	_		** PUBLIC DISCLOSURE CO Return of Organization Exempt I		ncome Tax	OMB No. 1545-0047
Forr	n g	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			2024
Depa	rtment	of the Treasury enue Service	Do not enter social security numbers on this form a Go to www.irs.gov/Form990 for instructions and	s it may be	made public.	Open to Public Inspection
A F	or th	e 2024 calend	ar year, or tax year beginning and	ending		•
B c a	heck if pplicab	HOAG	forganization LIBRARY OF THE SWAN LIBRARY		D Employer identifica	tion number
	_chang Name		CIATION		16 077000	4
	_chang Initial		usiness as		16-077880	4
	_returr Final returr	Number	and street (or P.O. box if mail is not delivered to street address) SOUTH MAIN STREET	Room/suite	E Telephone number 585-589-42	
	termi ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	747,816.
	Amer	а АГРТ	ON, NY 14411		H(a) Is this a group retu	Irn
	Appli tion		nd address of principal officer: BETTY SUE MILLER		for subordinates?	Yes X No
	pend	SAME	AS C ABOVE		H(b) Are all subordinates inclu	ded? Yes No
<u>I</u> T	ax-ex	empt status:		or 🗌 527	If "No," attach a lis	t. See instructions
	Vebsi		LIBRARY.ORG		H(c) Group exemption	
KF	orm o		X Corporation Trust Association Other	L Year	of formation: 1900 M	State of legal domicile: <b>NY</b>
Pa	art I	Summary				
¢)	1		e the organization's mission or most significant activities: SUPP			
Governance		OF READ	ING AND EQUAL ACCESS TO INFORMATIC	ON SERV	ICES AND MED	IA.
erna	2	Check this bo	x if the organization discontinued its operations or dispo	sed of more		
٥ ٥	3					11
ۍ م	4		lependent voting members of the governing body (Part VI, line 1b)			11
es	5		of individuals employed in calendar year 2024 (Part V, line 2a) $\ldots$			14
Activities &	6		of volunteers (estimate if necessary)			13
Acti						0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	·····		0.
					Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)		702,431.	730,728.
enu	9	•	ce revenue (Part VIII, line 2g)		10,494.	13,283.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)		1,489.	3,805.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		714,414.	747,816.
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.
s	15	Salaries, other	r compensation, employee benefits (Part IX, column (A), lines 5-10)		396,116.	411,266.

Expenses

P

El et

17

19

20 Å.

21

22

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

·····

0.

0.

408,682.

804,798. -90,384.

15,015.

**Beginning of Current Year** 

4,082,796.

4,067,781.

0.

386,751.

798,017.

-50,201.

9,867.

4,034,782.

4,024,915

End of Year

16a Professional fundraising fees (Part IX, column (A), line 11e)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

Net assets or fund balances. Subtract line 21 from line 20

Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

**b** Total fundraising expenses (Part IX, column (D), line 25)

Revenue less expenses. Subtract line 18 from line 12

Total assets (Part X, line 16)

Part II Signature Block

Total liabilities (Part X, line 26)

Sign	Signature of off	ïcer			Date	
Here	LINDA WI	ELLER, PRESIDENT				
	Type or print na	ame and title				
	Preparer's nam	е	Preparer's signature	Date	Check PTIN	
Paid	CHELSEY	WYANT	CHELSEY WYANT	03/13	/25 self-employed P013	36644
Preparer	Firm's name	BONADIO & CO., LL	P		Firm's EIN 16-1131	146
Use Only	Firm's address	171 SULLY'S TRAIL				
		PITTSFORD, NY 145	34		Phone no. (585) 383	1-1000
May the II	RS discuss this	return with the preparer shown abo	ve? See instructions		X Ye	es 🗌 No
LHA For	Paperwork Re	eduction Act Notice, see the separ	rate instructions. 432001 12-10-24		Forr	m <b>990</b> (2024)

