

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

2009

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

\overline{A}	For the 2009 ca	alendar	year, or tax year beginning , 2009, and ending	<u> </u>	,			
_	Check if applicable							
	Address change	Please use IRS	Yates Community Library	1 1	16-0902905			
	Name change	label or	Number and street (or P O box, if mail is not delivered to street address) Room/suit		elephone nu			
Ш	Initial return	type.			•	765-9041		
Н	Termination	See Specific	PO Box 485 City or town, state or country, and ZIP + 4		3631_	763-9041		
H	Amended return	Instruc- tions.	,	F G	roup Exe	emption		
Ш	Application pending	<u> </u>			umber			
	• Section . n	501(c)(3 nust att	y organizations and 4547 (b)(1) nonexempt one master master	Accounting methodother (specify) >	od. <u>X</u>	Cash Accrual		
ı	Website: ► N	1 / Z		Check ► X If required to attach		inization is not ile B (Form 990		
	Tax-exempt status			990-EZ, or 990-P		2 (1 01111 220,		
			anization is not a section 509(a)(3) supporting organization and its gross	receipts are norm	nally not	more than		
			Z or Form 990 return is not required, but if the organization chooses to fil					
	instead of Form	1 990-E			► \$	87,599.		
Pa			Expenses, and Changes in Net Assets or Fund Balances	(See the instr	uctions			
	1 Contributi	ions, gif	ts, grants, and similar amounts received		1	83,644.		
	2 Program	service	revenue including government fees and contracts		2			
	3 Members	hip due:	s and assessments		3			
	4 Investme	nt incon	1 1		4			
	5a Gross am	nount fro	om sale of assets other than inventory 5a					
	l		er basis and sales expenses 5b					
R			ale of assets other than inventory (Subtract line 5b from line 5a)	-	5 c			
V	6 Special ever	nts and ac	tivities (complete applicable parts of Schedule G). If any amount is from gaming, check here	re ► []				
CZM<#2	a Gross rev	venue (r	not including \$ of contributions					
Ē	reported (on line	6a]]			
	b Less dire	ect expe	nses other than fundraising expenses 6b					
	c Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a) 774		6 c			
	7a Gross sal	les of in	ventory, less returns and allowances 7a					
	b Less cos	t of goo	ds sold 7b					
	c Gross pro	ofit or (le	oss) from sales of inventory (Subtract line 7b from line 7a)		7 c			
	8 Other reveni	ue (descr	ibe ► See Other Revenue Statement)	8	3,955.		
	9 Total reve	enue. A	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		9	87,599.		
					10	3,280.		
_	ſ		ar amounts paid (attach schedule) or for members		11			
X	•		omnensation, and employee henefits	181	12	46,564.		
Ε			and other payments to independent contractors MAY 1 7 2010	IRS-080	13	2,640.		
N			utilities, and maintenance	181	14	12,383.		
S					15	8,490.		
5			ribe See Other Expenses Statement OGDEN, UT		16	26,702.		
			Add lines 10 through 16	, b	17	100,059.		
			i) for the year (Subtract line 17 from line 9)		18	-12,460.		
N S E E T	19 Net asset	s or fun	d balances at beginning of year (from line 27, column (A)) (must agree w	vith end-of-year]			
ËS	figure rep	orted o	n prior year's return)		19	233,634.		
' Ţ	20 Other cha	anges in	net assets or fund balances (attach explanation)		20			
	21 Net asset	s or fun	d balances at end of year Combine lines 18 through 20	<u> </u>	21	221,174.		
	rt II Bala	nce S	heets. If Total assets on line 25, column (B) are \$1,250,000 or more, file			m 990-EZ		
~			(See the instructions for Part II)) Beginning of ye		(B) End of year		
~22	Cash, savings	s, and ir	vestments .	118,686		106,374.		
€23				48,000		48,000.		
_24 ⊃25	Other assets	(describ	e► <u>See L-24 Stmt</u>)	68,325		68,324.		
				235,011		222,698.		
<u>~</u> 26		-		1,377		1,524.		
127	Net assets or	fund b	alances (line 27 of column (B) must agree with line 21)	233,634	. 27	221,174.		
BA	A For Privacy A	Act and	Paperwork Reduction Act Notice, see the separate instructions.			Form 990-EZ (2009)		

