\*\* PUBLIC DISCLOSURE COPY \*\*

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

Open to Public

<u> </u>	or the	$\pm$ 2023 calendar year, or tax year beginning $\pm$ 0 $\pm$ 1 , $\pm$ 2 $\pm$ 2 $\pm$ and 6	enaing U	UN 30, 2024	
<b>B</b> c	heck if	PEQUUI DIBRARI ASSOCIATION		D Employer identific	cation number
	Addres	D/B/A PEQUOT LIBRARY			
	Name change			06-06727	90
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 720 PEQUOT AVENUE	Room/suite	E Telephone number 203-259-	
	termin ated			G Gross receipts \$	3,346,807.
	Ameno			H(a) Is this a group re	
	Application	F Name and address of principal officer: COKE ANNE WILCOX		for subordinates	
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	
ΙT	ax-exe	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527		list. See instructions
J۷	Vebsit	e: PEQUOTLIBRARY.ORG		H(c) Group exemption	n number
K F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1889 N	1 State of legal domicile: CT
		Summary			
•	1	Briefly describe the organization's mission or most significant activities: PEQUO	T LIB	RARY ENRICH	ES LIVES BY
Activities & Governance		SERVING THE CULTURAL, EDUCATIONAL, AND IN			
rna	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.
Ne.	3	Number of voting members of the governing body (Part VI, line 1a)		3	21
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	21
တ္		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			23
/itie		Total number of volunteers (estimate if necessary)			330
ξį		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
ø.	8	Contributions and grants (Part VIII, line 1h)		899,720.	1,130,856.
ğ	9	Program service revenue (Part VIII, line 2g)		133,538.	174,826.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		8,938.	146,190.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		235,940.	235,433.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,278,136.	1,687,305.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		775,870.	876,444.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
be	b	Total fundraising expenses (Part IX, column (D), line 25) 307,12	24.		
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		893,397.	920,979.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,669,267.	1,797,423.
	19	Revenue less expenses. Subtract line 18 from line 12		-391,131.	-110,118.
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		8,097,787.	8,364,327.
AS d B	21	Total liabilities (Part X, line 26)		137,931.	188,016.
File	22	Net assets or fund balances. Subtract line 21 from line 20		7,959,856.	8,176,311.
Pa	rt II	Signature Block			
Unde	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	ich preparer	has any knowledge.	
		(oke Anne Mileox			
Sigr	1	Signatuze Alastiisst4A2		Date	
Her	е	COKE ANNE WILCOX, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check Check if	PTIN
Paid		MELANIE BALLESTAS MELANIE BALLESTA	.s  0	9/26/24 self-employ	
Prep	arer	Firm's name CLIFTONLARSONALLEN		Firm's EIN 4	1-0746749
Use	Only	Firm's address 29 SOUTH MAIN STREET, 4TH FLOOR			
		WEST HARTFORD, CT 06107		Phone no. (8	60) 561-4000
May	the IF	S discuss this return with the preparer shown above? See instructions			X Yes No

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ Total program service expenses 1, 288, 394.

) (Revenue \$

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### PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
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		_ <u>X</u> _
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	77	_X_
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			37
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
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			v
4-	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	45		v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		_X_
16		4.0		v
17	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,	47		х
12	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
18		18	Х	
19	1c and 8a? If "Yes," complete Schedule G, Part II	10	- 41	_
19	•	19		Х
20-	complete Schedule G, Part III	20a		X
	· · · ·	20a 20b		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		_
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21		х
	domestic government on Factor, column (A), line 1: If Tes. Complete Schedule I, Parts I and II	41		- 23

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#### Form 990 (2023)

PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

Part IV Checklist of Required Schedules (continued)

			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	Х	
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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
لم	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 24u</u>		
<b>2</b> 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	234		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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
	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			х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive more trial \$23,000 in norcash contributions? If "yes," complete Schedule M	25		
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		х	
Pa	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Λ	L
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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Part 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 23					
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	X			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	ol	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		Х		
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 Advanced in the Financi	counts (FBAR).					
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit					
	any contributions that were not tax deductible as charitable contributions?		6a		X		
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts					
	were not tax deductible?		6b				
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		X		
b			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required					
	to file Form 8282?		7с		X		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			37		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		X		
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	•	_				
•			8				
9	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?		9a				
a b							
10	Section 501(c)(7) organizations. Enter:		9b				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
а	Gross income from members or shareholders	11a					
	Gross income from other sources. (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a				
	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						
	organization is licensed to issue qualified health plans	13b					
	Enter the amount of reserves on hand	13c					
			14a		X		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner						
	excess parachute payment(s) during the year?		15		X		
	If "Yes," see the instructions and file Form 4720, Schedule N.				77		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X		
	If "Yes," complete Form 4720, Schedule O.	,.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities the section 501(c)(21) organizations.						
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17				
	If "Yes," complete Form 6069.						

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.

1a Enter the number of voting members of the governing body at the end of the tax year	X X X	X X X
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent	X X	X X
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent	X	X
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent	X	X
body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.  b Enter the number of voting members included on line 1a, above, who are independent	X	X
b Enter the number of voting members included on line 1a, above, who are independent 1b 21  2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  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 assets?  5 Did the organization have members or stockholders?  6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7a  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Ba  b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	X
Did any officer, director, trustee, or key employee?  Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bab Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Did the organization or undertaken during the year by the following:  Did the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	X
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Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Pare any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Bab  Each committee with authority to act on behalf of the governing body?  Steep any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Did the organization delegate control of the governing body?  Steep any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	X
of officers, directors, trustees, or key employees to a management company or other person?  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 assets?  6 Did the organization have members or stockholders?  7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7a  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9	X	Х
Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  Did the organization become aware during the year of a significant diversion of the organization's assets?  Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Para any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  The governing body?  Bab Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  Para the organization of the provide the names and addresses on Schedule O	X	Х
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8 Each committee with authority to act on behalf of the governing body? 8 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9	X	
Did the organization have members or stockholders?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  The governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  Did the organization contemporaneously document the meetings held or written actions undertaken during th	Х	
Ta Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	Х	Х
more members of the governing body?  b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  7b  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  B Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9		х
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8a  b Each committee with authority to act on behalf of the governing body?  8b  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9		х
persons other than the governing body?  8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  8a  b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9	X	Х
But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  But there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9	Х	A
a The governing body?  b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O  9	Х	
b Each committee with authority to act on behalf of the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	+	х
organization's mailing address? If "Yes." provide the names and addresses on Schedule O		<del>  ^</del>
		x
(This Section B requests information about policies not required by the Internal Revenue Code.)		_ A
	Vac	T <sub>NI</sub>
10a Did the organization have local chapters, branches, or affiliates?	Yes	No X
<ul> <li>10a Did the organization have local chapters, branches, or affiliates?</li> <li>b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,</li> </ul>	$\vdash$	<del>  ^</del>
and branches to ensure their operations are consistent with the organization's exempt purposes? 10b  11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a	Х	<del>                                     </del>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
	х	
-	X	<del>                                     </del>
	-25	<del>                                     </del>
	х	
	X	<del>                                     </del>
	X	
	-25	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
	х	
a The organization's CEO, Executive Director, or top management official  15a	+	+
	X	1
b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	X	x
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a	X	Х
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a	X	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a	X	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16b  16b  16c  16b  16c  16b	X	Х
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16b  16b  16b	X	X
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16b  16b  16b		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16		
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16	availal	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16	availal	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16	availal	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  16a  16a  16a  16a  16a  16a  16a  16	availal	