Form setting cond		HOAG LIBRARY OF THE SWAN LIBRARY	
Grack f Schedul Contains a response or cole to any line in this Part II.         IX           1 Study describe the operatization reside:         The PROMOTING ACCESS TO IDESS AND INFORMATION AND SUPPORTING LIFELONG           LEARNING AND LOVE OF READING. THE LIBRARY PROVIDES RELEVANT MATERIALS, ENSURGE SEQUAL ACCESS TO IDESS AND INFORMATION SERVICES, AND PROMOTES CULTURAL         IV           2 Dut the operation undertage any significant changes in how it conducts, any program services (ULTURAL)         IV wes (X) No           3 Did the operation undertage any significant changes in how it conducts, any program services, and maximum during the year which were not listed on the prior Form 680 of 680.622         IV wes (X) No           1 Vest, 'Cascing these heaves any clean on Schedule O.         IV wes (X) No         IV wes (X) No           3 Did the organization a program service accomplations to react the input strong an services, and measured by program services and the set of the set of the treat strong to the set, bottal separes, and revenue, if any, for each program service accendent of the set of the treat strong to the set, bottal separes, and revenue, if any, for each program services reported.           40 (toxing			e 2
Bitely detaile the organization's measure:         HOAG LIDRARY ENRICHES AND EMPOWERS THE PEOPLE OF ITS COMMUNITY BY PROMOTING ACCESS TO IDRAS AND INFORMATION AND EX SUPPORTING LIDERLONG LEARNING AND LOVE OF READING. THE LIDRARY PROVIDES RELEVANT MATERIALS, ENSURES EQUAL ACCESS TO INFORMATION SERVICES, AND PROMOTES CULTURAL         2       Dot the organization underlated and significant program services during the year which were not listed on the proform 800 or 800-22?       □ Yes [X] No         1       Yes, 'describe these new devices on BGendate 0.       □ Yes [X] No         1       The,' describe these charges on Schedule 0.       □ Yes [X] No         1       The,' describe these charges on Schedule 0.       □ Yes [X] No         2       Define organization's program service accompliablenets to each of its three largest program services, as measured by expenses.         3       Become the organization's program service accompliablenets to each of its three largest program services, and three integration to program merice accompliablenets.         3       1000000000000000000000000000000000000	Par		
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ENSURES EQUAL ACCESS TO INFORMATION SERVICES, AND PROMOTES CULFURAL         2 Ddf the organization indicates wighthdate program services during the year which were not listed on the prior form 800 or 800 cf?       □Yes [X] No         11 Yes, 'describe these new services on Schedule 0.       □Yes [X] No       □Yes [X] No         11 Yes, 'describe these new services on Schedule 0.       □Yes [X] No       □Yes [X] No         11 'Yes, 'describe these changes on Schedule 0.       □Yes [X] No       □Yes [X] No         11 'Yes, 'describe these changes on Schedule 0.       □Yes [X] No       □Yes [X] No         12 'Yes [X] No       □Yes [X] No       □Yes [X] No         13 'Yes [X] No       □Yes [X] No       □Yes [X] No         14 'Yes, 'describe these changes on Schedule 0.       13,283)       13,283)         13 (Cost::::::::::::::::::::::::::::::::::::			
2       Did the organization undertake any significant program services during the year which were not listed on the prior Form 390 or 990-527       Image: Comparison of the services on Schedule 0.         3       Did the organization cease conducting, or make significant changes in how it conducts, any program services?       Image: Ves (X) No         4       Describe thes charges on Schedule 0.       Image: Ves (X) No         4       Describe thes charges on Schedule 0.         5       DESCRibe 0.         10       Describe these charges on Schedule 0.         4       Describe these charges on Schedule 0.         5       DESCRibe 0.         4       Describe these charges on Schedule 0.         4       Describe these charges on Schedule 0.         4       Describe schedus on Schedule 0.         4 <th></th> <th></th> <th></th>			
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Section 501(c)(3) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.         4a       (icoc) (incomest	л		
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4c       (Code:) (Expenses \$ including grants of \$)			
4d       Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )         4e       Total program service expenses         628,606.       Form 990 (2024)	4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$	_)
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4e     Total program service expenses     628,606.       Form 990 (2024)			
Form <b>990</b> (2024)	4e		
432002 12-10-24			024)
	432002	12-10-24	

ASSOCIATION

Part IV Checklist of Required Schedules

Form 990 (2024)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			37
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			77
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete		х	
•	Schedule D, Part III	8	~	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			х
10	If "Yes," complete Schedule D, Part IV	9		<u></u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10	х	
11	or in quasi-endowments? <i>If</i> "Yes," <i>complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,		- 11	
	as applicable.			
-	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI	114		
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
•	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	900	X (2024)
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432003 12-10-24

ASSOCIATION

Part IV Checklist of Required Schedules (continued)

Form 990 (2024)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
لم	any tax-exempt bonds?	24c 24d		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		<u> </u>
258	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
Ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		- 23
D	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<u> </u>
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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 noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u> </u>
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 X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<u>35a</u>		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			x
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		x
38	and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		- 23
30	Notes All Forms 000 filese are used to complete Ochockila O	38	х	
Par		00		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			$\square$
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 9			
b				
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
432004	¥ 12-10-24	Form	990	(2024)

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## 10250313 784124 HOA002001

Form	990 (2024) ASSOCIATION		16-0778	804	Р	age <b>5</b>				
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)									
					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	14							
b	<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?									
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial a		-	4a		x				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccoun	ts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac			5b		X				
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the									
	any contributions that were not tax deductible as charitable contributions?			6a		x				
h	If "Yes," did the organization include with every solicitation an express statement that such contribution			-04		<u> </u>				
		5110 01	gino	6b						
7	Organizations that may receive deductible contributions under section 170(c).			0.0						
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices r	rovided to the pavor?	7a		x				
				7b						
			uivod	70		<u> </u>				
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			7.		x				
	to file Form 8282?		 I	7c						
a	d If "Yes," indicate the number of Forms 8282 filed during the year									
e	<ul> <li>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> </ul>									
t	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza			7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э	-						
-				8						
9	Sponsoring organizations maintaining donor advised funds.			-						
a				9a		<u> </u>				
b				9b						
10	Section 501(c)(7) organizations. Enter:		I							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
11	Section 501(c)(12) organizations. Enter:	I	I							
	Gross income from members or shareholders	11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	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.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the		I							
	organization is licensed to issue qualified health plans	13b								
С	Enter the amount of reserves on hand	13c								
14a				14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		<u> </u>				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or							
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities	i							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									
432005	12-10-24			Form	990	(2024)				

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ASSOCIATION

Form 990 (2024)

