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Form **990**

Department of the Treasury Internal Revenue Service

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)

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

OMB No 1545-0047
2009
Open to Public

Form 990 (2009)

A For the 2009 calendar year, or tax year beginning and ending C Name of organization Check if applicable D Employer identification number use tRS label or Address change PIONEER LIBRARY SYSTEM print or Name Johange type Doing Business As 22-3219499]Initial return See Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated 2557 STATE ROUTE 21 (585)394-8260 Amende return City or town, state or country, and ZIP + 4 G Gross receipts \$ 1859323 Applica CANANDAIGUA, NY 14424-8708 H(a) Is this a group return pending F Name and address of principal officer: KATHLEEN BROWN for affiliates? Yes 🗓 No 2557 STATE ROUTE 21, CANANDAIGUA, NY 14424 JYes [H(b) Are all affiliates included? Tax-exempt status: X 501(c) (3) ◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: WWW.PLS-NET.ORG H(c) Group exemption number ▶ Other ► K Form of organization: X Corporation Trust Association L Year of formation: 1990 M State of legal domicile: NY Part I Summary 1 Briefly describe the organization's mission or most significant activities. THE ORGANIZATION'S PURPOSE IS Activities & Governance THE EXPANSION AND IMPROVEMENT OF LIBRARY SERVICES THROUGH THE Check this box 🕨 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of employees (Part V. line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** 1934150. Contributions and grants (Part VIII, line 1h) 1540304. Program service revenue (Part VIII, line 2g) 227762 267009. 26610. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 5187. 42942 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 46823. 2231464 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1859323. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 952535 529113. Benefits paid to or for members (Part IX, column (A), line 4) 14 879880 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 906624. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 11238. b Total fundraising expenses (Part IX, column (D), line 25) 491723. 622915. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 2324138. 2058652. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) <92674. Revenue less expenses. Subtract line 18 from line 12 <199329.: Assets or | Beginning of Current Year **End of Year** 1692024 1492695. 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) Net / 1692024. 1492695 Net assets or fund balances. Subtract line 21 from line 20 22 ō Signature Block Ŝ APR II Part II Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based or all information of which preparer has any knowledge 4//4/10 Date Sign Signature of officer Here KATHLEEN BROWN, PRESIDENT Type or print name and title Date Check if Preparer's identifying number (see instructions) Preparer's self-Paid signature 03/19/10 employed ▶ Preparer's Firm's name (c EIN ▶ BOYCHUK yours if self-employed), Use Only PO BOX 218, 111 MARSH RD. PITTSFORD, NY 14534 Phone no. \triangleright 585 899-6190 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Part IV Checklist of Required Schedules SYSTEM

			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?	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		<u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		<u>X</u> _
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
_	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		<u>X</u>
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	_	[37
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7	_	<u>X</u>
0	Schedule D, Part III	8		v
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide			<u>X</u>
	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 term, permanent, or quasi-endowments?	<u> </u>		
	If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	-,0		
	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
	Part VI	'	1	
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
	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, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	4.4%		v
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u>X</u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X_
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	-13		
16	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
<u>-U</u>	VIII. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Form	990 (2009)

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Form 990 (2009) PIONEER LIBRARY SYSTEM
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	'		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J .	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	L	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	i '	ĺ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		
	Schedule L, Part I	25b		<u>X</u> _
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	1		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial)
	contributor, or a grant selection committee member, or to a person related to such an individual? 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 Schedule L, Part IV		ļ	
	instructions for applicable filing thresholds, conditions, and exceptions)-	1		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was		İ	
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	.	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	 -	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	[ĺ	
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete		ļ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		[
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?		İ	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	1	Ì	7.7
	If "Yes," complete Schedule R, Part V, line 2	_35_		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,,
	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	<u> </u>	<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form	990 ((2009)

069) PIONEER LIBRARY SYSTEM Statements Regarding Other IRS Filings and Tax Compliance Part V

	,			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		_		
	U.S. Information Returns. Enter -0- if not applicable]		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re (gambling) winnings to prize winners?	poπable gaming	1.		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1	1c		
Za	filed for the calendar year ending with or within the year covered by this return	20			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax return		7		
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		2b	 	
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	•	3a		Х
	if "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	a by and rotality	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a	100		
	financial account in a foreign country (such as a bank account, securities account, or other financial a	-	4a		Х
b	If "Yes," enter the name of the foreign country: ▶	,	<u> </u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign E	Bank and	1		
	Financial Accounts.			İ	
5a	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	ction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited			
	Tax Shelter Transaction?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit	1		
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribute	ons or gifts	1		
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).		İ		İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for of	goods and services			
	provided to the payor?		7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b_	 -	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required	_		
	to file Form 8282?	1	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	\dashv		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonai			
	benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.	2012	7e		
f	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7f 7g	-	
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C		7h	 	
_	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	 	 -
8	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exce	ess business holdings	-		
	at any time during the year?		8	ŀ	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
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	_		ļ
11	Section 501(c)(12) organizations. Enter	1			
а	Gross income from members or shareholders	11a	_		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them)	11b	4	1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a	 	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1	<u></u>
			Forn	1 990	(2009)

Form 990 (2009) PIONEER LIBRARY SYSTEM 22-3219499 Page 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 in Schedule O. See instructions.