#### Form 990 (2023)

D/B/A PEQUOT LIBRARY Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

**Employees, and Independent Contractors** 

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A)	(B)			((	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one		Reportable Reportable		Estimated				
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recto	r/trus	iee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	m per		1099-NEC)	1000 (120)	and related
	below	Individual trustee or director	Institutional trustee	la e	Key employee	Highest compensated employee	er	<u> </u>		organizations
	line)	Indiv	Instit	Officer	Key 6	High empl	Former			
(1) STEPHANIE J. COAKLEY	40.00									
EXECUTIVE DIRECTOR				Х				145,855.	0.	12,344.
(2) COKE ANNE WILCOX	3.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) ELLEN LEVINSON	1.00									
TREASURER		Х		Х				0.	0.	0.
(4) KELLY D. LAFERRIERE	3.00									
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(5) LYNNE LAUKHUF	2.00									
SECRETARY (AS OF 10/23)		Х		Х				0.	0.	0.
(6) NELSON NORTH	3.00									
EX-OFFICIO		Х		Х				0.	0.	0.
(7) CAROLINE CALDER	1.00									
EXECUTIVE VICE PRESIDENT		Х		Х				0.	0.	0.
(8) CHRISTOPHER WRIGHT	3.00									
VP OF INVESTMENTS		Х						0.	0.	0.
(9) LYNNE VAN WINKLE	2.00									
SECRETARY (UNTIL 10/23)/DIRECTOR		Х						0.	0.	0.
(10) ALI FELLOWES	1.00									
TRUSTEE (BEG. 10/23)		Х						0.	0.	0.
(11) CAROLINE HARRIS GIBSON	1.00									
TRUSTEE		Х						0.	0.	0.
(12) BOB JOHNSON	1.00									
TRUSTEE (BEG. 10/23)		Х						0.	0.	0.
(13) JENNIFER BRADFORD KENNEDY	1.00									
TRUSTEE (UNTIL 10/23)		Х						0.	0.	0.
(14) THOMAS LAWLOR	1.00									
TRUSTEE (UNTIL 10/23)		Х						0.	0.	0.
(15) DAN MCHALE	1.00								_	_
TRUSTEE		Х						0.	0.	0.
(16) JAMES POWERS	1.00	_						_		_
TRUSTEE (UNTIL 10/23)	1	Х						0.	0.	0.
(17) MARGARET RIECK	1.00							_		_
TRUSTEE		X						0.	0.	<u> </u>

332007 12-21-23

Form 990 (2023

Part VII Section A. Officers, Directors, Tr	ustees Key Em				1 Hi	ahe	st C	compensated Employee		072	750		aye v
(A)	(B)	log	ees,		C)	grica	<u> </u>	(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	•	Es	stimate	∍d
	hours per	box	, unle	ss pe	rson i	is botl	h an	compensation	compensation	วท	ar	nount	of
	week (list any	_	T a	lu a u	T	Trirus	iee)	from	from related			other	
	hours for	director				L		the organization	organization (W-2/1099-MIS		1	pensa om th	
	related	9e or (	stee			nsatec		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	ĺ		ı ~	d relat	
	below	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizati	ons
(10) (22) (22)	line)	PL	lus	9	X ey	E E	윤						
(18) CHARLOTTE ROGAN TRUSTEE	1.00	x						0.		0.			Λ
(19) BELINDA SHEPARD	1.00	^	$\vdash$			$\vdash$		0.		<u> </u>			0.
TRUSTEE	1.00	X						0.		0.			0.
(20) BLYTHE BRACEY SMITH	1.00							0.					
TRUSTEE	1.00	x						0.		0.			0.
21) BOB SVENSK 1.00													
TRUSTEE (BEG. 10/23)		х						0.		0.			0.
(22) LIBBY MCKINNEY TRITSCHLER 1.00													
TRUSTEE		Х						0.		0.			0.
(23) JOHN TURITZIN	1.00												
TRUSTEE (BEG. 10/23)		Х						0.		0.			0.
(24) MATTHEW WAGNER	1.00												
TRUSTEE		Х						0.		0.			0.
(25) RICHARD WEBB	1.00	l								_			
TRUSTEE		Х	_			_	-	0.		0.			0.
		-											
1b Subtotal 145,855. 0								0.	. 12,344				
								0.	. 0		0.		
d Total (add lines 1b and 1c)								145,855.		0.	1	2,3	
2 Total number of individuals (including bu								eceived more than \$100,	,000 of reportable	 е			
compensation from the organization									•				1
												Yes	No
3 Did the organization list any former office	er, director, trust	ee, ł	кеу е	empl	loye	e, or	r hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J fo											3		X
4 For any individual listed on line 1a, is the												7.7	
and related organizations greater than \$											4	Х	
5 Did any person listed on line 1a receive o	•				•			· ·			_		х
rendered to the organization? If "Yes." Construction B. Independent Contractors	omplete Schedul	e J f	or st	ıch i	oers	on				<u></u>	5		Λ
Complete this table for your five highest	compensated inc	dene	nde	nt co	ontr	acto	re th	nat received more than 9	\$100,000 of com	nensa	tion fr		
the organization. Report compensation f										poriou		5111	
(A)	<u> </u>	-		<u>.g</u>				(B)			((	<del></del>	
Name and busine	ess address	N	INC	3				Description of s	services	C	Compe		n
										<u> </u>			
										<u> </u>			
										1			
							_			<del>                                     </del>			
										1			
							- 1	1		(			

Form **990** (2023)

Total number of independent contractors (including but not limited to those listed above) who received more than

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Form 990 (2023) D/B/A P
Part VIII Statement of Revenue