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

Check if Schedule O contains a response or note to any line in this Part VI	 X
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	1a	11							
	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.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11							
2										
	officer, director, trustee, or key employee?			2		X				
3	Did the organization delegate control over management duties customarily performed by or under th									
				3		x				
4	4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?									
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X X				
6										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	opoint	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s									
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year									
а	The governing body?			8a	Х					
b	Each committee with authority to act on behalf of the governing body?			8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	t the							
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re									
			,		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		X				
	If "Yes," did the organization have written policies and procedures governing the activities of such ch									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?									
b	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
12a	2a Did the organization have a written conflict of interest policy? If "No," go to line 13									
b										
с										
	on Schedule O how this was done									
13	Did the organization have a written whistleblower policy?			13	Х					
14	Did the organization have a written document retention and destruction policy?			14	Х					
15	Did the process for determining compensation of the following persons include a review and approva	al by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a	Х					
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 arranger	ment w	ith a							
	taxable entity during the year?			16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	te its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatior	's							
	exempt status with respect to such arrangements?	<u></u>		16b						
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed <b>NONE</b>									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990	T (section 501(c)(3)s	only)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.									
	Own website Another's website X Upon request Other (explain	n on Sc	hedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict o	f interest policy, and	financ	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and	l records							
	BETTY SUE MILLER - 585-589-4246									
	134 SOUTH MAIN STREET, ALBION, NY 14411				000					
432006	12-10-24			Form	990	(2024)				
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	HOAG LIBRARY OF THE SWA	AN LIBRARY		
Form 990 (2024)	ASSOCIATION	1	6-0778804	Page 7
Part VII Compens	ation of Officers, Directors, Trustees, K	ey Employees, Highest Compensa	ated	
Employee	es, and Independent Contractors			
Check if Sch	edule O contains a response or note to any line in th	is Part VII		
Section A. Officers, Di	irectors, Trustees, Key Employees, and Highest C	compensated Employees		
<ul> <li>List all of the organ</li> </ul>	or all persons required to be listed. Report compensi nization's <b>current</b> officers, directors, trustees (wheth (E), and (F) if no compensation was paid.	, 0	0	,
<ul> <li>List all of the organ</li> </ul>	ization's <b>current</b> key employees, if any. See the inst	tructions for definition of "key employee."		
who received reportable	n's five <b>current</b> highest compensated employees (oth compensation (box 5 of Form W-2, box 6 of Form 10 ization and any related organizations.			

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

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

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	upens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional	Ι.	nploy	st con yee	L	10331120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) BETTY SUE MILLER	40.00	_	-		-	<u> </u>	Ľ.			
EXECUTIVE DIRECTOR				X				74,722.	Ο.	Ο.
(2) LINDA WELLER	1.00									
PRESIDENT		Х		X				0.	Ο.	0.
(3) MARY COVELL	1.00									
VICE PRESIDENT		х		x				0.	Ο.	0.
(4) DAWN SQUICCIARINI	1.00									
SECRETARY		х		x				0.	Ο.	0.
(5) RACHEL HICKS	1.00									
TREASURER		х		x				0.	Ο.	0.
(6) JIM BABCOCK	1.00									
TRUSTEE		Х						0.	Ο.	0.
(7) VERONICA MORGAN	1.00									
TRUSTEE		Х						0.	Ο.	Ο.
(8) WAYNE WADHAMS	1.00									
TRUSTEE		Х						0.	Ο.	Ο.
(9) CAROLE PATTERSON	1.00									
TRUSTEE		Х						0.	0.	0.
(10) ANGEL JAVIER	1.00									
TRUSTEE		Х						0.	0.	0.
(11) ALLYSON DEBOARD	1.00									
TRUSTEE		Х						0.	0.	0.
(12) SANDRA WALTER	1.00									
TRUSTEE		Х						0.	0.	0.
(13) KEVIN DOHERTY	1.00									
TRUSTEE		Х						0.	0.	0.
100007 10 10 01										Form 990 (2024)

432007 12-10-24

Form 990 (2024)

## 10250313 784124 HOA002001

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<b>-</b>	HOAG LIBP 990 (2024) ASSOCIATI	-	ΤH	ΙE	SW	AN	ΙL	IF	BRARY	16-07	795	0.4	D	age <b>8</b>
Par				000	200	1 11:	abor	+ 0	omponented Employee		700	04	Pa	age <b>U</b>
	(A) Name and title					<b>C)</b> itior more rson i	۱ than d is both	one n an	<b>(D)</b> Reportable compensation	(E) Reportable compensatior from related	ו ו	am	(F) imate ount other	
		week (list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	from the organization (W-2/1099-MISC/ 1099-NEC)	(W-2/1099-MIS) 1099-NEC)		comp fro orga and		e ion ed
			-											
			-								-			
			-											
			-								+			
											-			
	Subtotal Total from continuation sheets to Part VI								74,722.		0.			0.
									74,722. eceived more than \$100,	000 of reportable	0.			0.
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for si			-	-	-				•	-	3	Yes	No X
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	im of reportabl ),000? <i>If</i> "Yes,	e co " co	mpe mpl	ensa ete S	tion Sche	and edule	oth e J i	ner compensation from the for such individual	he organization		4		x
	rendered to the organization? If "Yes," com											5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest con the organization. Report compensation for t										ensati	on froi	m	
	(A) Name and business			DNI					(B) Description of s		Cc	(C) ompen		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organized statement of t	•	ot lir	niteo	d to	thos (	se lis )	ted	above) who received mo	ore than				

HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION

			ASSOCIATION				16-0778	804 Page 9
Pa	rt \	/111	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line		(D)	(0)	
					( <b>A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ŝ	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
ng G			Fundraising events <b>1</b> c					
ifts ar A			Related organizations 1d					
s, G nila			Government grants (contributions) <b>1e</b>	694,799.				
Sir			All other contributions, gifts, grants, and					
her		-	similar amounts not included above <b>1f</b>	35,929.				
itrik Ot		g	Noncash contributions included in lines 1a-1f					
Cor		h	Total. Add lines 1a-1f		730,728.			
				Business Code				
e	2	а	COPIER FEES	900099	5,438.	5,438.		
vic		b	PROGRAM FEES	900099	2,501.	2,501.		
Sei		с	FAX FEES	900099	2,295.	2,295.		
am		d	BOOK FINES	900099	1,784.	1,784.		
Program Service Revenue		е	BOOK SALES	900099	1,265.	1,265.		
Å		f	All other program service revenue					
		g	Total. Add lines 2a-2f		13,283.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		3,805.			3,805.
	4		Income from investment of tax-exempt bond p	roceeds				
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)	(II) Q.1				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
evenue			and sales expenses 7b					
eve			Gain or (loss) 7c					
			Net gain or (loss)					
Other R	8	а	Gross income from fundraising events (not					
0			including \$ of					
			contributions reported on line 1c). See					
		h	Part IV, line 18 8a Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	٩		Gross income from gaming activities. See					
	5		Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
			and allowances10a					
		b	Less: cost of goods sold					
			Net income or (loss) from sales of inventory					
			· · · · · · · · · · · · · · · · · · ·	Business Code				
Miscellaneous <u>Revenue</u>	11	а						
ane		b						
ill: eve		с						
Alisc		d	All other revenue					
2			Total. Add lines 11a-11d					
	12		Total revenue. See instructions		747,816.	13,283.	0.	3,805.
432009	a 12	- 10-	24					Form <b>990</b> (2024)

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# Form 990 (2024) ASSOCIATION Part IX Statement of Functional Expenses

Pa	rt IX Statement of Functional Expense	es					
Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).			
Check if Schedule O contains a response or note to any line in this Part IX							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21						
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22						
3	Grants and other assistance to foreign						
	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16						
4	Benefits paid to or for members						
5	Compensation of current officers, directors,						
	trustees, and key employees	74,722.	7,472.	67,250.			
6	Compensation not included above to disqualified						
	persons (as defined under section 4958(f)(1)) and						
	persons described in section 4958(c)(3)(B)						
7	Other salaries and wages	264,158.	218,967.	45,191.			
8	Pension plan accruals and contributions (include						
	section 401(k) and 403(b) employer contributions)	<u>6,748.</u> 37,417.	4,509. 25,002.	2,239. 12,415.			
9	Other employee benefits	37,417.	25,002.	12,415.			
10	Payroll taxes	28,221.	18,857.	9,364.			
11	Fees for services (nonemployees):						
а	Management						
b	Legal						
с	Accounting	18,000.		18,000.			
d	Lobbying						
е	Professional fundraising services. See Part IV, line 17						
f	Investment management fees	175.		175.			
g	Other. (If line 11g amount exceeds 10% of line 25,						
	column (A), amount, list line 11g expenses on Sch 0.)	46,292.	46,292.				
12	Advertising and promotion	00.454	05 001				
13	Office expenses	27,154.	25,001.	2,153.			
14	Information technology						
15	Royalties	1	14 684	1 0 4 0			
16	Occupancy	15,722.	14,674.	1,048.			
17	Travel	353.	353.				
18	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0.010	0.010				
19	Conferences, conventions, and meetings	2,012.	2,012.				
20	Interest						
21	Payments to affiliates	161 707	150 045	10 700			
22	Depreciation, depletion, and amortization	161,727.	<u>150,945.</u> 11,111.	10,782.			
23	Insurance	11,905.	11,111.	794.			
24	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 0.)						
а	LIBRARY BOOKS AND MATER	51,877.	51,877.				
b	MAINTENANCE SUPPLIES AN	33,832.	33,832.				
с	ALMS USER FEES AND COMM	17,098.	17,098.				
d							
е	All other expenses	604.	604.				
25	Total functional expenses. Add lines 1 through 24e	798,017.	628,606.	169,411.	0		
26	Joint costs. Complete this line only if the organization						
	reported in column (B) joint costs from a combined						

10

432010 12-10-24

Check here

Form 990 (2024)