Sec	tion A. Governing Body and Management						
						Yes	No
1a		1a		9			
b	Enter the number of voting members that are independent	1b	L	9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other	ł			
_	officer, director, trustee, or key employee?			ļ	2		<u>X</u>
3	Did the organization delegate control over management duties customanly performed by or under the	e dire	ct supervision	ŀ			
	of officers, directors or trustees, or key employees to a management company or other person?				3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo Did the organization become aware during the year of a material diversion of the organization's asset		00 was filed?	-	4		<u>X</u>
5	Does the organization have members or stockholders?	(S)		Ì	5		<u>X</u>
6 72	Does the organization have members of stockholders, or other persons who may elect one or more me	mbo	a of the	ŀ	6		<u>X</u>
<i>,</i> a	governing body?	silibei	s or the	-	7 .		v
h	Are any decisions of the governing body subject to approval by members, stockholders, or other per	reone'	2	ŀ	7a 7b		<u>X</u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken		•	ŀ	75		
Ū	by the following	u u,	g tric year				
а	The governing body?			- 1	8a	Х	
	Each committee with authority to act on behalf of the governing body?			Ì	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched	at the	Ī			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Code.)				
						Yes	No
10a	Does the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ters, affiliates,	Ī			
	and branches to ensure their operations are consistent with those of the organization?				10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ılıng ti	ne form?		11	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990				1	ľ	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			ļ	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise				
	to conflicts? .				12b	X	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	descnbe				
	in Schedule O how this is done			-	12c	<u>X</u>	
13	Does the organization have a written whistleblower policy?				13	X	
14	Does the organization have a written document retention and destruction policy?			}	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approve		ndependent	Ì	ľ		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				4-	v	
	The organization's CEO, Executive Director, or top management official			-	15a	X X	
b	Other officers or key employees of the organization			F	15b		
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment	with a	Ì			
ıoa	taxable entity during the year?				16a		x
.	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate	its participation	ŀ	.00		
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization						
	exempt status with respect to such arrangements?			Ì	16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	Γ (501	(c)(3)s only) ava	ılable	for		
.5	public inspection Indicate how you make these available Check all that apply.						
	Own website X Another's website Upon request						
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	onflic	t of interest poli	cy, an	d fina	ncıal	
	statements available to the public.						
20	State the name, physical address, and telephone number of the person who possesses the books a	nd re	cords of the org	anızat	ion. 🕨		
	THE ORGANIZATION - (585) 394-8260	_					
	2557 STATE ROUTE 21, CANANDAIGUA, NY 14424-8708						
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PIONEER LIBRARY SYSTEM

<u>2-3219499</u>

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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. Use Schedule J-2 if additional space is needed
- 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. See 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

Check this box if the organization did no (A) Name and Title	(B) Average		(C) Position				(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	lastitutional frustee	all		Highest compensated employee	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
BARBARA LIPPINCOTT TRUSTEE		x					0.	0.	0.
ANNE MANCILLA TRUSTEE		х					0.	0.	0.
LINDA MORRIS VICE PRESIDENT		х		Х			0.	0.	0.
NANCY BAUDER TRUSTEE		х					0.	0.	0.
KATHLEEN BROWN PRESIDENT		x		х	_		0.	0.	0.
CORNELIA SCHADE TRUSTEE		x					0.	0.	0.
FRANCES SMITH SECRETARY		Х		x			0.	0.	0.
JOHN ZORNOW TREASURER		Х		X			 0.	0.	0.
SANDRA KUSHNER TRUSTEE		х					0.	0.	0.

932008 02-04-10

\$100,000 in compensation from the organization

Form 990 (2009)

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

Form 990 (2009) PIONEER LIBRARY SYSTEM 22-3219499 Page 9 Part VIII Statement of Revenue (A) (B) (D) Revenue (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512 513, or 514 revenue revenue Contributions, gifts, grants and other similar amounts 1 a Federated campaigns 1a Membership dues 1b Fundraising events 1c d Related organizations 1d 1540179. e Government grants (contributions) 1e All other contributions, gifts, grants, and 125. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f 1540304 **Business Code** 900099 267009. 267009. 2 a VARIOUS CONTRACTUAL SE Program Service Revenue f All other program service revenue 267009 Total. Add lines 2a-2f Investment income (including dividends, interest, and 5187 5187. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties 5 (i) Real (II) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less, cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less. cost of goods sold c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 44111. 11 a E-RATE PROGRAM REFUNDS 900099 44111. 2712. 900099 **b MISCELLANEOUS** d All other revenue 46823. Total. Add lines 11a-11d 1859323. 267009. 0. 52010. Total revenue. See instructions. 12

932009 02-04-10 Form 990 (2009)

Form 990 (2009) PIONEER LIBRARY SYSTEM Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