		Check if Schedule O contains a respons	e or note to any lin	e in this Part VIII			
				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Tunction revenue	business revenue	sections 512 - 514
S S	1 8	a Federated campaigns1a					
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b					
يَ ق		c Fundraising events 1c	73,921.				
ifts		d Related organizations 1d	,				
nila		e Government grants (contributions)	350,000.				
Sir		f All other contributions, gifts, grants, and	,				
uti		similar amounts not included above	706,935.				
Q ţ		g Noncash contributions included in lines 1a-1f	12,505.				
Sol		h Total. Add lines 1a-1f		1,130,856.			
<u> </u>		T Totall / Ida III / Ida I	Business Code	, ,			
o l	2 :	a LIBRARY PROGRAMS	611710	174,826.	174,826.		
Š				, -	, -		
Ser							
ım (		cd					
gra Re		e					
Program Service Revenue		f All other program service revenue					
		g Total. Add lines 2a-2f		174,826.			
	3	Investment income (including dividends, inte					
	Ŭ	other similar amounts)		112,420.			112,420.
	4	Income from investment of tax-exempt bond		, -			, -
	5	Royalties	-				
	J	(i) Real	(ii) Personal				
	6 :	<b>a</b> Gross rents <b>6a</b> 32,754	. ,				
		c Rental income or (loss) 6c 32,754					
		Not rental income or (less)		32,754.			32,754.
		a Gross amount from sales of (i) Securities		,			,
		assets other than inventory <b>7a</b> 1,589,196					
		b Less: cost or other basis					
<u>e</u>		and sales expenses <b>7b</b> 1,555,426	; <b>.</b>				
her Revenue		c Gain or (loss) 7c 33,770					
Jev		d Net gain or (loss)	<b>I</b>	33,770.			33,770.
er F		a Gross income from fundraising events (not		,			,
g		including \$ 73,921. of					
		contributions reported on line 1c). See					
		. ,	a 300,967.				
	ı	ı	b 104,076.				
		c Net income or (loss) from fundraising events		196,891.			196,891.
		a Gross income from gaming activities. See		·			
		* *	a				
	ı	ı	b				
		c Net income or (loss) from gaming activities_					
		a Gross sales of inventory, less returns					
		-	Da				
	1	I	Ob				
		c Net income or (loss) from sales of inventory					
			Business Code				
Miscellaneous Revenue	11 :	a OTHER INCOME	900099	5,788.			5,788.
ane Duc	ı	b					
eve	(	c					
Aisc B	(	d All other revenue					
_		e Total. Add lines 11a-11d		5,788.			
	12	Total revenue. See instructions		1,687,305.	174,826.	0.	381,623.

#### Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons			<u>(0)</u>	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) 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	157,848.	113,713.	13,107.	31,028
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	601,994.	433,697.	49,964.	118,333.
8	Pension plan accruals and contributions (include	,			•
_	section 401(k) and 403(b) employer contributions)	15,069.	10,857.	1,250.	2,962.
9	Other employee benefits	46,062.	10,857. 33,185.	3,822.	9,055
10	Payroll taxes	55,471.	39,963.	1,250. 3,822. 4,604.	2,962, 9,055, 10,904,
11	Fees for services (nonemployees):	,	,	-, -,	,
''					
b					
c		75,200.	15,593.	40,115.	19,492.
d		,			
e					
f	Investment management fees	23,811.		23,811.	
g		20,0220		23,022	
9	column (A), amount, list line 11g expenses on Sch 0.)	109,751.	36,682.	35,856.	37,213.
12	Advertising and promotion	103 / 7310	30,0021	3370301	377213
13	Office expenses	76,792.	58,105.	4,847.	13,840.
14	Information technology	7077520	3071031	1/01/1	137010
15	Royalties				
16		59,572.	40,882.	5,648.	13,042.
17	Occupancy	9,735.	7,955.	401.	1,379.
18	Payments of travel or entertainment expenses	3,733.	7,755.	401.	1,575
10					
10	for any federal, state, or local public officials Conferences, conventions, and meetings				
19					
20					
21 22	Payments to affiliates	240,584.	240,584.		
23		40,657.	30,787.	2,983.	6,887.
23 24	Other expenses. Itemize expenses not covered	40,037	30,707.	2,303.	0,007
24	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.)  BOOKS & MATERIALS	109,960.	105,833.	1,223.	2,904.
a b	REPAIRS & MAINTENANCE	106,628.	73,272.	10,081.	23,275
	LIBRARY AUTOMATION SERV	33,592.	19,823.	2,153.	11,616.
C C	TIDIANI AUTOMATION SEKV	33,334•	19,043.	4,133.	11,010
d	All other expenses	34,697.	27,463.	2,040.	5,194.
	All other expensesAdd lines 1 through 24e	1,797,423.	1,288,394.	201,905.	307,124
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,131,443.	1,400,334.	ZUI, 3UU.	JU1,144.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2022

<u>rar</u>	τX	Balance Sneet					
		Check if Schedule O contains a response or note to	o any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			645,392.	1	917,608
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			4,000.	3	2,000
	4	Accounts receivable, net			376.	4	12,487
	5	Loans and other receivables from any current or fo					
		trustee, key employee, creator or founder, substan	tial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualified	d pers	sons (as defined			
		under section 4958(f)(1)), and persons described in	sect	tion 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
₹	9	Prepaid expenses and deferred charges			46,118.	9	47,713
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D  Less: accumulated depreciation	10a	7,276,551.			
	b				4,054,840.		3,837,427 3,509,047
	11	Investments - publicly traded securities			3,347,061.	11	3,509,047
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	22.24
	15	Other assets. See Part IV, line 11			0.	15	38,045
	16	Total assets. Add lines 1 through 15 (must equal I			8,097,787.	16	8,364,327
	17	Accounts payable and accrued expenses			123,131.	17	143,564
	18	Grants payable	10 200	18	6 005		
	19	Deferred revenue	12,300.	19	6,025		
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete Par				21	
es	22	Loans and other payables to any current or former					
≣		trustee, key employee, creator or founder, substan					
Liabilities		controlled entity or family member of any of these p				22	
_	23	Secured mortgages and notes payable to unrelated				23	
	24	Unsecured notes and loans payable to unrelated the				24	
	25	Other liabilities (including federal income tax, payal					
		parties, and other liabilities not included on lines 17 of Schedule D	7-24).	Complete Part X	2,500.	25	38,427
	26				137,931.	26	188,016
_	20	Organizations that follow FASB ASC 958, check		• X	137,331.	20	100,010
န္		and complete lines 27, 28, 32, and 33.	i i i ci c				
ĕ∣	27				6,687,133.	27	6,696,004
39	28	Net assets with donor restrictions			1,272,723.	28	1,480,307
ᅙ		Organizations that do not follow FASB ASC 958					
ᇍᅵ		and complete lines 29 through 33.	, 00				
ō	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equip				30	
Ass	31	Retained earnings, endowment, accumulated incompared in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			7,959,856.	32	8,176,311
-	33				8,097,787.	33	8,364,327

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,68	7,3	<u>05.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,79					
3	Revenue less expenses. Subtract line 2 from line 1	3	-11	0,1	18.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,95	9,8	56.			
5	5 Net unrealized gains (losses) on investments 5							
6								
7								
8	Prior period adjustments	8						
9								
10								
	column (B)) 10 8							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	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	L	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
or audits, explain why on Schedule O and describe any steps taken to undergo such audits.								