#### 10250313 784124 HOA002001

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

24)	ASSOC	CIATION

		2024) ASSOCIATION				16-	0778804 Page <b>11</b>
'ar	t X	Balance Sheet					
		Check if Schedule O contains a response or note	e to an	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			553,445.	1	639,156.
	2	Savings and temporary cash investments			177,825.	2	182,312.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif	ied per				
		under section 4958(f)(1)), and persons described				6	
ω	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9					9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	4,976,505.			
	b	basis. Complete Part VI of Schedule D	10b	1,798,716.	3,322,292.	10c	3,177,789
	11	Investments - publicly traded securities			29,234.	11	3,177,789 35,525
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			4,082,796.	16	4,034,782
	17	Accounts payable and accrued expenses		17			
	18	Grants payable				18	
	19	Deferred revenue			15,015.	19	9,867.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ا م	22	Loans and other payables to any current or form					
		trustee, key employee, creator or founder, substa	antial c	ontributor, or 35%			
Liabilities		controlled entity or family member of any of thes	e perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	third p	oarties		24	
	25	Other liabilities (including federal income tax, pay	/ables	to related third			
		parties, and other liabilities not included on lines	17-24)	. Complete Part X			
		of Schedule D			25		
	26	Total liabilities. Add lines 17 through 25			15,015.	26	9,867.
		Organizations that follow FASB ASC 958, chee	ck here	e X			
Sel		and complete lines 27, 28, 32, and 33.					
aŭ	27	Net assets without donor restrictions			4,020,362.	27	3,977,496. 47,419.
Ra	28	Net assets with donor restrictions			47,419.	28	47,419.
		Organizations that do not follow FASB ASC 95	58, che	ck here			
<u> </u>		and complete lines 29 through 33.					
s o	29	Capital stock or trust principal, or current funds				29	
sel	30	Paid-in or capital surplus, or land, building, or eq	uipmer	nt fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc	come, o	or other funds		31	
Net	32	Total net assets or fund balances			4,067,781.	32	4,024,915.
- 1	33				4,082,796.	33	4,034,782.

Form **990** (2024)

432011 12-10-24

HOAG LIBRARY OF	$\mathbf{THE}$	SWAN	LIBRARY
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Form	1990 (2024) ASSOCIATION	16-07	78804	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	747		
2	Total expenses (must equal Part IX, column (A), line 25)	2	798		
3	Revenue less expenses. Subtract line 2 from line 1	3	-50		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,067	',78	<u>31.</u>
5	Net unrealized gains (losses) on investments	5	7	' <b>,</b> 3:	35.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	4,024	.,91	15.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual X Other SEE SCH	0			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2024)

432012 12-10-24

SCHEDULE A (Form 990) Department of the Treasury				Public Charity Status and Public Support complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.						OMB No. 1545-0047
		nue Service			Form990 for instruction			ormation.		Inspection
Nan	ne of t	he organizatio	on HOAG		F THE SWAN LI					identification number $6-0778804$
Pa	rt I	Reason f	or Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructior	IS.	
The	organi	ization is not a	private found	lation because it is: (F	For lines 1 through 12, cł	neck only o	one box.)			
1		A church, cor	vention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	I)(A)(i).		
2		A school desc	ribed in <b>sect</b>	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	990).)				
3		A hospital or	a cooperative	hospital service orga	nization described in se	ction 170	(b)(1)(A)(ii	ii).		
4		A medical res	earch organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state								
5		An organization	on operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	overnmental u	nit describe	ed in
		section 170(	b)(1)(A)(iv).(	Complete Part II.)						
6		A federal, stat	e, or local go	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7	X	•		•	ntial part of its support fr	om a gove	ernmental	unit or from th	ne general p	public described in
		-		complete Part II.)						
8		-			1)(A)(vi). (Complete Part					
9		-		-	in section 170(b)(1)(A)(i		-		-	-
			r a non-land-ç	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:								
10					than 33 1/3% of its supp					
					t to certain exceptions; a					-
				mplete Part III.)	(less section 511 tax) fro	in pusities	ses acqui	red by the org	Janization a	inter Julie 30, 1975.
11				-	vely to test for public saf	atv Saa	section 5(	10(2)(4)		
12	$\square$	•	-		vely for the benefit of, to	•			rny out the	nurnoses of one or
12		•	-		d in section 509(a)(1) o				•	
				-	f supporting organization					
а		7	-	• •	upervised, or controlled I				-	aivina
_					gularly appoint or elect a	• • • •	-			
			-	complete Part IV, Se		, ,				
b		¬ <sup>-</sup>		-	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or m	anagement o	of the supporting orga	anization vested in the sa	me perso	ns that co	ntrol or mana	ge the supp	ported
		organization	n(s). You mus	st complete Part IV,	Sections A and C.					
c		] Type III fun	ctionally inte	grated. A supporting	g organization operated i	n connect	ion with, a	and functional	lly integrate	d with,
		its supporte	d organizatio	n(s) (see instructions)	. You must complete F	Part IV, Se	ctions A,	D, and E.		
Ċ		Type III noi	n-functionally	y integrated. A supp	orting organization operation	ated in cor	nnection v	vith its suppo	rted organiz	zation(s)
		that is not f	unctionally int	tegrated. The organiz	ation generally must sati	sfy a distr	ibution rec	quirement and	an attentiv	veness
		¬ ·	-		nplete Part IV, Sections					
е			•		vritten determination fror			Туре I, Туре	II, Type III	
					nally integrated supportir	ng organiz	ation.			
f		er the number of the following the second								
<u></u> g		i) Name of suppo		n about the supporte (ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount o	f monetary	(vi) Amount of other
	· ·	organization		(,	(described on lines 1-10	in your governi		support (see in	-	support (see instructions)
					above (see instructions))	Yes	No			
_										
Tota	al									

# HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION

16-0778804 Page 2

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.)