	990-EZ(2009) Yates Commun	ity Library			<u>-090</u>	02905 Page 2
Part		Service Accomplishment	s (See the instruction	ons.)	/Pag	Expenses
. What is	the organization's primary exempt purpose?	Library			501(c)(3) and (4)
Descr descr progra	ibe what was achieved in carrying or be the services provided, the number am title.	it the organization's exempt purp r of persons benefited, or other r	oses. In a clear and con elevant information for e	icise manner, each	orga 4947 for o	puired for section c)(3) and (4) nizations and section ((a)(1) trusts, optional thers)
	Provide adult, teen, o	hildren programs and	d summer concer	ts		
	Library supplies, book					
	Serves Lyndonville Sch			00		
		If this amount includes foreign gi			28 a	100,059.
29				· ·-		
•						
•	(Grants \$	If this amount includes foreign gi	rants, check here		29 a	
30	,					
			-			
•				-		
•	(Grants \$	If this amount includes foreign gi	rants, check here		30 a	
	Other program services (attach sche					
		If this amount includes foreign gi	rants, check here		31 a	
	Total program service expenses (ad				1 32	100,059.
Part	IV List of Officers, Direct	ors, Trustees, and Key En	ployees. List each or	ne even if not com	pensa	ited. (See the instrs.)
	(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pla deferred compensa	ns and	(e) Expense account and other allowances
Tho	mas Wenhold					
~	70 Ramshaw Road	President				
~	donville, NY1409		0.		0.	0.
	es Watson	3.00				
	Oak Orchard River Rd	Vice President				
Med			0.		0.	0.
	ginia Hughes	3 3.00		· · · · · · · · · · · · · · · · · · ·	<u> </u>	.
	N. Main St.	 Treasurer		1		
	donville NY1409	' ' '	0.		ο.	0.
	l Foss	3.00			<u> </u>	
	3 Archibald Rd	 Trustee				
	erport NY 1457		0.		ο.	0.
	in Michel	3.00			<u> </u>	
~	57 Lake Shore Rd	 Trustee				
	donville NY 1409		0.		ο.	0.
	Durow N11409	3.00	- 0.		.	
	Housel Avenue	 Secretary				
	donville, NY 1409	1	0.		0.	0.
	es Simon	3.00		 	<u> </u>	·
	Ol Millers Road	 Trustee				
					Λ	0.
ТАП	donville NY1409	3.00	0.		0.	
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BAA		<u> </u>	1	<u> </u>		Form 000 F7 (0000)
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· a	Other information (Note the Statement requirements in the histis for rart v.)								
			Yes	No					
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of	'							
	each activity	33		<u>X</u> _					
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes								
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T								
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?									
b If 'Yes,' has it filed a tax return on Form 990-T for this year?									
	36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N								
	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37 b							
'	Did the organization file Form 1120-POL for this year?	3/0		<u> </u>					
38	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a		X					
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b								
39	Section 501(c)(7) organizations Enter:			İ					
	a Initiation fees and capital contributions included on line 9			į E					
ı	Gross receipts, included on line 9, for public use of club facilities . 39b			1					
40	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:			!					
	section 4911 ►, section 4912 ►, section 4955 ►			!					
ı	s Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If								
	'Yes,' complete Schedule L, Part I	40 Ь		<u>X</u>					
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			1					
(Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization								
•	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 e							
	List the states with which a copy of this return is filed >	·							
	The organization's books are in care of Yates Community Library Telephone no (585) Located at 15 N. Main Street, Lyndonville New Y NY ZIP + 4 14098 At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	765 -048 42b	-904 5	1 NoX					
(See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S? If 'Yes,' enter the name of the foreign country	42 c							
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Vos.	No.					
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	Yes	No X					
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	-44							
	Form 990 must be completed instead of Form 990-EZ	45		<u> </u>					

Form	990-EZ	(2009)	Yates	Community	v Library	v
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16-0902905