#### **SCHEDULE A**

(Form 990)

**Total** 

Department of the Treasury Internal Revenue Service

Name of the organization

# **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.

Open to Public Inspection

OMB No. 1545-0047

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

PEQUOT LIBRARY ASSOCIATION

Employer identification number

		D/B/	A PEQUOT L.	IBRARY			U	6-06/2/90			
Pa	art I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions.				
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)					
1		A church, convention of ch	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).				
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	າ 990).)						
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	i).				
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
		city, and state:									
5		An organization operated for	or the benefit of a col	llege or university owned	or operat	ed by a go	vernmental unit describe	ed in			
		section 170(b)(1)(A)(iv). (C									
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).				
	X	An organization that norma	•				• •	oublic described in			
		section 170(b)(1)(A)(vi). (C			3		3				
8		A community trust describe		(1)(A)(vi). (Complete Par	t II.)						
9	一	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college									
_		or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or									
		university:									
10		An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from									
	activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment										
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
	See section 509(a)(2). (Complete Part III.)										
11	11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
	An organization organized and operated exclusively to test for public safety. See <b>Section 509(a)(4).</b> 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or										
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on										
	lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. <b>Type I.</b> A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
٠	•		· · · · · · · · · · · · · · · · · · ·	•	•	-					
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.									
k	, _	Type II. A supporting org			ion with it	s sunnorte	d organization(s) by hav	inα.			
•	,	control or management o	•					-			
		organization(s). You mus			arric perso	ilo tilat coi	inor or manage the supp	Jorted			
		Type III functionally inte			in connect	tion with a	and functionally integrate	ad with			
•	, <u> </u>	its supported organization	= ::				• •	ou with,			
	, _	Type III non-functionally		·				zation(s)			
•	<b>4</b>	that is not functionally int					• • • • •				
		requirement (see instructi	-		•		='	VCITCSS			
•		Check this box if the orga	•	=							
•	, L	functionally integrated, or					Type i, Type ii, Type iii				
1	F Ente	er the number of supported o									
,		vide the following information	•	d organization(s)							
		i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	in your governi <b>Yes</b>	No	support (see instructions)	support (see instructions)			
_				above (see instructions))	100	140					
_											

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# D/B/A PEQUOT LIBRARY

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1132577.	1970936.	757,675.	899,720.	1130856.	5891764.
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	1132577.	1970936.	757,675.	899,720.	1130856.	5891764.
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)						361,521.
6	Public support. Subtract line 5 from line 4.						5530243.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1132577.	1970936.	757,675.	899,720.	1130856.	5891764.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	95,346.	60,988.	84,859.	144,345.	145,174.	530,712.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	214,672.	90,601.	226,665.	263,136.	306,755.	1101829.
11	Total support. Add lines 7 through 10						7524305.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	644,132.
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	73.50 %
	Public support percentage from 2022					15	69.98 %
16a	<b>33 1/3</b> % <b>support test - 2023.</b> If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	•	• •				
17a	7a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,						
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu		-	•			
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar		-
						Cabadula A	(Form 990) 2023

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### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23 Schedule A (Form 990) 2023

#### 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.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
- 55		
6		
J		
7		
8		
9a		
9b		
9с		
10a		
104		
10b		
ule A (Forn	n 990)	2023

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Schedule A (Form 990) 2023

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	the organization accepted a gift or contribution from any of the following persons?			
а	A per	rson who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c k	below, the governing body of a supported organization?	11a		
b	A fan	nily member of a person described on line 11a above?	11b		
С	A 359	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detai	il in Part VI.	11c		
Sect	ion	B. Type I Supporting Organizations			
				Yes	No
1	Did tl	he governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		e supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		etors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) etively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did tl	he organization operate for the benefit of any supported organization other than the supported			
	orgar	nization(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,			
_	supe	rvised, or controlled the supporting organization.	2		
Sect	ion	C. Type II Supporting Organizations			
				Yes	No
1	Were	e a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or tru	ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or ma	anagement of the supporting organization was vested in the same persons that controlled or managed			
	the s	upported organization(s).	1		
Sect	ion	D. All Type III Supporting Organizations			
				Yes	No
1	Did tl	he organization provide to each of its supported organizations, by the last day of the fifth month of the			
	orgar	nization'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			
	orgar	nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
		e any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	orgar	nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By re	eason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	ficant voice in the organization's investment policies and in directing the use of the organization's			
	incor	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
C1		orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
Seci		7			
1	Chec	ck the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	A - 4:	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI -
2		rities Test. Answer lines 2a and 2b below.		Yes	No
		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined	2a		
h		these activities constituted substantially all of its activities.  he activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> </u>		
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	_	VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		e activities but for the organization's involvement.	2b		
		nt of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
		he organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		ees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
		he organization exercise a substantial degree of direction over the policies, programs, and activities of each			
_		supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		
_			_		_

332025 12-21-23 Schedule A (Form 990) 2023

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ad Type III supporting orga	nization (see

Schedule A (Form 990) 2023

instructions).

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Par	t V   Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>	
Secti	on D - Distributions			Current Year
_1_	Amounts paid to supported organizations to accomplish exer	mpt purposes	1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
_4	Amounts paid to acquire exempt-use assets		4	
_5_	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5	
_6_	Other distributions (describe in Part VI). 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		
	(provide details in Part VI). See instructions.		8	
9	Distributable amount for 2023 from Section C, line 6		9	
10	Line 8 amount divided by line 9 amount		10	
Section	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2023 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2023			
<u>a</u>	From 2018			
<u> </u>	From 2019			
<u> </u>	From 2020			
<u>d</u>	From 2021			
<u>e</u>	From 2022			
<u>f</u>	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2023 distributable amount			
<u>    i                                </u>	Carryover from 2018 not applied (see instructions)			
<u>j_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2023 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2023 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2024. Add lines 3j and 4c.			
8	Breakdown of line 7:			
	Excess from 2019			
	Excess from 2020			
	Excess from 2021			
	Excess from 2022			
	Excess from 2023			

Schedule A (Form 990) 2023

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.