Schedule A (Form 990) 2024

Part II

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	<b>(b)</b> 2021	(c) 2022	(d) 2023	(e) 2024	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	755,137.	966,126.	683,802.	702,431.	730,728.	3838224.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	755,137.	966,126.	683,802.	702,431.	730,728.	3838224.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						123,005.
6	Public support. Subtract line 5 from line 4.						3715219.
	ction B. Total Support	1					
	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	Amounts from line 4	755,137.	966,126.	683,802.	702,431.	730,728.	3838224.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	1.4	0.7.4		1 400	2 2 2 5	<b>F</b> 000
	and income from similar sources	14.	874.	900.	1,489.	3,805.	7,082.
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	4 450					4 450
	assets (Explain in Part VI.)	4,450.					<u>4,450.</u> 3849756.
	Total support. Add lines 7 through 10		-				
	Gross receipts from related activities,		,			12	49,786.
13	First 5 years. If the Form 990 is for th		rst, second, third, f	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
500	organization, check this box and stor ction C. Computation of Publi						
			-	(f)		44	96.51 %
	Public support percentage for 2024 (I	, (),		()//		14	<u> </u>
	Public support percentage from 2023 33 1/3% support test - 2024. If the o					15	
108							37
h	stop here. The organization qualifies 33 1/3% support test - 2023. If the organization qualifies 44 and 45		-			or more, check thi	
N	and stop here. The organization gual	-					
17-	10% -facts-and-circumstances test					and line $14$ is $10\%$	
178	and if the organization meets the fact						
	meets the facts-and-circumstances te			-	-	-	
h	10% -facts-and-circumstances test	-		• • • •	-	7a and line 15 is <sup>-</sup>	
L.	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio				• •		
				,,, c. II k	,		(Form 990) 2024

ASSOCIATION

Schedule A (Form 990) 2024

# 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	4 <b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge $\dots$						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
t	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						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	4 <b>(f)</b> Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
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.)						
	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3) orga	nization,
	check this box and stop here			<u></u>		-	
See	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2024 (	ine 8, column (f), d	livided by line 13,	column (f))		15	%
	Public support percentage from 2023		1			16	%
See	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 2			line 13, column (f))		17	%
18						18	%
19a	<b>33 1/3% support tests - 2024.</b> If the						line 17 is not
	more than 33 1/3%, check this box a	-	•				
k	<b>33 1/3% support tests - 2023.</b> If the						
•	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	inis box and see ins		
4320	23 01-14-25		15	5		Schee	dule A (Form 990) 2024

#### HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION

1

2

3a

Yes No

#### Schedule A (Form 990) 2024 ASSOC Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

432024 01-14-25

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2024

10250313 784124 HOA002001

2024.03002 HOAG LIBRARY OF THE SWAN

16

#### HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION

16-0778804 Page 5

Sche	dule A (Form 990) 2024 ASSOCIATION	16-077880	<b>4</b> Pa	age <b>5</b>
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
h	A family member of a person described on line 11a above?	11b		<u> </u>
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
C		11-		
Sec	provide detail in Part VI. tion B. Type I Supporting Organizations	11c		L
000				<u> </u>
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<u> </u>		
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		
Sec	tion 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		100	110
•	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec				
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			<u> </u>
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	130 0000153.		
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental			
	entity (see instructions).			
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.	25		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
a	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	20		
	musices of each of the supported organizations (in res or ino, provide details in <b>Part VI</b> .	<u>3a</u>		

**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. 17

432025 01-14-25 10250313 784124 HOA002001

2024.03002 HOAG LIBRARY OF THE SWAN

Schedule A (Form 990) 2024 HOA00201

3b

HOAG	LIBRARY	OF	$\mathbf{THE}$	SWAN	LIBRARY
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Sche	dule A (Form 990) 2024 ASSOCIATION			6-0778804 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2024

432026 01-14-25

#### HOAG LIBRARY OF THE SWAN LIBRARY AGGOCTATION

16 - 0778801

Sche Par	dule A (Form 990) 2024       ASSOCIATION         t V       Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations		6-0778804	Page <b>7</b>
		alls) Supporting Orga	nizations (continue	ed)	0	
	on D - Distributions			-	Current Ye	ar
1	Amounts paid to supported organizations to accomplish exer			1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		•		
	organizations, in excess of income from activity	2 3				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	j 	3		
<u>4</u> 5	Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required - pro	o tale algorithe to <b>Dort VI</b>		4 5		
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	e organization is responsive		<u>'</u>		
U	(provide details in <b>Part VI</b> ). See instructions.			8		
9	Distributable amount for 2024 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024		(iii) Distributab Amount for 2	
1	Distributable amount for 2024 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2024 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2024					
а	From 2019					
b	From 2020					
с	From 2021					
d	From 2022					
е	From 2023					
f	Total of lines 3a through 3e					
g	Applied to under distributions of prior years					
h	Applied to 2024 distributable amount					
i	Carryover from 2019 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2024 from Section D,					
	line 7: \$					
a	Applied to underdistributions of prior years					
b	Applied to 2024 distributable amount					
C	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2024, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2024. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2025. Add lines 3j and 4c.					
8	Breakdown of line 7:					
а	Excess from 2020					
	Excess from 2021					
	Excess from 2022					
	Excess from 2023					
е	Excess from 2024					
				-		

Schedule A (Form 990) 2024

432027 01-14-25

	HOAG LIBRARY OF THE SWAN LIBRARY	16 000000
Schedule A	(Form 990) 2024 ASSOCIATION	16-0778804 Page 8
	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part IV, Section D, lines 2 and 3c, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part IV, Section D, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, Section E, lines 1c, 2a, 2b, 3b, and 3b; Part V, line 1; Part IV, line 1; Part	s 1 and 2; Part IV, Section C,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	ional information.
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432028 01-14-2	20	Schedule A (FUIII 330) 202
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# **Schedule of Contributors**

