitarilary to backton (a)	On Political description of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of the second of th
(a) Type of grant of assistance	(b) Number of recipients	cash grant	(a) Amount of noncash assistance	(e) inethod of valuation (book, FMV, appraisal, other)	(1) Description of noncash assistance
1					
2					
3					
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information		quired in Part I, line	required in Part I, line 2; Part III, column (b);	; and any other additional information.	information,

	Principal consequences and a second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			HARA DESCRIPTION OF STREET OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	
					Schodule (Earm 990) (203)

SCHEDULE J (Form 990) **Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Bucks County Free Library

Employer identification number 23-1520310

P	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study X Form 990 of other organizations X Approval by the board or compensation committee			
	X Approval by the board or compensation committee			
1	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:	C.		V
a	The organization?	6a 6b		X
b	Any related organization?	OD		
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed		+	
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8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
0	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		X
	\$20.00 (\$1.00 E) \$1.00			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
_	Regulations section 53 4958-6(c)?	9]

Schedule J (Form 990) 2021

23-1520310

Bucks County Free Library

Page 2

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(I)-(III) for each listed Individual must equal the total amount of Form 990, Part VII, Section A, line Ta, applicable column (D) and (E) amounts for that individual	equal the total amou	Int or Form 990, Pan	VII, Section A, line	Ta, applicable colun	no (ב) and (ב) amoull ד	TS TOF That Individual	
	(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	99-NEC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported
(A) Name and Title	compensation	compensation	reportable compensation	compensation			as deferred on prior Form 990
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1 CEO		0	0				
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(1)) 0						
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Schedule J (Form 990) 2021

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Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, for any additional information	3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part
	Schedule J (Form 990) 2021

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.

2021

Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ.

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

Name of the organization

Bucks County Free Library

Bucks County Free Library

23-1520310

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The completed 990 is reviewed by the Chief Financial Officer and the Finance Committee prior to submission.
Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy The Board of Directors, Chief Executive Officer and all department managers receive a conflict of interest document annually. The document lists any conflicts of interest including any related parties, holdings, board memberships, or share holders of any related county vendors, banks, or financial institutions.
Form 990, Part VI, Line 15a - Compensation Process for Top Official The CEO's salary is reviewed each year against other libraries and other non-profit organizations through research of Form 990s and the Commonwealth of Libraries salary schedules. The review is then provided to the Board.
Form 990, Part VI, Line 15b - Compensation Process for Officers The same process used for the top official would also be used for determining the salary for any Officers or Key Employees.
Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing Documents, policies and financial statements are available to the public upon request.

N002801 05/16/2022 11:25 AM

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

Bucks County Free Library

OMB No. 1545-0047	2021	Open to Public Inspection

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

23-1520310

. Employer identification number

Section 512(b)(13) controlled entity? (f)
Direct controlling entity \bowtie 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. (f)
Direct controlling
entity (e) End-of-year assets N/A (e)
Public charity status
(if section 501(c)(3)) Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 (d) Total income (d) Exempt Code section (c)
Legal domicile (state
or foreign country) (c)
Legal domicile (state
or foreign country) PA (b) Primary activity Serve comm (b) Primary activity (a)
Name, address, and EIN (if applicable) of disregarded entity (a)Name, address, and EIN of related organization 18901 PA Street 55 East Court Bucks County Doylestown Part Part Ξ <u>4</u> 3 € 2 3 <u>4</u> 9 8 3

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

Schedule R (Form 990) 2021

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Bucks County Free Library

Schedule R (Form 990) 2021 (i) Section 512(b)(13) controlled å Percentage ownership 3 Yes (j) General or managing partner? Yes No 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. 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. Percentage ownership amount in box 20 of Schedule K-1 Code V-UBI (Form 1065) end-of-year assets Share of (h)
Disproportionate
alloc.? Yes No 6 Share of end-of-year assets <u>(6</u> Share of total псоте (f) Share of total income Type of entity (C corp, S corp, or trust) (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) Direct controlling entity (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or (c) Legal domicile (state or foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Part Part IV DAA ල 3 lΞ 3 € 3 4 |ଡ

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			-	Yes	N S
During the tax year, did the organization engage in any of the following transacti	ons with one or more related organizations listed in Parts II-IV?	ר Parts II–IV?			
	********			1a	×
Ÿ				1b	\times
0.00				1c ×	
				1d	×
e Loans or loan guarantees by related organization(s)				1 e	×
	化合物 化甲烷 化甲烷 化银 电电子电子 化克里因 电电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电子电				
f Dividends from related organization(s)				4	×
(8		nontrolonging undergoe		101	×
	*************************			2) (×
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J Lease of Tacilities, equipment, of other assets to related organization(s)	***************************************	*************************		7	×
K Lease of facilities, equipment, or other assets from related organization(s)	****		***************************************	× ×	Ĭ
I Performance of services or membership or fundraising solicitations for related organization(s) 🚃				=	×
m Performance of services or membership or fundraising solicitations by related organization(s)				1m	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	×
o Sharing of paid employees with related organization(s)				10	×
		Version 10 10 10 10 10 10 10 10 10 10 10 10 10			1000
p Reimbursement paid to related organization(s) for expenses				Ę	×
Reimbursement reid hv related organization(e) for expenses		***************************************		2 5	>
4 reillibulselliellt paid by refated organization(s) for expenses				7	4
				+	×
Other transfer of cash or property from related organization(s)				15	×
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	olete this line, including covered re	lationships and transacti	on thresholds.		
(a)	(q)	(0)	(p)		
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved	int involved	
(1) Bucks County	ט	6,003,000	Cash Value		
(2) Bucks County	×	441,000	Fair Market Value	Φ	
(3)					
(4)					
(5)					
(9)					
			Schedule R (Form 990) 2021	R (Form 99	0) 2021

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Schedule R (Form 990) 2021 Bucks County Free Library

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

	·	domicile (state or foreign	income (related, unrelated, excluded from tax under	section 501(c)(3) organizations?	total income	come	end-of-year assets	allocations?		amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ing ownership
			sections 512-514)	Yes No	T •			Yes	9		Yes	۶
(1)							3					
(2)												
(3)												
(4)												
(5)												
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Part VII	Provide ad	Iditional info	ormation fo	r response	s to questi	ons on Sched	dule R. See	e instructions.		

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