Part VI

(See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2019 AMOUNT: \$ 4,586. 2020 AMOUNT: \$ 1,078. 1,595. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 1,703. 5,788. 2023 AMOUNT: \$ GROSS INCOME FROM FUNDRAISING 2019 AMOUNT: \$ 210,086. 2020 AMOUNT: \$ 89,523. 2021 AMOUNT: \$ 225,070. 2022 AMOUNT: \$ 261,433. 2023 AMOUNT: \$ 300,967.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

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

OMB No. 1545-0047

2023

Name of the organization

PEQUOT LIBRARY ASSOCIATION

D/B/A PEQUOT LIBRARY

Organization type (check one):

Employer identification number

06-0672790

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				
• •	ion is covered by the <b>General Rule</b> or a <b>Special Rule.</b> 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General Rule					
	eation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special Rules					
sections 509(a contributor, du	ration described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 uring 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; 0-EZ, line 1. Complete Parts I and II.				
contributor, du literary, or edu	tation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one suring the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, locational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering on (b) instead of the contributor name and address), II, and III.				
year, contribut is checked, en purpose. Don'	ration described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the tions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box after here the total contributions that were received during the year for an exclusively religious, charitable, etc., tomplete any of the parts unless the General Rule applies to this organization because it received nonexclusively itable, etc., contributions totaling \$5,000 or more during the year \$				
caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must nswer "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 nat 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 990) (2023)

Schedule B (Form 990) (2023) Page **2** 

Name of organization
PEQUOT LIBRARY ASSOCIATION
D/B/A PEQUOT LIBRARY

Employer identification number

06-0672790

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Name, address, and Zir + 4	\$100,188.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions  \$\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Hullo, avai 633, alla Ell' T T	\$	Person Payroll Omnicash (Complete Part II for noncash contributions.)

Name of organization Employer identification number PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

06-0672790

(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)  (c) FMV (or estimate) (See instructions.)	(d) Date received  (d) Date received  (d) Date received
(b) Description of noncash property given  (b) Description of noncash property given	(C) FMV (or estimate) (See instructions.)  (C) FMV (or estimate) (See instructions.)  (C) FMV (or estimate)	(d) Date received  (d) Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.)  \$ (c) FMV (or estimate)	Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.)  \$ (c) FMV (or estimate)	Date received
Description of noncash property given	(c) FMV (or estimate) (See instructions.)  \$ (c) FMV (or estimate)	Date received
Description of noncash property given	FMV (or estimate) (See instructions.)  \$ (c) FMV (or estimate)	Date received
Description of noncash property given	(See instructions.)  \$ (c) FMV (or estimate)	Date received
(b)	\$(c) FMV (or estimate)	(d)
	(c) FMV (or estimate)	1
	(c) FMV (or estimate)	1
	FMV (or estimate)	1
		1
	(See instructions.)	
	(c)	
(b)	FMV (or estimate)	(d)
Description of noncash property given	(See instructions.)	Date received
	(c)	
	FMV (or estimate)	(d) Date received
Description of noticasti property given	(See instructions.)	Date received
	(c)	
		(d)
Description of noncash property given	(See instructions.)	Date received
	<u> </u>	
	(b) Description of noncash property given  (b) Description of noncash property given	Description of noncash property given  (See instructions.)  \$  (c)  FMV (or estimate)  FMV (or estimate)

**Employer identification number** 

Name of organization

PEQUOT LIBRARY ASSOCIATION D/B/A PEOUOT LIBRARY 06-0672790 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

**Employer identification number** 06-0672790

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		milar Funds or Ad	counts. Complete if the
		(a) Donor advised	funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held	d in donor advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any	other purpose conferr	ring
	impermissible private benefit?			Yes No
Pai	T II Conservation Easements. Complete if the organization	anization answered "Yes	on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a histo	orically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribu	tion in the form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic structure.			2c
d	Number of conservation easements included on line 2c acquir	ed after July 25, 2006, a	nd not	
	on a historic structure listed in the National Register	•		2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period	odic monitoring, inspection	on, handling of	
	violations, and enforcement of the conservation easements it l	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and	d enforcing conservation	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfo	orcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2d above s	satisfy the requirements	of section 170(h)(4)(B)(i	)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's f	financial statements the	at describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rever	nue statement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education,	or research in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that desc	ribes these items.	
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue	statement and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furtherance	e of public service,
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(m)			•
2	If the organization received or held works of art, historical trea-	sures, or other similar as	sets for financial gain,	provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2023

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Sche		EQUOT LIBRA							Page <b>2</b>
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Si	milar	Assets	(continu	ued)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	signif	icant u	se of its		
	collection items (check all that apply).								
а	X Public exhibition	d	Loan or exc	hange program					
b	X Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt	purpos	e in Part	XIII.	
5	During the year, did the organization solicit o	r receive donations o	f art, historical treas	sures, or other simi	lar ass	ets		_	
_	to be sold to raise funds rather than to be ma							Yes	X No
Par			e if the organization	answered "Yes" o	n Forr	n 990,	Part IV, lii	ne 9, or	
	reported an amount on Form 990, Par	· ·							
1a	Is the organization an agent, trustee, custodi	an, or other intermed	iary for contribution	s or other assets n	ot incl	uded		_	
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	owing table:		1				
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance				l	1f			
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or cu	stodial account lia	bility?		L	Yes	No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds Complete if								
		(a) Current year	(b) Prior year	(c) Two years back					
1a	Beginning of year balance	3,323,257.	3,324,212.	3,985,348		3,47	8,327.	3,	708,618.
b	Contributions			250,000					
С	Net investment earnings, gains, and losses	446,764.	300,610.	-595,303	•	99	9,411.	-	-21,329.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	234,041.	278,000.	285,000	_		55,209.		181,272.
f	Administrative expenses	23,812.	23,565.	30,833			27,181.		27,690.
g	End of year balance	3,512,168.	3,323,257.	3,324,212		3,98	35,348.	3,	478,327.
2	Provide the estimated percentage of the curr		(line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	70.9300	_%						
b	Permanent endowment 12.2000	%							
С		%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3а	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	d administered for	the			Г	<del></del>
	organization by:								Yes No
	(i) Unrelated organizations?							3a(i)	X
								3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the		vment funds.						
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answered		· · · · · · · · · · · · · · · · · · ·	ee Form 990, Part	X, line	10.	<u> </u>		
	Description of property	(a) Cost or ot	, , , , , , , , , , , , , , , , , , , ,	1 ,		mulated	d	(d) Book	value
		basis (investm		, ,	depred	ciation			- 4 4 2
	Land			5,140.	0.1	4 4 4			5,140.
	Buildings		6,99	7,860. 3	,21	1,43	8.	<u>კ,786</u>	5,422.
С	Leasehold improvements								
d	Equipment			1,418.		6,26		25	5,156.
e	Other		3	2,133.	3	1,42			709.
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part )	K. line 10c. column	(B))				<u>3,837</u>	7,427.