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

Name of the organization

Schedule B

(Rev. December 2024)

Department of the Treasury

Internal Revenue Service

(Form 990)

HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION Employer identification number

OMB No. 1545-0047

16 - 0778804

Organization typ	e (check one):
------------------	----------------

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

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

#### **General Rule**

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

#### **Special Rules**

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

J 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 for an *exclusively* set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set is the set in the set is the set in the set in the set in the set in the set is the set in the set in the set in the set in the set is the set in t

**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).

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

Schedule B (Form	1990) (Rev.	12-2024)
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Name of organization HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION

Employer identification number

16 - 0778804

#### Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 664,510. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (Rev. 12-2024)

10250313 784124 HOA002001

Name of organization HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION Employer identification number

Page 3

16-0778804

#### Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Date received Description of noncash property given (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

24

#### 423453 01-09-25

Schedule B (Form 990) (Rev. 12-2024)

	rganization		Employer identification number		
ASSOC	LIBRARY OF THE SWAN LIB IATION		16-0778804		
Part III	from any one contributor. Complete columns (a	) through (e) and the following line entropy charitable, etc., contributions of <b>\$1,000 or</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year ry. For organizations less for the year. (Enter this info. once.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of git			
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	Transferee's name, address, a	(e) Transfer of git and ZIP + 4	t Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
-	(e) Transfer of gift				
-	Transferee's name, address, a 	and ZIP + 4	Relationship of transferor to transferee		
423454 01-09	J-25		Schedule B (Form 990) (Rev. 12-2024		

25

# 10250313 784124 HOA002001

(For	SCHEDULE D (Form 990) (Rev. December 2024)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.				
Depart	ment of the Treasury	A	ttach to Form 990. 0 for instructions and the latest information.		Open to Public
_	I Revenue Service	Inspection r identification number			
Nam					
Pa	rt I Organiza		d Funds or Other Similar Funds or A		L6-0778804 Complete if the
	_	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at en	nd of year			
2	Aggregate value of	f contributions to (during year)			
3	Aggregate value of	f grants from (during year)			
4		t end of year			
5	-		writing that the assets held in donor advised fur		
			exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used		
	impermissible priva		r donor advisor, or for any other purpose confe	U	Yes No
Pa			ganization answered "Yes" on Form 990, Part IV		
1		servation easements held by the organization		, iirio 7.	
•		of land for public use (for example, recrea		torically impo	ortant land area
		f natural habitat	Preservation of a cer		
	Preservation	of open space			
2	Complete lines 2a	through 2d if the organization held a qualif	ied conservation contribution in the form of a c	onservation e	easement on the last
	day of the tax year			Held	at the End of the Tax Year
а	Total number of co	onservation easements		2a	
b	Total acreage restr	ricted by conservation easements		2b	
С	Number of conserv	vation easements on a certified historic stru	ucture included on line 2a	2c	
d		vation easements included on line 2c acqu			
-					
3		vation easements modified, transferred, rel	eased, extinguished, or terminated by the organ	nization durin	g the tax
4	year	 where property subject to conservation eas	coment is located		
5		tion have a written policy regarding the per			
Ŭ		orcement of the conservation easements it			Yes No
6			handling of violations, and enforcing conservat		
7	Amount of expense	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation e	asements du	ring the year
8	Does each conserv	vation easement reported on line 2d above	satisfy the requirements of section 170(h)(4)(B)	(i)	
					Yes No
9		-	on easements in its revenue and expense state		
			note to the organization's financial statements the	nat describes	the
Pa	organization's acco	ounting for conservation easements.	Art, Historical Treasures, or Other	Similar As	sats
ľu		the organization answered "Yes" on Form			0010.
10			8, not to report in its revenue statement and ba	lance sheet v	Norks
iu	•		blic exhibition, education, or research in furthera		
			ncial statements that describes these items.		-
b			8, to report in its revenue statement and balance	e sheet work	is of
	-		exhibition, education, or research in furtherand		
	provide the followi	ng amounts relating to these items.			
	(i) Revenue includ	ded on Form 990, Part VIII, line 1		\$	
2	If the organization	received or held works of art, historical trea	asures, or other similar assets for financial gain,		
	-	unts required to be reported under FASB A	-		
		on Act Notice, see the Instructions for F	orm 990. Se	chedule D (F	orm 990) (Rev. 12-2024)
LHA	432051 01-02-25		26		
			20		