_	All other organizations must comple	(A)		(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	529113.	529113.		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
6	trustees, and key employees Compensation not included above, to disqualified				
_	persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	726868.	558936.	159229.	8703.
8	Pension plan contributions (include section 401(k)		333333	133423.	0703.
	and section 403(b) employer contributions)	<u>58</u> 515.	47657.	10481.	377.
9	Other employee benefits	57040.	46476.	10217.	347.
10	Payroll taxes	64201.	51354.	12181.	666.
11	Fees for services (non-employees)				
а	Management				
b	Legal	2069.	2069.		
С	Accounting	3825.		3825.	
d					
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	25.40.5			
g	Other	37426.	16426.	21000.	
12	Advertising and promotion	17062.	7611.	9167.	284.
13	Office expenses	12193.	3810.	8132.	251.
14	Information technology	266495.	266495.		
15	Royalties	15100		15100	
16	Occupancy	15120. 19834.	5096.	15120.	440
17	Travel	19034.	5096.	14296.	442.
18	Payments of travel or entertainment expenses	}			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	81972.	81972.		
22 23	Insurance	8308.	3835.	4473.	···
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	MATERIALS & SUPPLIES	98650.	98650.		
ь	VEHICLE EXPENSE	17997.	17997.		
С	UTILITIES	17957.		17957.	
d	EQUIPMENT REPAIRS	11249.	172.	11077.	
е	DUES & SUBSCRIPTIONS	6665.	6665.		
f	All other expenses	6093.	489.	5436.	168.
<u>2</u> 5	Total functional expenses. Add lines 1 through 24f	2058652.	1744823.	302591.	11238.
26	Joint costs. Check here if following	ļ			
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined			}	
	educational campaign and fundraising solicitation				Form 990 (2009)

Form 990 (2009)
Part X Balance Sheet

					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			75.	1	75.
	2	Savings and temporary cash investments			1194041.	2	873585.
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, di	rectors	s, trustees, key			
		employees, and highest compensated employed	es Coi	mplete Part II		1	
		of Schedule L		. [5	
	6	Receivables from other disqualified persons (as	define	d under section			
	İ	4958(f)(1)) and persons described in section 495	58(c)(3)	(B) Complete			
		Part II of Schedule L				6	
Assets	7	Notes and loans receivable, net		[7	
	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			7094.	9	77647.
	10a	Land, buildings, and equipment: cost or other	1				
		basis Complete Part VI of Schedule D	10a	1201463.			
	b	Less accumulated depreciation	10b	660075.	490814.	10c	<u>541388.</u>
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11	_		12	
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	<u> 1692024.</u>	16	1492695.		
	17	Accounts payable and accrued expenses		<u> </u>		17	
	18	Grants payable .		-		18	
	19	Deferred revenue		-		19	
	20	Tax-exempt bond liabilities		-		20	
es	21	Escrow or custodial account liability. Complete		F		21	
Liabilities	22	Payables to current and former officers, director					
jab		highest compensated employees, and disqualifi	ed per	sons Complete Part II			
_		of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D		<u> </u>		25	
	26	Total liabilities. Add lines 17 through 25		[V]	0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🖊	X and complete			
Ses		lines 27 through 29, and lines 33 and 34.			1602024	0.7	1402605
auc	27	Unrestricted net assets		}-	1692024.	27	1492695.
Ba	28	Temporarily restricted net assets		-		28	
n D	29	Permanently restricted net assets	haalı b	ere Dand	· · · · · · · · · · · · · · · · · · ·	29	
Ť		Organizations that do not follow SFAS 117, c	HECK II	lere Land		}	
S		complete lines 30 through 34.				30	
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		nt fund		31	····
As	31	Paid-in or capital surplus, or land, building, or ed				32	
Zet	32	Retained earnings, endowment, accumulated in	come,	or other lunus	1692024.	33	1492695.
_	33	Total net assets or fund balances		-	1692024.		1492695.
	34	Total liabilities and net assets/fund balances			1094044.	34	Form 990 (2009)

Form **990** (2009)

Form	990 (2009) PIONEER_LIBRARY SYSTEM 22-321	9499	Pa	ge 12
Pa	† XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a		i	
	consolidated basis, separate basis, or both.	1	l	
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	-		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b_		<u>L</u>
		Form	990	(2009)

932012 02-04-10

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number PIONEER LIBRARY SYSTEM 22-3219499 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 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 that describes the type of supporting organization and complete lines 11e through 11h. b ____ Type II c Type III · Functionally integrated Type III - Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? a (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(ı) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s). (iii) Type of (iv) is the organization (v) Did you notify the (vi) Is the (i) Name of supported (ii) EIN (vii) Amount of ganization in col. organization in col. (i) listed in vour organization in col. (i) organized in the U.S.? support organization (described on lines 1-9 governing document? (i) of your support? above or IRC section (see instructions)) Yes No Yes Nο

LHA 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

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	97.91 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	98.16 %
16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14	is 33 1/3% or more, check t	
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 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 1 and if the organization meets the "facts-and-circumstances" test, check this box and stop he meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported or	re. Explain in Part IV how the	
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 1 more, and if the organization meets the "facts-and-circumstances" test, check this box and st	3, 16a, 16b, or 17a, and line	
organization meets the "facts-and-circumstances" test. The organization qualifies as a public		▶□
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b,	check this box and see instr	ructions

13 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)

1843

7528967. 1057350.