Schedule D (Form 990) 2023

/B/A	PEQUOT	LIBRARY	

	3111 01111 000,1 411 11, 11110	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	d-of-year market value
1) Financial derivatives			
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 000 Port IV line	110 Coo Form 000 Dort V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l of year market value
	(b) book value	(c) Method of Valuation. Cost of end	1-01-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets		•	
Complete if the organization answered "Yes" of	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)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(B))		
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			
otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of			
otal. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities			(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" of the complete if the organization of liability  (a) Description of liability	on Form 990, Part IV, line		(b) Book value
Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability	on Form 990, Part IV, line		(b) Book value
Part X Other Liabilities Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	on Form 990, Part IV, line		(b) Book value
Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) RIGHT OF USE ASSET - LIABI	on Form 990, Part IV, line		(b) Book value
Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes  (2) RIGHT OF USE ASSET - LIABI  (3)	on Form 990, Part IV, line		(b) Book value
Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) RIGHT OF USE ASSET - LIABI (3) (4) (5)	on Form 990, Part IV, line		(b) Book value
Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization answered organization answered "Yes" of the complete if the organization answered organization answered organization answered "Yes" of the complete if the organization answered organization and organization and organization answered organization answered organization and organization and organization and organ	on Form 990, Part IV, line		(b) Book value
Atal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes (2) RIGHT OF USE ASSET - LIABI (3) (4) (5) (6) (7)	on Form 990, Part IV, line		(b) Book value
Otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2) RIGHT OF USE ASSET - LIABI  (3)  (4)  (5)  (6)  (7)  (8)	on Form 990, Part IV, line		(b) Book value
Otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" of the complete if the organization of liability  (1) Federal income taxes (2) RIGHT OF USE ASSET - LIABIL (3) (4) (5) (6) (7) (8) (9)	on Form 990, Part IV, line		(b) Book value 38,427
Otal. (Column (b) must equal Form 990, Part X, line 15, col.  Part X Other Liabilities  Complete if the organization answered "Yes" (a) Description of liability  (1) Federal income taxes  (2) RIGHT OF USE ASSET - LIABI  (3)  (4)  (5)  (6)  (7)	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value 38,427

D/B/A PEQUOT LIBRARY

Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,094,143.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	326,573.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)		104,076.		
е	Add lines 2a through 2d			2e	430,649. 1,663,494.
3	Subtract line 2e from line 1			3	1,663,494.
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	23,811.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	23,811. 1,687,305.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		·· <u>··</u> ·····	5	
Pai	rt XII Reconciliation of Expenses per Audited Financial Stater		Expenses per F	Returi	า
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	1,877,688.
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	104,076.		
е	Add lines 2a through 2d			2e	104,076. 1,773,612.
3	Subtract line 2e from line 1			3	1,773,612.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	00 011		
а	Investment expenses not included on Form 990, Part VIII, line 7b		23,811.		
b	Other (Describe in Part XIII.)	4b			00 011
	Add lines 4a and 4b			4c	23,811.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,797,423.
	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			; Part )	K, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac	dditional inforr	nation.		
ם א ב	RT III, LINE 4:				
PAI	XI III, DINE 4:				
тит	E ORGANIZATION DOES NOT CAPITALIZE ITS SPI	CTAL CO	OT.T.ECTTONG	ינוית	7
1111	CONGANIZATION DOES NOT CAPITALIZE ITS SFE	CIAL CO	DUDECTIONS.	1111	<u> </u>
COT	LLECTIONS INCLUDE RARE BOOKS, MANUSCRIPTS	7 NTD 7 D	יטדעיפי הפי ט	тст	OD T C'A T
COI	LIECTIONS INCLUDE RAKE BOOKS, MANUSCRIFTS	AND ARC	THIAES OF H	TOI	JRICAL
GT0	SNIFICANCE AND OTHER EPHEMERA OBJECTS THAT	י אסד דו	ווח דרס דרוו	СУФ.	TONAT.
510	MIFICANCE AND OTHER EFHEMERA ODDECTS THA	L AKE III	TOR TOO	CAI.	LONALI,
סעם	SEARCH AND CURATORIAL PURPOSES. EACH OF TH	иг тигмо	Z ADE DDEGE	וים עס	רוא ג
KE	SEARCH AND CORATORIAL FORFOSES: EACH OF II	IL TIEM,	AKE FRESE	IX V II.	J AND
CAE	RED FOR AND ACTIVITIES VERIFYING THEIR EX	ГСТЕМСЕ	AND ACCECC	TNC	тигтр
CAI	TED FOR AND ACTIVITIES VERIFIING THEIR EX	LOTENCE	AND ASSESS	ING	IIILIK
CON	NDITION ARE PERFORMED REGULARLY.				
<u>CO1</u>	NDITION ARE FERFORMED REGULARDI.				
DAT	RT XI, LINE 2D - OTHER ADJUSTMENTS:				
TAL	CI AI, DINE ZD CHIER ADOUGHEMID.				
SPF	ECIAL EVENT EXPENSES NETTED AGAINST REVENU	IES			104,076.
<u>~</u>					±0±1010•

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Part XIII S	uppleme	ntal Informatio	on (continued	()		a a a a a a a a a a a a a a a a a a a
SPECIAL	EVENT	EXPENSES	NETTED	AGAINST	REVENUES	104,076.

#### **SCHEDULE G** (Form 990)

Department of the Treasury

#### Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service PEQUOT LIBRARY ASSOCIATION Employer identification number Name of the organization D/B/A PEQUOT LIBRARY 06-0672790 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

Pa		of fundraising events. Complete if the offundraising event contributions and gr				
		3	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
						(add col. (a) through
			BOOK SALE	DERBY	(total number)	col. <b>(c)</b> )
ne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	131,502.	99,922.	143,464.	374,888.
	2	Less: Contributions	6,500.	27,306.	40,115.	73,921.
	3	Gross income (line 1 minus line 2)	125,002.	72,616.	103,349.	300,967.
	4	Cash prizes				
v	5	Noncash prizes				
bense	6	Rent/facility costs	20,219.	4,123.	786.	25,128.
Direct Expenses	7	Food and beverages	1,733.	8,217.	16,827.	26,777.
ቯ	8	Entertainment	600.	2.270.	10,119.	12,989.
	9	Other direct expenses			18,963.	39,182.
	10					104,076.
		Net income summary. Subtract line 10 from I				196,891.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(In) Pull tobo/instant		(d) Total coming (odd
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				3 1 3		(-)
æ	1	Gross revenue				
Ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes %  No	Yes % No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (d)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
	_					
					•	
		ere any of the organization's gaming licenses re Yes," explain:			/ear?	Yes No
i.	' 11	165, 6Apiaiii.				