Page 4

Part VI	Section 501(c)(3) organizations 501(c)(3) organizations and sec 46-49b and complete the tables	tion 4947(a)(1) nor	nexempt charitab	charitable trusts only le trusts must answer of	. All sec question	tion is					
46 Did th	e organization engage in direct or indirec	political campaign activ	uties on behalf of or i	n opposition to candidates		Yes	No				
for pu	blic office? If 'Yes,' complete Schedule C	Part I		Tropposition to canadates	46		X				
	e organization engage in lobbying activiti	•			47		Χ				
	organization a school as described in sec			dule E	48 49 a		<u>x</u>				
49a Did the organization make any transfers to an exempt non-charitable related organization?											
	b If 'Yes,' was the related organization a section 527 organization?										
50 Comp	lete this table for the organization's five houses) who each received more than \$100	ighest compensated em	ployees (other than o om the organization	fficers, directors, trustees ar If there is none, enter 'None	nd key						
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation											
None											
					_						
					•						
f Total	number of other employees had over \$10	00.000									
i iotai	number of other employees paid over \$10		 								
51 Comp comp	plete this table for the organization's five hensation from the organization. If there is	iighest compensated ind none, enter 'None '	ependent contractors	who each received more that	an \$100,0	00 of					
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio	n				
None											
											
		·									
					-						
- Total	mumber of other and an advantage										
u iolai	number of other independent contractors	each receiving over \$10	00,000	P							
<u> </u>	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (other than officer) is based on a	mpanying schedules and sta all information of which prep	llements, and to the best of my knowlearer has any knowledge	edge and be	lief, it is	s				
Sign Here	Signature of officer	, lee		5// 0// 0							
11010	Virginia M. H	tights th	casurer	Joan							
	Type or print frame and title			-							
Paid Pre-	Preparer's signature lynne John's an	nsox, EA	Date 5-10-	Check if Self (See	arer's Identif	ying Nu	imber				
parer's	Firm's name (or MILLENNIUM ROAD	S		, comprosed		100	147				
Use	yours if self- employed). ► 12118 E YATES C	ENTER RD		EIN 16 - 1	5610	66	2				
Only	ZIP + 4 Lyndonville		NY 14098	-9674 Phone no ► (585)	765-	262	1				
May the IRS	S discuss this return with the preparer sho	own above? See instruc	tions		Form 99		No (2009)				

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Name of the organization Employer identification number												
Yat	Yates Community Library							16-0	902905	5		
Part	1	Reason for P	ublic Charity Statu	is (All organizations	must d	comple	te this	part.)	See i	nstruct	ions	
The o	rgan	ization is not a pr	ivate foundation becaus	se it is (For lines 1 through	gh 11, cl	heck onl	y one bo	ox)				
1		A church, convent	tion of churches or asso	ociation of churches descr	ribed in s	section	170(b)(1)(A)(i).				
2	\prod_{i}	A school describe	d in section 170(b)(1)(A	A)(ii). (Attach Schedule E)							
3	\prod_{i}	A hospital or coop	perative hospital service	organization described i	n sectio	n 170(b)	(1)(A)(ii	i).				
4	$\prod_{i} f_{i}$	A medical researc	ch organization operate	d in conjunction with a ho	spital de	escribed	ın secti	on 170(b)(1)(A)	(iii). Ente	er the hospital's	
	name, city, and state.											
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)											
6 7	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)											
8				70(b)(1)(A)(vi). (Complete	e Part II.	.)						
9	\Box	An organization th	nat normally receives. (1) more than 33-1/3 % of	its supp	ort from	contrib	utions,	member	ship fees	s, and gross rece	eipts
	ı	investment incom	e and unrelated businese section 509(a)(2). (C	ions – subject to certain ss taxable income (less s omplete Part III.)	ection 5	11 tax) f	rom bus	inesses	acquire	d by the	organization afte	er
10		An organization o	rganized and operated	exclusively to test for pub	lic safet	y See s	ection 5	509(a)(4).			
11	_ ,	more publicly sup	ported organizations d	exclusively for the benefit escribed in section 509(a) ation and complete lines)(1) or s	ection 5	09(a)(2)	ions of, . See s e	or carry ection 5	out the 09(a)(3).	purposes of one Check the box t	or hat
		a Type I	b Type II		I – Func			-d		d \square	Type III- Other	
e			··	ganization is not controlle		•	•		more d	~ Ш		
_	t	than foundation m 509(a)(2)	nanagers and other than	one or more publicly su	pported (organiza	itions de	scribed	ın secti	on 509(a	i)(1) or section	
f		If the organization check this box	received a written dete	ermination from the IRS th	hat is a	Type I, T	Гуре ІІ о	r Type I	II suppo	rting org	anızatıon,	
g	5	Since August 17,	2006, has the organiza	tion accepted any gift or	contribu	tion fror	n any of	the foll	owing p	ersons?		
		(1)						المحطانية	- (1)	٠	Yes	No
	((i) a person wh below, the o	overning body of the su	controls, either alone or to ipported organization?	ogetner v	with pers	sons des	icribea i	n (II) an	a (III)	11 g (i)	
	(mber of a person desc								11 g (ii)	
	Ò	• •	•	described in (i) or (ii) ab	ove?						11 g (iii)	
h		• •	•	ne supported organization								
		Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	(iv) organizat (i) listed	Is the tion in col	the organ	ou notify ization in (i) of		i) is the zation in col		pport
				(see instructions))	docui	rning ment?	your su					
					Yes	No	Yes	No	Yes	No		
											- 	
								I				
								_				
Total												