1843

12

assets (Explain in Part IV)

11 Total support. Add lines 7 through 10

12 Gross receipts from related activities, etc. (see instructions)

organization, check this box and stop here

		_				
Schedule	A (³ orm	990	or 99	30.F7	1 2009

Past III Support Schedule for Organizations Described in Section 509(a)(2) (cmplete only it you checked the hor on line 9 of Past Section A. Public. Support Callendar year (of lictal year beginning in) (a) 2005	Sch	edule A (Form 990 or 990 EZ) 2009 art III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete onl	v if you checked the b	Page 3
Gets, grants, contributions, and membership tees received, (Do not include any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities from admissions, merchandise sold or services performed, or facilities from admissions, merchandise sold or services performed, or facilities from admissions and the paid to or expended on its obtains a furnished by a governmental unit to the organization's benefit and either paid to or expended on its obtains furnished by a governmental unit to the organization without charge for the paid to or expended on the shall furnished on the shall furnished on the shall furnished by a governmental unit to the organization without charge for Total. Add lines 1 through 5 7a Amounts mickeded on lines 1, 2, and 3 received from disqualified persons were self-shall as the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by accorded by the shall also accorded by extensive from the shall also accorded by extensive from the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shall also accorded by the shal	Se	ction A. Public Support					y ii you oncoined the b	OX OIT IINE 9 OI FAIL I.
1 Giffs, grants, contributions, and membership feets received, Co not include any "unusual grants," or contribution and grants of the property	Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
include any 'unusual grants,'] Gross receipts from admissions, menchandres add or services performed, or facilities furnished in any activity that is related to the organization's take eventy purpose 3. Gross receipts from activities that are not an unrelated trade or business under section 513 4. Tax revenues level for the organization's brendf and either paid to or expended on its behalf or expended on the behalf or expended on the behalf or expended on the behalf or expended on the behalf of the organization without charge (a Total Add lines 1 through 5 7. The value of services or facilities furnished by a governmental unit to the organization without charge (a Total Add lines 1 through 5 7. A mount is muddled on lines 1, 2, and 3 received from disqualified persons but secret the year of 15000 or to of the assert the service in time 2 and 3 viewed from disqualified persons that secret the year of 15000 or to of the assert to the 15 the year of 15000 or to of the assert to the 15 the year of 15000 or to of the assert to the 15 the year of 15000 or to o	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandles and or services per formed, or facilities furnished in any activity that is related to the organization's tax exempt purpose 3 Gross receipts from activates that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either part to or expended on its behalf 5 The value of services or facilities furnished by a governmental und to the organization's benefit and either part to or expended on its behalf 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from dequalified persons by Amounts recluded on lines 1, 2, and 3 received from dequalified persons by Amounts recluded on lines 1, 2, and 3 received from dequalified persons by Amounts recluded on lines 1, 2, and 3 received from dequalified persons by Amounts recluded on lines 1, 2, and 3 received from either the degree of the second of the second of the se								
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are not an unrelated trade or bus- mess under section 513 4 Tax revenues levied for the organ- zation'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 7 A Amounts meduded on lines 1, 2, and 3 received from disqualified persons 5 b monish reliated to sines 2 and 3 received ten either than despatified persons that exceeding eigened of \$5,000 or W of the amount on his 10 to the year to Add lines 7 and 7 b 8 Public support (stoat) year beginning in) 9 Amounts from line 6 9 Amounts from line 6 9 Amounts from line 7 and 7 b 10 Gross ancome from interest. 9 Control Support Calendar year (or fiscal year beginning in) 9 Amounts from line 7 and 7 b 10 Gross ancome from interest. 9 Control Support Calendar year (or fiscal year beginning in) 9 Amounts from line 6 10 Gross ancome from interest. 10 Gross ancome from interest. 10 Gross ancome from interest. 10 Britished jusiness taxable income (less section \$11 taxes) from businesses and income from similar sources 10 Linciated jusiness taxable income (less section \$11 taxes) from businesses acquired after dun 30, 1975 10 Add lines 10 and 10 b 11 Net income from unrelated business activities not included on line 10 b, whether or nor unrelated business activities not included on line 10 b, whether or nor unrelated business activities not included on line 10 b, whether or nor unrelated business activities not included on line 10 b, whether or nor unrelated business activities not included on line 10 b, whether or nor unrelated business activities not included on line 10 b, whether or norm unrelated business activities not included on line 10 b, whether or norm unrelated business activities not included on line 10 b, whether or norm unrelated business activities not included on line 10 b, whether or norm unrelated business activities not included on line 10 b, whether or norm unrelated business activities not included on line 10 b	_	, , ,						
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b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 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		more than 33 1/3%, check this box ai	nd stop here. The	organization quali	fies as a publicly s	supported organiz	zation	
line 18 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 r	not check a box or	line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	and
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶ <u> _</u> _
Schedule A (Form 990 or 990-F7) 200	20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			