332082 09-13-23

Schedule G (Form 990) 2023

# PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

Sch	edule G (Form 990) 2023 D/B/A PEQUOT LIBRARY 06-	-0672	<u> 790</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	🔲	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:			
	The organization's facility	13a		%
	An outside facility			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		•	75
•	Enter the hame and address of the person who prepares the organization organization of garming, special events books and records.			
	Name			
	Addison			
	Address			
			V	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ш	Yes	∟ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount			
	of gaming revenue retained by the third party \$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Gaming manager compensation \$			
	Description of continuous and deal			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	📖	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and I	art III, lir	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

# PEQUOT LIBRARY ASSOCIATION

Schedule G (Form 990) D/B/A PEQUOT LIBRARY	06-0672790 Page 4
Schedule G (Form 990)  D/B/A PEQUOT LIBRARY  Part IV   Supplemental Information (continued)	

#### SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

**Compensation Information** 

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

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

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

Employer identification number 06-0672790

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

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	/-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STEPHANIE J. COAKLEY	(i)	136,855.	9,000.	0.	4,376.	7,968.	158,199.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						<u> </u>	(5

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 7:
A PORTION OF THE EXECUTIVE DIRECTOR'S COMPENSATION PACKAGE INCLUDED AN
ANNUAL PERFORMANCE BONUS BASED ON PERFORMANCE AND ANNUAL REVIEW PERFORMED
BY THE EXECUTIVE COMMITTEE OF THE BOARD.

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

Employer identification number 06-0672790

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

ENTIRE COMMUNITY. THE LIBRARY COLLECTS, PRESERVES, AND MAKES ACCESSIBLE

A COLLECTION OF RARE BOOKS, MANUSCRIPTS, AND ARCHIVES; PROVIDES PUBLIC

LIBRARY SERVICES; ORGANIZES ENGAGING PROGRAMS ABOUT HISTORY,

LITERATURE, AND THE ARTS; CURATES SPECIAL COLLECTIONS EXHIBITIONS; AND

HOSTS COMMUNITY-WIDE GATHERINGS IN A HISTORIC SETTING.

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

SCHEDULE OF ART AND HISTORY EXHIBITIONS, PRESENTS NUMEROUS MUSIC

PERFORMANCES AND EDUCATION PROGRAMS FOR ALL AGES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HISTORIC BUILDING:

PEQUOT LIBRARY IS PROUD TO BE THE STEWARD OF A HISTORIC BUILDING

DESIGNED BY NOTED AMERICAN ARCHITECT ROBERT H. ROBERTSON, COMMISSIONED

BY PEQUOT'S PROMINENT FOUNDER, VIRGINIA MARQUAND MONROE. THE LIBRARY

WAS THE PHILANTHROPIC GIFT OF MRS. MONROE TO THE VILLAGE OF SOUTHPORT,

WHO HOPED IT WOULD BE A CENTER OF LEARNING AND CULTURE WITH PROGRAMS AS

"FREE AS AIR TO ALL".

PEQUOT LIBRARY'S HISTORIC BUILDING IS A LATE 19TH-CENTURY ROMANESQUE

REVIVAL STONE STRUCTURE FEATURING A TWO-STORY STACKS WING WITH A GLASS

FLOOR AND A NEARLY ACOUSTICALLY-PERFECT AUDITORIUM WITH A MODEST 1970S

ADDITION AND A GREAT LAWN SUITABLE FOR A VARIETY OF OUTDOOR ACTIVITIES.

PEQUOT IS LISTED ON THE NATIONAL REGISTER OF HISTORIC PLACES AND, IN

2018, RECEIVED THE CONNECTICUT TREASURES AWARD FROM THE AMERICAN

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization PEQUOT LIBRARY ASSOCIATION
D/B/A PEQUOT LIBRARY

Employer identification number 06-0672790

INSTITUTE OF ARCHITECTS, CT CHAPTER.

LIBRARY SERVICES AND CIRCULATING COLLECTION:

PEQUOT LIBRARY CURATES A CIRCULATING COLLECTION OF MORE THAN 107,000

ITEMS WITH BOOKS FOR ADULTS, CHILDREN, AND YOUNG ADULTS, PLUS MEDIA

ITEMS LIKE AUDIOBOOKS, ADDING 2,408 NEW ITEMS IN 2023-2024. PEQUOT

LIBRARY CIRCULATED 27,027 ITEMS FROM ITS COLLECTIONS TO THE PUBLIC,

INCLUDING IINTER LIBRARY LOANS AND SEED LIBRARY, WITH 42% OF THOSE

ITEMS BEING CHILDREN'S MATERIALS.

PUBLIC PROGRAMS AND COMMUNITY OUTREACH;

IN 2023-2024, PEQUOT LIBRARY OFFERED A TOTAL OF 535 PROGRAMS AND EVENTS TO PATRONS OF ALL AGES, INCLUDING 26 SCHOOL PROGRAMS, WHICH REACHED 1,298 STUDENTS, AND 84 SELF-DIRECTED ACTIVITIES LIKE CRAFTS FOR YOUTH VISITORS, WHICH GARNERED 1,892 PARTICIPANTS. YEAR-ROUND PROGRAMS INCLUDE AUTHOR TALKS, EXHIBITIONS, MUSICAL AND LIVE PERFORMANCES, WORKSHOPS, BOOK CLUBS, SCHOLARLY PRESENTATIONS, LECTURES, SCHOOL AND UNIVERSITY STUDENT TOURS, WALKING TOURS OF HISTORIC SOUTHPORT, AND NUMEROUS CHILDREN'S LITERACY PROGRAMS. THE LIBRARY ALSO COLLABORATES WITH THE TWO OTHER PUBLIC LIBRARIES IN TOWN, LOCAL SCHOOLS, AND COUNTLESS PEER ORGANIZATIONS IN THE AREA. COMMUNITY PROGRAMS HAVE EXPANDED TO INCLUDE ONLINE EXHIBITIONS AND VIRTUAL AUTHOR TALKS. PEQUOT DESIGNS THESE PROGRAMS AND EXHIBITIONS USING ITS NOTABLE SPECIAL COLLECTIONS OF RARE BOOKS, MANUSCRIPTS, AND ARCHIVES AS INSPIRATION. SPECIAL EVENT FUNDRAISERS INCLUDE USED BOOK SALES, A PARTY INSPIRED BY DERBY DAY, THE SOUTHPORT GARDEN STROLL AND OTHER EVENTS UNIQUE TO PEQUOT LIBRARY LIKE AUTHOR TALKS AND COMMUNITY ART SHOWS.