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

Schedule A (Form 990 or 990-EZ) 2009

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) Section A. Public Support Calendar year (or fiscal year (d) 2008 (e) 2009 (a) 2005 (b) 2006 (c) 2007 (f) Total beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 10,286 15,690 18,000 26,223 25,599 95,798. Tax revenues levied for the organization's benefit and either paid to it or expended 60,144 90,337 66,150. 68,150 62,000 346,781. on its behalf The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge 87,599 70,430. 106,027. 84,150. 94,373. 442,579. Total. Add lines 1-through 3 . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4 442,579. Section B. Total Support Calendar year (or fiscal year beginning in) ► (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 70,430 106,027 84,150 94,373 87,599 442,579. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 2,579 2,011 4,496 2,256 1,539 12,881. Net income from unrelated business activities, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 455,460. 12 Gross receipts from related activities, etc (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.17% 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f) 14 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 97.12% 16a 33-1/3 support test - 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► |X | b 33-1/3 support test - 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2009 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. 18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support (a) 2005**(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal yr beginning in) Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total, Add lines 1 through 5 7a Amounts included on lines 1. 2, 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the vear c Add lines 7a and 7b ... 8 Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 10 a Gross income from interest. dividends, payments received on securities loans, rents, royalties and income form sımılar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)). 15 % 16 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage % 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 18 Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A	(Form 990 or 9	90-EZ) 2009	Yates	Commun	ity Li	brary		16-0902905	Page 4
Part IV	Supplement	tal Informa	tion. Con	plete this	s part to	provide	the explanations re	quired by Part II, line rmation. See instruc	10;
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TEEA0404 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

O-EZ Other Assets and Liabilities

Form 990-EZ Part II

Name as Shown on Return Yates Community Library		Employer Identification No 16-0902905			
Line 24 - Other Assets:	Beginnin of Year	g End of Year			
Capital Projects 2006 Storage Shed	60,1				
Totals to Form 990-EZ, Part II, line 24	68,3	25.			
Line 26 - Total Liabilities:	Beginnin of Year	g End of Year			
Totals to Form 990-EZ, Part II, line 26					

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Yates Community Library	16-0902905	_	1
Form 990-EZ, Part I, Line 8 Other Revenue Statement			
Other revenue (describe) Library Charges		2,416.	
Interest		1,539.	
Total		3,955.	
Form 990-EZ, Part I, Line 16 Other Expenses Statement			
Other expenses (describe)			
Bank fees	·	146.	
Mileage Reimbursement		<u>597.</u>	
Library Supplies		<u>753.</u>	
Adult programs		632.	
Gifts		9,175.	
Office Supplies		1,541.	
Advertising		601.	
Audio-Visual	 		
Childrens Program		692.	
Electronic Materials	<u>. </u>	238.	
Janitor Supplies		191.	
Memorial Books		975.	
Miscellaneous-Other		<u> </u>	
Movie License		266.	
NIOGA-ALMS User Fees		6,140.	
Repairs-Equipment		834.	
Repairs-Other		619.	
Telecommunication		1,752.	
Payroll Expense		602.	

Total

26,702.