Schedule D

Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

PIONEER LIBRARY SYSTEM

Employer identification number

	PIONEER LIBRARY SY	STEM			<u>22-32194</u> 99
Pa	rt I Organizations Maintaining Donor Advise	ed Funds or C	ther Similar Funds	or Account	S. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	e 6			
		(a) Dono	advised funds	(b) Funds	and other accounts
1	Total number at end of year .				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in	writing that the a	ssets held in donor advis	ed funds	
	are the organization's property, subject to the organization's	exclusive legal co	ontrol?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing	that grant funds can be	used only	
	for chantable purposes and not for the benefit of the donor of				
	impermissible private benefit?				Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answe	red "Yes" to Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	ion (check all that	apply).		
	Preservation of land for public use (e.g., recreation or p	oleasure)	Preservation of an his	torically importa	nt land area
	Protection of natural habitat		Preservation of a certi	-	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation	contribution in the form	of a conservation	n easement on the last
	day of the tax year				Jasement on the last
	,			He	ld at the End of the Tax Year
а	Total number of conservation easements			2a	ia or the cha or the tax tear
b	Total acreage restricted by conservation easements			2b	
c	Number of conservation easements on a certified historic str	ructure included ii	n (a)	2c	
_	Number of conservation easements included in (c) acquired		(-)	2d	
3	Number of conservation easements modified, transferred, re		ned or terminated by the		iring the tay
Ů	year >		iou, or tommatou by the	organization de	ining the tax
4	Number of states where property subject to conservation ea	sement is located	•		
5	Does the organization have a written policy regarding the per				
·	violations, and enforcement of the conservation easements in				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		nservation easements di	uring the year	
7	Amount of expenses incurred in monitoring, inspecting, and	*			
8	Does each conservation easement reported on line 2(d) above		_	_	
•	and section 170(h)(4)(B)(ii)?	•			Yes No
9	In Part XIV, describe how the organization reports conservati	ion easements in	its revenue and expense	statement, and	
•	include, if applicable, the text of the footnote to the organization				
	conservation easements			ŭ	
Pai	t III Organizations Maintaining Collections o	f Art, Historic	al Treasures, or O	ther Similar	Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line	8		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its r	evenue statement and ba	alance sheet wo	rks of art, historical
	treasures, or other similar assets held for public exhibition, ed				
	the footnote to its financial statements that describes these		·	•	·
h	If the organization elected, as permitted under SFAS 116, to		nue statement and balan	ce sheet works	of art, historical treasures.
	or other similar assets held for public exhibition, education, of				
	these items			,,	
	(i) Revenues included in Form 990, Part VIII, line 1			▶ \$	
	(ii) Assets included in Form 990, Part X			Š	
^	If the organization received or held works of art, historical tre	asures, or other s	imilar assets for financial	Lgain, provide	
2	the following amounts required to be reported under SFAS 1			. 32, provido	
_	Revenues included in Form 990, Part VIII, line 1	. o rolating to the	J	> \$	
a	Assets included in Form 990, Part X			~ ↓ ↓ _	
b	ASSETS INCLUDED IN FORM 350, Part A			- Ψ_	

		LIBRARY					22-	3219499	9 Page 2
Pa	rt III Organizations Maintaining C	Collections of	Art, His	torical Tr	easures, e	or Othe	r Similar A	ssets (conti	nued)
3	Using the organization's acquisition, access	on, and other rec	ords, chec	k any of the	following tha	t are a sig	Inificant use o	f its collection	ıtems
	(check all that apply).								
а	Public exhibition		d 🛄	Loan or exc	hange progra	ams			
b	Scholarly research		е 🗀	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and exp	lain how t	hey further t	he organizati	on's exem	npt purpose in	Part XIV	
5	During the year, did the organization solicit of	r receive donation	ns of art, h	istorical trea	sures, or oth	er sımılar	assets		
	to be sold to raise funds rather than to be m	aintained as part o	of the orga	nization's co	ollection?			Yes	No No
Pa	rt IV Escrow and Custodial Arran	gements. Com	plete if or	ganization a	nswered "Ye	s" to Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intern	nediary for	contribution	ns or other as	sets not i	ncluded		
	on Form 990, Part X?							Yes	No No
b	If "Yes," explain the arrangement in Part XIV	and complete the	following	table.					
								Amount	
c	Beginning balance						1c		
d	Additions during the year						1d		
e	Distributions during the year						1e		
f	Ending balance .						1f		
2a	Did the organization include an amount on F	orm 990, Part X, li	ne 21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV								
Pai	rt V Endowment Funds. Complete	f the organization	answered	"Yes" to Fo	rm 990, Part	IV, line 10)		
	•	(a) Current year	(b) F	Prior year	(c) Two year	rs back (d) Three years b	ack (e) Four	years back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·							
b	Contributions								
c	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities		}			Ì			
	and programs								
f	Administrative expenses								
g	End of year balance				<u> </u>				
2	Provide the estimated percentage of the year	r end balance hel	d as.						
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%							
С	Term endowment	%							
За	Are there endowment funds not in the posse	ssion of the organ	nization th	at are held a	ind administe	red for th	e organization	ا	
	by·								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations		-					3a(ii)	
b	If "Yes" to 3a(ii), are the related organization:	s listed as require	d on Sche	dule R?				3b	
4	Describe in Part XIV the intended uses of the	organization's er	ndowment	funds					
Pa	rt VI Investments - Land, Building	gs, and Equip	ment. s	ee Form 990	, Part X, line	10			
	Description of investment	(a) Cost o		1 (-)	t or other		cumulated	(d) Bool	k value
		basis (inve	stment)	basis	(other)	dep	reciation		
	Land				15000.				<u> 15000.</u>
b	Buildings			6	93833.		279079.	4	14754.
С	Leasehold improvements			<u> </u>				ļ	
d	Equipment			4	92630.		<u> 380996.</u>	1	11634.
е						<u> </u>	··-	<u> </u>	
Tota	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, P	art X, colu	mn (B), line	10(c).)			<u> 5</u>	<u>41388.</u>