Name of the organization PEQUOT LIBRARY ASSOCIATION D/B/A PEQUOT LIBRARY

Employer identification number 06-0672790

IN 2023-2024, PROGRAM ATTENDANCE TOTALED 34,918 (INCLUDES 1,892

PARTICIPANTS IN SELF-DIRECTED ACTIVITIES AND VIEWS OF PRE-RECORDED

PROGRAMMING); 23,769 PATRONS UTILIZING LIBRARY SERVICES IN PERSON AND

WHEN COMBINED WITH WEB USERS VISITING THE LIBRARY'S WEBSITE, PEQUOT

SERVED A TOTAL OF 108,687 PATRONS.

PEQUOT FURTHER SERVES THE COMMUNITY THROUGH THE BOOKS FOR TEACHERS

PROGRAM, SUPPORTED BY GRANT FUNDING FROM THE RENE B. FISHER FOUNDATION.

THIS PROGRAM ALLOWED THE LIBRARY TO PROVIDE FREE BOOKS TO 267 TEACHERS

IN BRIDGEPORT, NEW HAVEN, AND OTHER LOW INCOME COMMUNITIES WHO SHOPPED

AT THE ANNUAL SUMMER BOOK SALE AND THE ANNUAL MIDWINTER BOOK SALE. THE

LIBRARY ALSO DONATED BOOKS TO AREA SENIOR CENTERS AND OTHER GROUPS IN

NEED OF GENTLY USED BOOKS.

SPECIAL COLLECTIONS AND EXHIBITIONS;

THE SPECIAL COLLECTIONS OF RARE BOOKS, MANUSCRIPTS, AND ARCHIVES IS

PART OF THE ORIGINAL LEGACY OF PEQUOT LIBRARY. VIRGINIA MARQUAND

MONROE, IN COLLABORATION WITH HER HUSBAND, ELBERT MONROE, AND HER

ADVISOR, REVEREND WILLIAM HOLMAN, CAREFULLY SELECTED AND GIFTED TO THE

LIBRARY AN EXTRAORDINARY COLLECTION OF AMERICANA MATERIALS CENTERING

AROUND THE FOUNDING OF THE NATION. MARY CATHERINE HULL WAKEMAN, ANOTHER

SOUTHPORT PHILANTHROPIST, ALSO FUNDED AND CONTRIBUTED AN INCREDIBLY

VALUABLE PORTION OF THE LIBRARY'S ORIGINAL COLLECTION. IN 2023-2024,

PEQUOT LIBRARY'S SPECIAL COLLECTIONS AROUND 30,000 RARE BOOKS,

MANUSCRIPTS, AND DOCUMENTS FROM THE 15TH CENTURY AND EARLIER TO

PRESENT, THAT HELP ILLUMINATE THE HISTORY OF THE LOCAL AREA AND BEYOND.

NEARLY 2,000 OF THE RARE PUBLISHED WORKS AND MANUSCRIPTS ARE CURRENTLY

ON LONG-TERM LOAN TO YALE UNIVERSITY'S BEINECKE RARE BOOK AND

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MANUSCRIPT LIBRARY.

CURRENT AND RECENT EXHIBITIONS OF THE SPECIAL COLLECTION HAVE INCLUDED

THE BOOK BEAUTIFUL: SELECTIONS FROM THE PRIVATE PRESS MOVEMENT; HOW

WILLIAM BECAME SHAKESPEARE: FOUR HUNDRED YEARS OF THE FIRST FOLIO;

CHARTING YOUR COURSE; CUTTING-EDGE NAVIGATION AND SEAFARING; WASTE NOT:

PRESERVATION AT PLAY; AND EARLY AMERICAN CHILDREN'S BOOKS AND THE

SHAPING OF NATIONAL IDENTITY.

FORM 990, PART VI, SECTION A, LINE 4:

AS PART OF THE BOARD'S ONGOING REVIEW PROCESS, MEMBERS IDENTIFIED A NEED TO REVISE THE LATEST BY-LAWS, LAST ADOPTED IN 2014, WITH A FEW CHANGES AND IMPROVEMENTS. THE LIBRARY MEMBERSHIP VOTED TO APPROVE BY-LAWS REVISIONS AT ITS OCTOBER 2023 ANNUAL MEETING. A SIGNIFICANT CHANGE WAS TO COMBINE THE STANDING COMMITTEES - FINANCE AND INVESTMENTS LED BY CO-CHAIRS, THE BOARD TREASURER AND VICE PRESIDENT OF INVESTMENTS. OTHER CHANGES INCLUDE CLARIFICATION ABOUT PROXY VOTING AND QUORUMS, ADDING BOARD PRESIDENT TO SERVE ON THE NOMINATING COMMITTEE, ADDITION OF TWO COMMITTEES, AND THE ABILITY OF THE EXECUTIVE COMMITTEE TO APPOINT AD HOC/ADVISORY COMMITTEES.

FORM 990, PART VI, SECTION A, LINE 6:

ANY PERSON WHO SHALL MAKE AN APPROPRIATE ANNUAL CONTRIBUTION SHALL BE A MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS ELECT THE LIBRARY'S OFFICERS AND MEMBERS OF THE BOARD OF TRUSTEES
AT THE ANNUAL MEETING.

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FORM 990, PART VI, SECTION A, LINE 8B:

THERE ARE NO COMMITTEES THAT HAVE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

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

THE FORM 990 IS PRESENTED TO THE FINANCE AND INVESTMENTS COMMITTEE PRIOR TO FILING FOR APPROVAL. THE FORM 990 IS THEN PRESENTED BY THE FINANCE AND INVESTMENTS COMMITTEE TO THE BOARD OF TRUSTEES FOR FINAL APPROVAL PRIOR TO FILING.

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

THE ASSOCIATION'S OFFICERS, EXECUTIVE DIRECTOR, KEY EMPLOYEES, AND TRUSTEES

ARE REQUIRED TO FILL OUT CONFLICT OF INTEREST STATEMENTS ANNUALLY AND ARE

REVIEWED AND MONITORED YEARLY AT A BOARD MEETING

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

THE EXECUTIVE COMMITTEE OF THE FULL BOARD OF TRUSTEES, WHICH ALSO ACTS AS

THE COMPENSATION COMMITTEE, HAS THE RESPONSIBILITY TO ANNUALLY REVIEW AND

APPROVE THE PRESIDENT, OFFICERS AND KEY EMPLOYEES COMPENSATION, WHICH

PROCESS AND APPROVAL IS DOCUMENTED. THE COMMITTEE REVIEWS COMPARABLE

COMPENSATION FROM SIMILAR AREA NOT-FOR-PROFIT ORGANIZATIONS. THIS PROCESS

WAS LAST COMPLETED IN 2024.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC UPON REQUEST.