10250313 784124 HOA002001

HOAG LIBRARY OF THE SWAN LIBRA	HOAG L	IBRARY	OF	THE	SWAN	LIBRARY
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	dule D (Form 990) (Rev. 12-2024) ASSOCI.	ATION	<u></u>		<u> </u>	<u></u>	16-07	78804	1 Page 2
Ра	rt III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or	Other	Similar	Assets	contin	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that	make sig	gnificant u	ise of its		
	collection items (check all that apply).								
а	X Public exhibition	d	X Loan or exc						
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organizatio	n's exem	npt purpos	se in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or othe	r similar	assets		_	
_	to be sold to raise funds rather than to be ma							Yes	X No
Pa	rt IV Escrow and Custodial Arrang		e if the organizatior	ו answered "	res" on F	orm 990,	Part IV, li	ne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	is or other as	sets not i	included		_	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:						
								Amount	t
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fe							Yes	No No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided in P	art XIII				
Pa	rt V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part l	V, line 10	).			
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	47,419.	47,419.	47	,419.		47,419.		47,419.
b	Contributions		· · · · ·		-				
c	Net investment earnings, gains, and losses								
b b	Grants or scholarships								
	Other expenditures for facilities								
e									
	and programs								
t	Administrative expenses	47,419.	47,419.	47	,419.		47,419.		47,419.
g	End of year balance	,	•		, 11).		=/,==).		47,419.
2	Provide the estimated percentage of the curr	ent year end balance		)) held as:					
a	Board designated or quasi-endowment		_%						
b	Permanent endowment 100	%							
с		%							
	The percentages on lines 2a, 2b, and 2c sho	•							
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administer	ed for the	Э		r	
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?					3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Pa	rt VI Land, Buildings, and Equipm	ent							
	Complete if the organization answere	d "Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990,	, Part X, I	ine 10.			
	Description of property	(a) Cost or ot	her <b>(b)</b> Cost	or other	(c) Ad	cumulate	ed	(d) Bool	k value
		basis (investm	ient) basis	(other)	dep	preciation		. ,	
1a	Land		48	6,258.				480	5,258.
	Buildings			7,306.	1,4	08,96	52.		3,344.
	Leasehold improvements								
	Equipment		27	4,501.	2	20,98	30.	5	3,521.
	Other			8,440.		68,7			9,666.
	I. Add lines 1a through 1e. (Column (d) must e					-			7,789.

Schedule D (Form 990) (Rev. 12-2024)

# Schedule D (Form 990) (Rev. 12-2024) ASSOCIATION Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total, (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

#### Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. line 13. col. (B))		

#### Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))         Part X       Other Liabilities	

 Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

 1.
 (a) Description of liability
 (b) Book value

 (1)
 Federal income taxes
 (2)

 (3)
 (3)
 (4)

 (5)
 (5)
 (5)

(8) (9) Total. <u>(Column (b) must equal Form 990, Part X, line 25, col. (B)</u>)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) (Rev. 12-2024)

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(6) (7)

HOAG LIBRARY OF T	IE SWAN LIBRARY
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Sche	dule D (Form 990) (Rev. 12-2024) ASSOCIATION			16 - 0	778804 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statement	s Wit	h Revenue per Re		U
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	754,976.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	7,335.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	7,335.
3	Subtract line 2e from line 1			3	747,641.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	175.
5	Total revenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)			5	747,816.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemen	ts Wi	th Expenses per F	Return	Ì
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	797,842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	797,842.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	175.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	175.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	798,017.
Pa	t 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 1	b and 2b; Part V, line 4	; Part X	, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additio	onal info	ormation.		
	RT III, LINE 1A:				
	•		IBRARY HAS N		
	E VALUE OF COLLECTIONS ON ITS FINANCIAL STAT				
	CEEDS FROM THE SALE OF COLLECTION ITEMS ARE				
	RESTRICTED NET ASSETS IN THE YEAR THE TRANSA				
	EMS RECEIVED AS DONATIONS ARE NOT RECORDED A	S II	NCOME IN THE	STA	TEMENT OF
ACT	TIVITIES AND CHANGE IN NET ASSETS.				

PART III, LINE 4: THE LIBRARY'S COLLECTION CONSISTS OF BOOKS AND OTHER MEDIA ITEMS FOR COMMUNITY MEMBERS TO UTILIZE.

PART V, LINE 4: TO PROVIDE INCOME TO BE USED ON AN ANNUAL BASIS FOR THE OPERATIONS OF THE LIBRARY.

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Schedule D (Form 990) (Rev. 12-2024)

	HOAG	LIBRARY	OF	$\mathbf{THE}$	SWAN	LIBRARY
Schedule D (Form 990) (F	Rev. 12-2024) ASSO	CIATION				
Part XIII Supplem	ental Information	(continued)				


Schedule D (Form 990) (Rev. 12-2024)

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SCHEDULE O (Form 990)	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on	-EZ	OMB No. 1545-0047
(Rev. December 2024) Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.		Open to Public Inspection
Name of the organization	HOAG LIBRARY OF THE SWAN LIBRARY ASSOCIATION		r identification numbe
FORM 990, PAR			
	EXPERIENCES THROUGH PROGRAMMING.		
ORM 990, PAR		MONITI	
		<u>MONTH</u> THE IR	LY MEETING
OK INSIK KEV	THE TRICK TO THE FILING OF THE FORM 990 WITH		.D •
FORM 990, PAR	T VI, SECTION B, LINE 12C:		
ON AN ANNUAL	BASIS, EACH BOARD MEMBER REVIEWS AND SIGNS TH	E ADOP	TED
CONFLICT OF I	NTEREST POLICY.		
FORM 990, PAR AS PART OF TH	· · · · ·	D APPR	OVES THE
	E ANNOAL REVIEW PROCESS, THE BOARD REVIEWS AN ECTOR'S SALARY.	D AFFN	
FORM 990, PAR	· · · · · ·		
	ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQ	UEST T	O THE
EXECUTIVE DIR	ECTOR. THIS AVAILABILITY IS NOT PUBLICIZED.		
FORM 990, PAR	T XII, LINE 1:		
THE FINANCIAL	•	BEEN P	REPARED
	ED CASH BASIS OF ACCOUNTING.		
	T XII, LINE 2C:		
	TRUSTEES REVIEWS THE RESULTS OF THE AUDIT WIT		
INDEPENDENT A	UDITOR AT A REGULARLY SCHEDULED BOARD MEETING	•	

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