Schedule D (Form 990) 2009 PIONEER LI	BRARY SYSTEM		22-3219 4 99 Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line 12		
(a) Description of security or category (including name of security)	(b) Book value	(c) Metho Cost or end-o	d of valuation f-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			
			
	 		
			
		<u></u>	
		······································	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)			
Part VIII Investments - Program Related.	See Form 990, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of	f-year market value
			
	 		
	 		
	 		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>		
Part IX Other Assets. See Form 990, Part X, Im	ie 15. i) Description		(1) Dealers
(8	i) Description		(b) Book value
			
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, coi (B) III	ne 15)		
Part X Other Liabilities. See Form 990, Part >	(, line 25		
1 (a) Description of liability		b) Amount	
Federal income taxes			
Total. (Column (b) must equal Form 990, Part X, col (B) In			

Scnedule D (Form 990) 2009

_	dule D (Form 990) 2009 PIONEER LIBRARY SYSTEM		_			2	<u> 22-3</u>	21949	9 Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	o Au	dited	l Finan	icial S	tater	nents	;	
1	Total revenue (Form 990, Part VIII, column (A), line 12)				1			18	59323.
2	Total expenses (Form 990, Part IX, column (A), line 25)				2				58652.
3	Excess or (deficit) for the year. Subtract line 2 from line 1				3				99329.
4	Net unrealized gains (losses) on investments				4				
5	Donated services and use of facilities				5				
6	Investment expenses				6				
7	Pnor period adjustments				7				
8	Other (Describe in Part XIV.)	•			8				
9	Total adjustments (net) Add lines 4 through 8			•	9				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	nd 9			10				99329.
	t XII Reconciliation of Revenue per Audited Financial Statem		With	Reve		er Re	turn		<u>, , , , , , , , , , , , , , , , , , , </u>
1	Total revenue, gains, and other support per audited financial statements						1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12					-			
a	Net unrealized gains on investments	_2	a						
h	Donated services and use of facilities	2							
_	Recoveries of prior year grants	2				\dashv			
ď	Other (Describe in Part XIV.)	2	$\neg \neg$			-	1		
	Add lines 2a through 2d	<u></u>	<u>u </u>				0-		
e						-	2e		
3	Subtract line 2e from line 1					-	3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	١.	1			1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4					i		
þ	Other (Describe in Part XIV.)	4	<u> </u>				1		
С	Add lines 4a and 4b					-	4c		
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		1000	<u>. – · </u>			5		
Pa	t XIII Reconciliation of Expenses per Audited Financial Staten	nents	WIT	n Expe	enses	per i	<u> Returi</u>	<u>n</u>	
1	Total expenses and losses per audited financial statements					-	1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	1				-		
а	Donated services and use of facilities	_2	<u>a </u>				İ		
b	Prior year adjustments	_2	<u> </u>						
c	Other losses .	20					Ì		
d	Other (Describe in Part XIV.)	2	d				- 1		
е	Add lines 2a through 2d						2e		
3	Subtract line 2e from line 1					Ĺ	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:								
а	Investment expenses not included on Form 990, Part VIII, line 7b	4	a_				1		
b	Other (Describe in Part XIV)	4	ь						
c	Add lines 4a and 4b						4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					Ţ	5		
Pai	t XIV Supplemental Information								
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com								
	9 2, Fait XI, III 6 0, 1 art XII, III 6 2 0 0 10 10, 0 10 10 10 10 10 10 10 10 10 10 10 10 1								
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2 _ Employer identification number 22-3219499 Schedule I (Form 990) 2009 Open to Public 2009 OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule 1-1 (Form 990) if additional space is needed Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, o Ö o. Ö ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States ► Attach to Form 990. (d) Amount of cash grant 6107. 4431 6979. 5966. 7917, 11274 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 16-0801786 501(C)(3) 501(C)(3) 33-1057765 501(C)(3) 16-6002904 501(C)(3) 501(C)(3) 16-6002233 501(C)(3) 2 Enter total number of section 501(c)(3) and government organizations SYSTEM 16-1223418 16-0864378 General Information on Grants and Assistance (p) EIN PIONEER LIBRARY critena used to award the grants or assistance? Enter total number of other organizations STEVENS MEMORIAL COMMUNITY LIBRARY 1 (a) Name and address of organization BLOOMFIELD PUBLIC LIBRARY EAST BLOOMFIELD, NY 14443 or government BLOOMFIELD, NY 14469 ALLENS HILL LIBRARY 3818 ALLENS HILL RD ARCADE FREE LIBRARY Name of the organization EAGLE FREE LIBRARY AVON FREE LIBRARY ARCADE, NY 14009 ATTICA, NY 14011 Department of the Treasury BLISS NY 14024 3413 SCHOOL ST 143 GENESEE ST AVON, NY 14414 Internal Revenue Service 365 W MAIN ST 146 MAIN ST 9 CHURCH ST SCHEDULE 1 (Form 990) Part i Part

Schedule I (Form 990) 2009

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Page 2

22-3219499

PIONEER LIBRARY SYSTEM

Schedule I (Form 990) 2009

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service
Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047
2009
Open to Public Inspection

Open to Pull Inspection

Employer identification number

PIONEER LIBRARY SYSTEM	IBRARY SY	STEM					2-3219499	
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Un	nited States (Sche	dule I (Form 990), Pa	_		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
BRISTOL LIBRARY 6750 COUNTY RD 32 CANANDAIGUA, NY 14424	16-0921901	501(C)(3)	5174.	0				
CALEDONIA LIBRARY 3108 MAIN ST CALEDONIA, NY 14423	16-0791657	501(c)(3)	11035.	0				
WOOD LIBRARY ASSOCIATION 134 N MAIN ST CANANDAIGUA, NY 14424	16-0755896	501(c)(3)	15769.	0				
CORDELIA A GREEN LIBRARY 11 S MAIN ST CASTILE, NY 14427	16-0821834	501(c)(3)	5833	0				
CLIFTON SPRINGS LIBRARY 4 RAILROAD AVE CLIFTON SPRINGS, NY 14432	16-0813459	501(C)(3)	6272.	0				
CLYDE-SAVANNAH PUBLIC LIBRARY 204 GLASGOW ST CLYDE, NY 14433	16-1190142	501(C)(3)	10112.	°O				
DANSVILLE PUBLIC LIBRARY 200 MAIN ST DANSVILLE, NY 14437	16-1138220	501(C)(3)	16586.	0				
WADSWORTH LIBRARY 24 CENTER ST GENESEO, NY 14454	16-0791656	501(C)(3)	14548.	0				
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	uction Act Notice	, see the Instructions	for Form 990.				Schedule I-1 (Form 990) 2009	

Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 2009 Open to Public Inspection

(h) Purpose of grant or assistance Employer identification number 22-3219499 (g) Description of non-cash assistance Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (book, FMV, appraisal, other) (f) Method of valuation Ö (e) Amount of non-cash assistance o o, 1202. (d) Amount of cash grant 5315. 6212, 8029, 156082 11247 11928 8711 10804 (c) IRC section if applicable 501(C)(3) 16-0979093 501(C)(3) 16-6002299 501(C)(3) 15-0584690 501(C)(3) 16-6046054 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) PIONEER LIBRARY SYSTEM 20-5086918 16-6002302 16-1065224 16-0952161 (b) EIN (a) Name and address of organization or government HONEOYE PUBLIC LIBRARY LIVONIA PUBLIC LIBRARY MACEDON PUBLIC LIBRARY MARION PUBLIC LIBRARY LYONS PUBLIC LIBRARY GENEVA FREE LIBRARY GORHAM FREE LIBRARY LIMA PUBLIC LIBRARY GORHAM NY 14461 HONEOYE NY 14471 LIVONIA, NY 14487 MACEDON NY 14502 LYONS NY 14489 MARION, NY 14505 GENEVA, NY 14456 2 WASHINGTON ST 1872 GENESEE ST LIMA, NY 14485 4036 MAPLE AVE 2664 MAIN ST 8708 MAIN ST 122 BROAD ST 244 MAIN ST 30 MAIN ST

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Schedule I-1 (Form 990) 2009

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

Department of the Treasury Internal Revenue Service SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047 Open to Public

Inspection

(h) Purpose of grant or assistance Employer identification number 22-3219499 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation Ö 0 ö (e) Amount of non-cash assistance 12539, 6927 9725. 11423. 6773, (d) Amount of cash grant 8206. 15924 10117 (c) IRC section if applicable 16-0855884 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) PIONEER LIBRARY SYSTEM 16-0768635 16-1273510 15-1600675 16-1382148 16-6047234 15-0532286 52-2358707 (p) EIN PHELPS COMMUNITY MEMORIAL LIBRARY (a) Name and address of organization or government PALMYRA COMMUNITY LIBRARY ONTARIO PUBLIC LIBRARY NEWARK PUBLIC LIBRARY BELL MEMORIAL LIBRARY MT MORRIS, NY 14510 PERRY PERRY LIBRARY Name of the organization MT. MORRIS LIBRARY ONTARIO, NY 14519 PALMYRA, NY 14522 PHELPS, NY 14532 NAPLES, NY 14512 NEWARK NY 14513 NUNDA NY 14517 PERRY, NY 14530 NAPLES LIBRARY 118 S MAIN ST 127 CUYLER ST 1850 RIDGE RD 70 N MAIN ST 121 MAIN ST 121 HIGH ST 8 BANTA ST 16 EAST ST Part

Schedule I-1 (Form 990) 2009

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

SCHEDULE 1-1 (Form 990)

► Attach to Form 990 to list additional information for Continuation Sheet for Schedule I (Form 990)

(FORM 950) Department of the Treasury Internal Revenue Service		Attach to Fo	rm 990 to list add Iule I (Form 990), I	Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	n for 		Open to Public- Inspection	
Name of the organization PIONEER LIBRARY		SYSTEM				Employer 2.2	Employer identification number 22-3219499	,
Part I Continuation of Grants and Other Assistance to Governments and	r Assistance to Go		nizations in the U	nited States (Sche	Organizations in the United States (Schedule I (Form 990), Part II)			
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	
PIKE LIBRARY 65 MAIN ST PIKE , NY 14130	22-2434851	501(C)(3)	4435,	0				
RED CREEK FREE LIBRARY 6817 MAIN ST RED CREEK NY 13143	16-1240098	501(0)(3)	89 72 73	0				
RED JACKET COMMUNITY LIBRARY 7 LEHIGH AVE SHORTSVILLE, NY 14548	16-1550629	501(C)(3)	7791.	0				1
]	15-6024012	501(C)(3)	8807,	0				
GAINSVILLE LIBRARY 10 CHURCH ST SILVER SPRINGS, NY 14550	16-6002255	501(C)(3)	4435	0				
SODUS COMMUNITY LIBRARY 17 MAPLE AVE SODUS, NY 14551	15-0566318	501(¢)(3)	14465.	0				
VICTOR FREE LIBRARY 15 w MAIN ST VICTOR NY 14564	16-0864990	501(C)(3)	12197.	0				
WALWORTH-SEELY PUBLIC LIBRARY 3600 LORRAINE DR WALWORTH, NY 14568	16-1115208	501(C)(3)	10558,	0				
LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instru	duction Act Notice	e, see the Instructions	ctions for Form 990.				Schedule I-1 (Form 990) 2009	8
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Schedule I-1 (Form 990) 2009 OMB No 1545-0047 2009 Open to Public-(h) Purpose of grant or assistance Employer identification number Inspection 22-3219499 (g) Description of non-cash assistance Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II) (book, FMV, appraisal, other) (f) Method of valuation ► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. Continuation Sheet for Schedule I (Form 990) (e) Amount of non-cash assistance Ö Ö Ö Ö 5382, (d) Amount of cash grant 8177 10475 4501 For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. (c) IRC section if applicable 16-6002396 501(C)(3) 16-1061055 501(C)(3) 15-6001202 501(C)(3) 16-6041418 501(C)(3) PIONEER LIBRARY SYSTEM (b) EIN ASSOCIATION - 114 SO ACADEMY ST -WYOMING FREE CIRCULATING LIBRARY WILLIAMSON FREE PUBLIC LIBRARY (a) Name and address of organization or government WOLCOTT CIVIC FREE LIBRARY WARSAW PUBLIC LIBRARY 5890 NEW HARTFORD ST WILLIAMSON, NY 14589 6380 RT 21, SUITE 1 Name of the organization WOLCOTT, NY 14590 WYOMING NY 14591 WARSAW NY 14569 Department of the Treasury Internal Revenue Service 130 N MAIN ST SCHEDULE 1-1 (Form 990) Part LΗ

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SCHEDULE J (Form 990)

Compensation Information

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2009

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. See separate instructions.

Open to Public Inspection

Employer identification number

PIONEER LIBRARY SYSTEM 22-3219499 **Questions Regarding Compensation** Yes No ta Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? X 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? 4a Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? X 4c 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) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Х a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of. X a The organization? 6a Х b Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 67 lf "Yes," describe in Part III X 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III Х 8

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

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

Schedule J (Form 990) 2009

Regulations section 53 4958-6(c)?

22-3219499

PIONEER LIBRARY SYSTEM

Schedule J (Form 990) 2009

Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in 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 are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

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(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred	benefits	(B)(i)-(D)	reported in prior Form 990 or
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Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization **Employer Identification number** PIONEER LIBRARY SYSTEM 22-3219499 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: DISTRIBUTION OF FUNDS, MATERIALS, ELECTRONIC SERVICES AND INFORMATION TO LIBRARIES IN ONTARIO, WAYNE, WYOMING AND LIVINGSTON, NEW YORK COUNTIES. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS PRESENTED TO THE BOARD FOR FINAL APPROVAL BEFORE SIGNING AND MAILING. FORM 990, PART VI, SECTION B, LINE 12C: MANAGEMENT ANNUALLY REVIEWS BOARD MEMBERS RELATIONSHIP TO THE ORGANIZATION. FORM 990, PART VI, SECTION B, LINE 15: EMPLOYEES ARE EVALUATED ANUALLY BY THE PERSONNEL COMMITTEE AND COMPENSATION RECOMMENDATIONS ARE APPROVED BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: INFORMATION IS SHOWN ON GUIDESTAR.COM

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(D) - Asset disposed

*ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction