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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 Inspection

Form 990 (2009) (D)

Summary   Solicy	Summary   Solic   So	Check	the 2009 calendar year, or tax year beginning and ending			
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Tax-everept status:	Specific	=	type. Number and street (or P O box if mail is not delivered to street address)	Room/suite		
Instruction	Instruction   Instructions   Inst		Specific 255 Reitz Boulevard			
Application pending F Name and address of principal officer     H(a) is this a group return for afficiates	Figure   F	Termin	Instruc- City or town, state or country, and ZIP + 4		G Gross rece	ipts \$ 909,94
Tax-exempt status	Tax-excempt status:	Amend		· · ·		
Tax-exempt status	Tax-exempt status:	Applica	ation pending F Name and address of principal officer		1 ' '	_ =
#*No.** attach a lat. (see instructions)  ##No.** attach a lat. (see in	Tax-exempt status   X   Soite   (3 )				H(b) Are all	affiliates .
Taxe-exempt status   X   Sot(e)   3   4 (inset no.)   4947(a)(1) or   527	Tax-exempt status   X   Sof(c)   3   4 (insert no.)   4947(a)(1) or   527					•• • •
Website: ▶ http://unioncountylibrarysystem.com/   Hic   Group exemption number ▶	Website: ► http://unioncountylibrarysystem.com/   Ngc   Croup exemption number   Part   Summary	Tax-e	exempt status: <b>X</b> 501(c) ( <b>3</b> ) <b>4</b> (insert no.) 4947(a)(1) or 527		1 ""	allowing light (acc insudences)
Briefly describe the organization's mission or most significant activities   To assure free public library services throughout Union County,   Pennsylvania and to provide a sound plan for future library funding and development.   2 Check this box ▶	Barelly describe the organization's mission or most significant activities   To assure free public library services throughout Union County,   Pennsylvania and to provide a sound plan for future library funding and development.				H(c) Group	exemption number
To assure free public library services throughout Union County, Pennsylvania and to provide a sound plan for future library funding and development.  2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets  3 Number of voting members of the governing body (Part VI, line 1a)  4 Number of undependent voting members of the governing body (Part VI, line 1b)  5 Total number of employees (Part V, line 2a)  6 Total number of wolunteers (estimate if necessary)  7a Total gross unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1g)  10 Investment income (Part VIII, line 2g)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Total fundraising description (Exclumn (B), line 11e)  b Total fundraising description (Exclumn (B), line 1fe)  b Total fundraising description (Exclumn (B), line 1fe)  17 Other expenses (Part IX, column (B), line 1fe)  b Total sexpenses (Part IX, column (B), line 1fe)  18 Total expenses (Part IX, column (B), line 1fe)  b Total fundraising description (Exclumn (B), line 1fe)  b Total fundraising description (Exclumn (B), line 1fe)  b Total sexpenses (Part IX, column (B), line 1fe)  c Total assets (Part X, tine 18)  19 Grant Baginning of Current Year  End of Year  20 Total assets of fund balances. Subtract line 21 from line 20  238,802  480,6	Briefly describe the organization's mission or most significant activities  To assure free public library services throughout Union County, Pennsylvania and to provide a sound plan for future library funding and development.  C 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)  Number of independent voting members of the governing body (Part VI, line 1b)  Total number of wolunteers (estimate in ecessary)  To Total number of wolunteers (estimate in ecessary)  To Total rows unrelated business revenue from Part VIII, column (C), line 12  To be Net unrelated business taxable income from Form 990-T, line 34  Prior Year  Current Year  To Investment income (Part VIII, column (A), lines 3, 4, and 7d)  To Investment income (Part VIII, column (A), lines 3, 4, and 7d)  To Investment income (Part VIII, column (A), lines 3, 4, and 7d)  To Investment income (Part VIII, column (A), lines 3, 4, and 7d)  To Investment income (Part VIII, column (A), lines 3, 4, and 7d)  To Investment income (Part VIII, column (A), lines 3, 4, and 7d)  Separate Year Year Year Year Year Year Year Yea	Туре	of organization X Corporation Trust Association Other ▶	L Year of formation 1	.998	M State of legal domicile P
To assure free public library services throughout Union County, Pennsylvania and to provide a sound plan for future library funding and development.  2 Check this box	To assure free public library services throughout Union County, Pennsylvania and to provide a sound plan for future library funding and development.  2 Check this box	Part	Summary			
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7a Total gross unrelated business revenue from Part VIII, column (C), line 12  b Net unrelated business taxable income from 990-T, line 34  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5–10)  16 Professional fundraising dees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses, Add lines 13–17 (must equal Part X, line 25)  18 Revenue less expenses, Add lines 13–17 (must equal Part X, column (A), line 25)  19 Revenue less expenses, Subtract line 18 from line 12  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  238,802  480,6	7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from 990-T, line 34  8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 319,637 315,17  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,128 2,44 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), lines 1–3) 15 Salaries, other compensation, employee-benefits (Part IX, column (A), line 4) 15 Salaries, other compensation, employee-benefits (Part IX, column (A), line 1e) b Total fundraiging expenses (Part IX, column (A), line 11e) b Total fundraiging expenses (Part IX, column (A), line 11e) b Total fundraiging expenses (Part IX, column (A), line 25) 17 Other expenses, add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses, Subtract line, 18 from line 12 20 Total assets (Part X, line 26) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 238,802 480,64  Part II Signature Block		•			
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b Net unrelated business taxable income from Form 990-T, line 34  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising lees!(Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25) ▶  17 Other expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  238,802  480,6	b Net unrelated business taxable income from Form 990-T, line 34  Prior Year  8 Contributions and grants (Part VIII, line 1h)  9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), line 4)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee-benefits (Part IX, column (A), line 5–10)  16 a Professional fundraising dess (Part IX, column (A), line 25)  17 Other expenses (Part IX, column (A), line 25)  18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  20 Total assets (Part X, line 26)  21 Total labilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block	• 1	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<del></del>
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9 Program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), lines 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising fees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25) ▶  17 Other expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  315,1  7,128  2,4  676,901  909,9  16,408  26,6  16,408  26,6  46,6  46,6  46,6  47,4  48,6  48,0  48,6  48,0  48,6	9 Program service revenue (Part VIII, line 2g) 319,637 315,17 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 7,128 2,44 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,88 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 676,901 909,94 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising expenses (Part IX, column (A), line 11e) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line, 18-from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 238,802 480,64 Part II Signature Block					
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11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising lees (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (B), line 25)  17 Other expenses, Part IX, joint (A), line 12  18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  238,802  480,6	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16aProfessional fundraising deser(Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25) ▶  17 Other expenses, Part (A), Column (A), line 25) ▶  18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block	9		31		
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising dees! (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25) ▶  17 Other expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses, Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  480, 6	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  17 Other expenses, Part Alexandra (A), lines 1 and 11e-24f)  18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, tine 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20.  Part II Signature Block	10	•		7,128	
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (B), line 25)  17 Other expenses, (Part IX, polymna (A), (I)	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)  14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (B), line 25) ▶  17 Other expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses, Subtract line, 18 from line 12  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block	- 1		67	6 901	
14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising expenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)  17 Other expenses, Part X, column (A), line 25)  18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line, 18 from line 12  7,379  241,8  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  238,802  480,6	14 Benefits paid to or for members (Part IX, column (A), line 4)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)  16a Professional fundraising depenses (Part IX, column (A), line 11e)  b Total fundraising expenses (Part IX, column (A), line 25)   17 Other expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block				6,901	909,94
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17 Other expenses, Part (A) (IMBs 1 a ia, 11f-24f) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line, 18 from line 12 7,379 241,8 20 Total assets (Part X, line 18) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 238,802 480,6	17 Other expenses, Part (A) (I) (II) (II) (II) (II) (III) (III) (III) (III) (III) (IIII) (IIII) (IIII) (IIII) (IIIII) (IIIII) (IIIIII) (IIIIIIII	10		·		
17 Other expenses, Part X column (A) (I) (I) (I) (I) (I) (I) (I) (I) (I) (I	17 Other expenses, Part X Splitting (A) (MBs i a i i i i i i - 24f)  18 Total expenses, Add lines 13–17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses, Subtract line, 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  Part II Signature Block  10 Other expenses, Part X (MBs i a i i i i i i i i i i i i i i i i i					
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22 Net assets or fund balances. Subtract line 21 from line 20. 238,802 480,6	22 Net assets or fund balances. Subtract line 21 from line 20 238,802 480,64  Part II Signature Block	5 8 8 8	I UGUEN, UI			
22 Net assets or fund balances. Subtract line 21 from line 20. 238,802 480,6	22 Net assets or fund balances. Subtract line 21 from line 20 238,802 480,64  Part II Signature Block			23	88,802	480,64
	Part II Signature Block	K 21 _	• • • • • • • • • • • • • • • • • • • •		10 002	190 64
					,  ,	400,04
rattii Sigilatula Diock	Under panelties of partial. I declare that I have examined the return including accompanions and statements and to the heat of my beat of	Fund Balances	Total assets (Part X, line 16)  Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20	23	B8,802	End of Ye
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			Marie (sohor		1 '	7-29-10
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	ian 1 Marie 1 (1 John 1 7-29-10	Sian			<del></del>	·
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  7-29-10	Supplies of officer		Signature of officer	· · · · · · · · · · · · · · · · · · ·		
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  7-29-10	Supplies of officer		Signature of officer Melanie Weber Interim	1) irecti	)/ <sup>_</sup>	
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  ign  Figure 29-10  Signature of officer  Date	signature of officer Weber, Interim Director Date		Melanie Weber, Interim	Directi	<u> </u>	<del></del>
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    1	Signature of officer  Melanie Weber, Interim Director  Type or print name and title  Preparer's identifying number		Melanie Weber, Interim Type or print name and title			Preparer's identifying numb
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    1	Signature of officer  Melanie Weber, Interim Director  Type or print name and title  Preparer's Identifying number (see instructions)	lere	Type or print name and title  Preparer's Date On Date Date Date Date Date Date Date Date	e Chec	sk if	(see instructions)
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge  7-29-10  Signature of officer  Type or print name and title  Preparer's  signature  Preparer's identifying nur (see instructions)  Preparer's  Reparer's  Herring 6 Roll PC  1 PC  1 PC  1 PC  1 PC  1 PC  23-22978	Signature of officer  Melanie Weber, Interim Director  Type or print name and title  Preparer's signature  Preparer's webstand the preparer's signature  Preparer's webstand the preparer's signature  Preparer's webstand the	lere Paid	Preparer's signature Wan J. Rock CPA 7//	e Chec	k if oyed ▶	(see instructions) P00093819
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Tope	Signature of officer    Nel Onie   Deber   Interim Director	lere Paid Prepa	Preparer's signature    Melanie Deber, Interim	e Chec	ck if	(see instructions) P00093819 23-229788
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Total   Total   Total   Total	Signature of officer  Type or print name and title  Preparer's signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's identifying number (see instructions)  Preparer's  Signature  Preparer's  Signature  Preparer's identifying number (see instructions)  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's  Signature  Preparer's identifying number (see instructions)  Proposition of the complete of the co	•	Preparer's signature    Date   CPA   Date   CPA   Date   CPA   CPA	e Chec	ck if oyed  EIN Phone	(see instructions) P00093819 23-229788
and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge    Total   Total   Total   Total	Signature of officer  Melanie Deber, Interim Director  Type or print name and title  Preparer's signature  Preparer's signature  Preparer's signature  Preparer's was if self-employed, address, and ZIP + 4  Signature Signature  Preparer's was interested and self-employed preparer's signature  Preparer's was interested and self-employed preparer's identifying number (see instructions)  Preparer's was interested properties and self-employed preparer's identifying number (see instructions)  Proparer's identifying number (see instructions)  Prop	Paid Prepa Use C	Preparer's signature    Date   CPA   Date   CPA   Date   CPA   CPA	e Chec	ck if oyed  EIN Phone	(see instructions) P00093819 23-229788 570-286-589

### Part III Statement of Program Service Accomplishments

<ol> <li>Briefly descr</li> </ol>	be the organization's mission:
-----------------------------------	--------------------------------

To assure free public library services throughout Union County, Pennsylvania and to provide a sound plan for future library funding and development.

development.	•			
2 Did the organization undertake any sig	gnificant program services dur	ring the year which were	e not listed on	
the prior Form 990 or 990-EZ?				Yes X No
If "Yes," describe these new services		on brook and the		
3 Did the organization cease conducting services?	g, or make significant changes	s in now it conducts, an	y program	Yes X No
If "Yes," describe these changes on S	 schedule O.	•	•	Lites Iv
4 Describe the exempt purpose achieve		ation's three largest pro	ogram services by expenses	<b>S</b>
Section 501(c)(3) and 501(c)(4) organ	izations and section 4947(a)(	1) trusts are required to	report the amount of grants	
allocations to others, the total expense	es, and revenue, if any, for ea	ch program service rep	orted	
4a (Code ) (Expenses \$	664,946 include	ing grants of \$	) (Reve	nue \$
To assure free publi				
Pennsylvania and to				
development.				
		•	•	
			•	•
		•		
				• •
		•		•
4b (Code. ) (Expenses \$	includ	ing grants of \$		enue \$
/ (Exposition )		g granie 9: \$ , ,	. , (1000	····
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		·		•
			• • • •	
4c (Code: ) (Expenses \$	includ	ling grants of \$	) (Rev	enue \$
, (Code. ) (Expenses #	, include	<u>. 9</u> 10.110 01 4	) (Ivea	
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4d Other program services. (Describe in				
(Expenses \$	including grants of \$		) (Revenue \$	
4e Total program service expenses ▶	664,946		- <u></u>	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	_ <b>X</b> _	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4		X
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	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	· · · · ·	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_		
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	1	<u> </u>	
44	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
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 as applicable	11		X
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete  Schedule D. Part VI.			
_	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	1		
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		I	
	Did the organization report an amount for other assets related 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.		I	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		ŧ	
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.		Ī	
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		I	
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?  Yes No.	1	T	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Ī	X
14a	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	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			004	

Form 990 (2009) Union County Library System 23-2952095 Page 4 **Checklist of Required Schedules** (continued) Part IV Yes No 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 X 21 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 X 22 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 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes." answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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 d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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 X 25a b Is the organization 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 X 990-EZ? If "Yes." complete Schedule L. Part I 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor, or a grant selection committee member, or to a person related to such an individual? X If "Yes," complete Schedule L. Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 III, IV, and V, line 1 34 X 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 X 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R.

19? Note. All Form 990 filers are required to complete Schedule O

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

X Form 990 (2009)

X

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38

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance						age o
						Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1	ı				1
	U S. Information Returns. Enter -0- if not applicable	1a	0				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le				
	gaming (gambling) winnings to prize winners?		1		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	_				
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	0			1	
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax retu				2b	<u></u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	•					
-	instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year cover	ed by				•	_
_	this return?				3a	<b>-</b>	<u> </u>
b 4a	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			•	3b		┼
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		•				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	nanciai					
b	If "Yes," enter the name of the foreign country: ▶			•	4a	<del></del>	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign	Bank					
	and Financial Accounts	Dalik				I	
5a					5a	Ť	x
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	 ction?			5b	<del>                                     </del>	T
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Re			••	.	+-	+
	Prohibited Tax Shelter Transaction?	,			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	he					#
	organization solicit any contributions that were not tax deductible?				6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ons or		••••	.		+
	gifts were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).			•			T
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				I	
	and services provided to the payor?				. 7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?				<u>76</u>		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v	as			ŀ		
	required to file Form 8282?				7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l	<del></del>			
0	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a	person	al			Ī	
	benefit contract?	•		•	. <u>7e</u>	<del></del>	—
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con				7f	<del></del>	┵
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required				<u>79</u>	+-	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098	·C as				ļ	
8	required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				7h	<del>-  </del>	<del></del>
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsorin	_					
	organization, have excess business holdings at any time during the year?	•			8	ŧ	
9	Sponsoring organizations maintaining donor advised funds.					+	+
а	Did the organization make any taxable distributions under section 4966?				9a	İ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	•		•	95		+
10	Section 501(c)(7) organizations. Enter:	• • • •				<u></u>	-
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	1				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				I	
11	Section 501(c)(12) organizations. Enter			····		Ī	
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	1	1	<del></del>		I	
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of For				12	a İ	İ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				-	
						00	(2000)

Form 990 (2009) Union County Library System 23-2952095 Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? Did the organization become aware during the year of a material diversion of the organization's assets? 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a 10a Does the organization have local chapters, branches, or affiliates? b If "Yes." does the organization have written policies and procedures governing the activities of such chapters,

	affiliates, 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 filing the form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		<u> </u>
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		l	1
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	١.	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate		T	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		ĺ
600	tion C Disalogues			

#### Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
  - Own website Another's website X Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. > Peter Henninger 255 Reitz Blvd

Lewisburg

PA 17837

# 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		nsate an	y cur	rent	office	er, d	rector, or trustee		
(A) Name and Title	(B) Average	Position	(Check	C) k all t	hat ap	ply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Institutional trustee Individual trustee or director	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
See attached list	of Boa	rd M	emk	er	S		o	0	0
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· .						L			
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Part VII Section A. Office	cers, Directors, Trus	stees	, Ke	y En	nplo	yees	, an	d Highest Compensated	Employees (continued)	raye
(A) Name and Title	(B) Average	Posit	ion (d	(C check		hat ap	ply)	( <b>D)</b> Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	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
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			_	_	<u> </u>					
· · · · · · · · · · · · · · · · · · ·	•		_	-	-	_				
1b Total			<u> </u>			<u> </u>				
				thos	se lis	ted a	abov	e) who received more than	n \$100,000 in	<u></u>
3 Did the organization list a employee on line 1a? If " 4 For any individual listed of the organization and relatindividual	any <b>former</b> officer, di Yes," complete Sche on line 1a, is the sum ted organizations gre	rectoredule of re eater	r or t J for port than	able \$15	con con 60,00	dividi npen: 00? If	ual satio	oyee, or highest compensation and other compensations, complete Schedule J for any unrelated organization f	n from or such	Yes N
services rendered to the	organization? If "Yes								<del></del>	5 ] 2
Section B. Independent Cont  Complete this table for you compensation from the o	our five highest comp	ensa	ted	ınde	pen	dent	cont	tractors that received more	e than \$100,000 of	
Na	me and business address						$\vdash$	Descr	(B) ription of services	(C) Compensation
							-			
	<del></del>						+		<del></del>	
	····	·					+	······································	·	
			<del></del>			<u> </u>	+			
						ited to	o the	ose listed above) who rece	eived	
more than \$100,000 in c	ompensation from th	e org	aniz	atio	n ▶					0 Form <b>990</b> (20

2 4		at Statement of Neve	mud_		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections
य श	1a	Federated campaigns	1a			iovering		512, 513, or 514
E	b	Membership dues	1b			1		
s, a	С	Fundraising events	1c			I		
gift	d	Related organizations	1d					
S.E.	8	Government grants (contributions)	1e	588,437				
Program Service Revenue   Contributions, gifts, grants	f	All other contributions, gifts, grants, and similar amounts not included above	1f	-				
di	Я	Noncash contributions included in lines 1a-						
ပ္သန္	h	Total. Add lines 1a-1f	•	<b>▶</b> [	588,437			
ıue				Busn. Code				
ye.	2a	Library Tax			315,179		_	315,179
S.	ь							
5	С			.				
Se	d							
E	8							
60	f	All other program service reve	nue .	L				
_		Total. Add lines 2a-2f		<b></b>	315,179		•	<u> </u>
	3	Investment income (including	dividends,		2 440			
		other similar amounts)			2,440			2,440
	4	Income from investment of tax	k-exempt b	ond proceeds				
	5	Royalties (i) Real		(ii) Personal				
	6a	Gross Rents		(ii) r ersoriai	·······		······································	····
		Less rental exps						
	b	· • • • • • • • • • • • • • • • • • • •	<del></del>					
	6	Rental inc or (loss)  Net rental income or (loss)		•		Ī		
		Gross amount from (i) Securitie	<u>.                                      </u>	(II) Other				(40.00.00.00.00.00.00.00.00.00.00.00.00.0
		sales of assets	<del>-</del>	(ii) Galei				
	ь	other than inventory  Less cost or other						
	٦	basis & sales exps	Ì					
		Gain or (loss)						
	I	Net gain or (loss)		•				
	1	Gross income from fundraising eve	ents					
Ę		(not including \$						
Other Revenue		of contributions reported on line 1c	:\					
8		See Part IV line 18	ام -		/  •			"
Ē	Ь	Less direct expenses	<u>-</u> -					
δ		Net income or (loss) from fund	draisıng ev	vents ▶				,
		Gross income from gaming activities						
		See Part IV, line 19	a	:				
	ь	Less: direct expenses	. Р					
	С	Net income or (loss) from gan	ning activit	ties 🕨				
	10a	Gross sales of inventory, less						
	l	returns and allowances	a					
	b	Less: cost of goods sold	b					
	<u> </u>	Net income or (loss) from sale	es of inver	ntory <b>&gt;</b>				
		Miscellaneous Revenu	ie	Busn. Code				
	11a	E*Rate Reimbursement		<b> </b>	3,617			3,617
	Ь	Miscellaneous Income	1		270			270
	C							
	d	· · · · · · · · · · · · · · · · · · ·		L				
		Total. Add lines 11a-11d		•	3,887			
	12	Total Revenue. See instruction	ons	<u> </u>	909,943	0	0	321,506

Part IX Statement of Functional Expenses

Form 990 (2009)

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S See Part IV, lines 15 and 16 Benefits paid to or for members				<del></del>
	•				
5	Compensation of current officers, directors,				
6	trustees, and key employees				
0	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		24,222	24,222	<del></del>	
	Other salaries and wages Pension plan contributions (include section 401(k)	23,222	27,222		
J	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	2,419	2,419		
11	Fees for services (non-employees)	2,			
	Management	]	1		
b	Legal				
	Accounting	1,630		1,630	
d	Lobbying				
Θ	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other			•	
12	Advertising and promotion				
13	Office expenses	1,522		1,522	
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel	4,498	4,498		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	-			<del></del>
22 23	Depreciation, depletion, and amortization Insurance	2,571	2,571		
23	maur dil CC	2,3/1	2,311		
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	<u>,                                    </u>	,		•
а	Distributions to Librarie		591,793		
ь	Automation & Internet Exp				
C	Library Materials	3,442			
d	Dues & Memberships	1,100			
8	Miscellaneous Expense	805	805		
f	All other expenses	540			
25	Total functional expenses. Add lines 1 through 24	668,098		3,152	
26					
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	<b>'</b>			
DAA	fundraising solicitation				<u> </u>

Pa	art X	Balance Sheet			
			(A) Beginning of year		(B) End of year
- 1	1	Cash—non-interest bearing	238,802	1	480,647
	2	Savings and temporary cash investments		2	
i	3	Pledges and grants receivable, net		3	
Ì	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
- 1		Schedule L		5	
- 1	6	Receivables from other disqualified persons (as defined under section			•
1		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
SS	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	
ļ	10a	Land, buildings, and equipment, cost or			
		other basis Complete Part VI of Schedule D 10a			
	ь	Less, accumulated depreciation 10b		10c	1
	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	
ì	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	238,802		480,647
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
g	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key		-	
Ē		employees, highest compensated employees, and disqualified			
<u>a</u> .		persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25		26	
S	-	Organizations that follow SFAS 117, check here ▶ X and			
2		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	*Unrestricted*net assets	238, 802	27	480,647
Ba	28	Temporanly restricted net assets		28	
ᅙ	29	Permanently restricted net assets		29	
_≒		Organizations that do not follow SFAS 117, check here ▶		1	
Ë		and complete lines 30 through 34.		I	
0	30	Capital stock or trust principal, or current funds		30	
ë	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
88	32	Retained earnings, endowment, accumulated income, or other funds		32	†
Net Assets or Fund Ba∥ances	33	Total net assets or fund balances	238,802	-	480,647
Ne	34	_Total liabilities and net assets/fund balances	238,802		
_	134	i otal liabilities and tiet assets/luliu balances	236,302	34	100,047

Form **990** (2009)

Form	990 (2009) Union County Library System 23-2952095		Pa	ge <b>12</b>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 🗶 Cash 🗌 Accrual 📗 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		Į	
	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	
C	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.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		I	
	issued on a consolidated basis, separate basis, or both	1	1	

Separate basis Consolidated basis Both consolidated and separate basis

the Single Audit Act and OMB Circular A-133?

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

**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

Form **990** (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.

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate Instructions.

Inspection

Employer identification number

				Library System						<u> 2952</u>		<u>5</u>		
P	art I	Reas	on for Public Charity	Status (All organization	s must c	omplet	e this	oart.) S	See ins	structi	ons.			
The	orga	nızatıon is not	a private foundation because	se it is (For lines 1 through 11,	check only	one box	)							
1		A church, cor	nvention of churches, or ass	sociation of churches described	in section	170(b)(1	)(A)(i).							
2		A school des	cribed in section 170(b)(1)(	(A)(ii). (Attach Schedule E.)										
3		A hospital or	a cooperative hospital servi	ice organization described in se	ection 170(	b)(1)(A)(i	ii).							
4		A medical res	search organization operate	ed in conjunction with a hospital	described	ın <b>sectio</b>	n 170(b)	(1)(A)(ii	i). Enter	the ho	spital's	s name,		
		city, and state	e.								•	,		
5		An organizati	on operated for the benefit	of a college or university owner	d or operate	ed by a go	vernme	ntal unit	describ	ed in			•	
		section 170(	b)(1)(A)(iv). (Complete Part	t II.)	-									
6		A federal, sta	ite, or local government or g	governmental unit described in	section 17	0(b)(1)(A	(v).							
7	X			substantial part of its support f				rom the	general	public				
			section 170(b)(1)(A)(vi). (C						•	•				
8		A community	trust described in section	170(b)(1)(A)(vi). (Complete Par	rt II.)									
9		An organizati	on that normally receives: (	1) more than 33 1/3 % of its su	pport from	contributi	ons, me	mbershi	p fees,	and gro	ss			
		receipts from	activities related to its exer	mpt functions—subject to certa	in exception	ns, and (2	) no mo	re than :	33 1/3 %	6 of its				
		support from	gross investment income a	nd unrelated business taxable	income (les	ss section	511 tax	) from b	usiness	es				
		acquired by t	he organization after June 3	30, 1975. See section 509(a)(2	). (Complet	te Part III	)							
10		An organizati	on organized and operated	exclusively to test for public sa	fety. See s	ection 50	9(a)(4).							
11		An organizati	on organized and operated	exclusively for the benefit of, to	perform th	ne functio	ns of, or	to carry	out the					
		purposes of c	one or more publicly suppor	ted organizations described in	section-508	9(a)(1) or	section :	5 <del>09(a)(</del> 2	). See s	ection				<del></del>
		509(a)(3). Ch	eck the box that describes	the type of supporting organiza	tion and co	mplete lir	nes 11e	through	11h.					
	_	a Type	I <b>b</b> Type II	c Type III-Functio	nally integr	ated	<b>d</b> [	Тур	e III–Oth	ner				
е	Ш	By checking t	this box, I certify that the org	ganization is not controlled dire	ctly or indir	ectly by o	ne or m	ore disq	ualified					
		persons othe	r than foundation managers	and other than one or more p	ublicly supp	orted org	anızatıo	ns desci	nbed in	section				
		509(a)(1) or s	section 509(a)(2)											
f		If the organiz	ation received a written dete	ermination from the IRS that it	is a Type I,	Type II,	or Type	II suppo	rting					
		-	check this box											
g		Since Augus	t 17, 2006, has the organiza	ation accepted any gift or contri	bution from	any of th	ne					,		
		following per	sons?											
		(i) A persor	n who directly or indirectly c	ontrols, either alone or togethe	r with perso	ons descr	ibed in (	ii)				_	Yes	No
				of the supported organization?								11g(i)		<u> </u>
		(ii) A family	member of a person descri	ibed in (i) above?								11g(ii)		
		(iii) A 35% c	ontrolled entity of a person	described in (i) or (ii) above?								11g(III)		
<u>. h</u>		Provide the	fellowing information about	the supported organization(s)							-			
(i)		e of supported	(ii) EIN	(III) Type of organization	1	organization		ou notify				(vii) Amo	ount of	
	org	anızatıon		(described on lines 1-9 above or IRC section	in col (I) listed in your governing document?			nzation in of your	organızatı (I) organız			supp	ort	
				(see instructions))	governing	document:		ort?	ÜÜUS					
		<del></del> -			Yes	No	Yes	No	Yes	No				
					_	<b>ļ</b>			ļ					
						1								
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		<del> </del>				<u> </u>		<u> </u>						
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						<u> </u>		<u> </u>						
						~								
						1	<b>1</b>	1						
Tota						<u> </u>	<u> </u>	<u> </u>						
For	Priva	cy Act and P	aperwork Reduction Act N	lotice, see the Instructions fo	r	<u> </u>			Sched	ule A (F	orm 9	190 or 9	90-EZ	2009

Form 990 or 990-EZ.

	edule A (Form 990 or 990-EZ) 2009 Uni art !! Support Schedule for Or					2952095 70(b)(1)(A)(vi)	Page 2
	(Complete only if you che	cked the box o	n line 5 7 or 8	3 of Part U	.,,,,,		
Sec	tion A. Public Support	<u> </u>		<del>5 5 </del>		,	
	llendar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	286,360	295,653	346,789	350,316	588,437	1,867,555
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	283,556	300,591	302,673	319,637	315,179	1,521,636
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	569,916	596,244	649,462	669,953	903,616	3,389,191
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4					,	3,389,191
Sec	ction B. Total Support						
Ca	ilendar year (or fiscal year beginning in) 🕨 📗	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	569,916	596,244	649,462	669,953	903,616	3,389,191
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,484	10,052	10,232	7,128	2,440	36,336
9	Net income from unrelated business activities, whether or not the business is regularly carned on					0	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	7,953				3,887	11,840
11	Total support. Add lines 7 through 10			1			3,437,367
12	Gross receipts from related activities, etc.	•			•	12	
13	First five years. If the Form 990 is for the		second, third, four	rth, or fifth tax yea	r as a section 501(	c)(3)	
80.	organization, check this box and stop here ction C. Computation of Public Su			<del> </del>			
361		* *		(0)		144	
	Public support percentage for 2009 (line 6		•	(ז) י ((ז) י		14	98.60%
14		suule A, Part II, line	. 14			15	98.18%
14 15	Public support percentage from 2008 Scho	ization did act at a	k the her as list 4	2 and luca 44:- 1			
14 15 16a	33 1/3 % support test—2009. If the organ				13 1/3 % or more, o	check this box	<b>.</b>
14 15 16a	33 1/3 % support test—2009. If the organ and stop here. The organization qualifies	as a publicly suppo	rted organization				· · • <b>X</b>
14 15	33 1/3 % support test—2009. If the organ and stop here. The organization qualifies	as a publicly suppo ization did not ched	rted organization <sup>-</sup> k a box on line 13	or 16a, and line 1			<b>X</b>

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. **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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

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

(Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	cked the box	On line 9 or Fa	<u> </u>	<del></del>	<del></del>	
	endar year (or fiscal year beginning in) ▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						(7, 10.0.)
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				ļ		
	from other than disqualified persons that				ļ		
	exceed the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year  Add lines 7a and 7b					<del>                                     </del>	
- <u>8</u> -	Public support (Subtract line 7c from						
0	line 6.)				1		
Sec	tion B. Total Support		.k				
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6		1	(0) = 00	(,	(0,200	(1) 10(0)
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on			-			-
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		st, second, third, fo	urth, or fifth tax ye	ear as a section 50	01(c)(3)	▶ [
Sec	tion C. Computation of Public Su	ipport Percer	ntage		-		
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, colun	nn (f))		15	%
16	Public support percentage from 2008 Sch					16	%
<u>Sec</u>	tion D. Computation of Investme						
17	Investment income percentage for 2009 (I		•	3, column (f))		17	%
18	Investment income percentage from 2008						%
19a	33 1/3 % support tests—2009. If the orga						_
•-	17 is not more than 33 1/3 %, check this b						▶ [
b	33 1/3 % support tests—2008. If the organized the set more than 33 1/3 % shock to	inization did not c	neck a box on line	14 or line 19a, an	d line 16 is more t	han 33 1/3 %, and	
	line 18 is not more than 33 1/3 %, check t	ins nox and <b>stob</b>	nere. The organiza	ition qualifies as a	i publicly supporte ox and see instruc	d organization	P L

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

Department of the Treasury internal Revenue Service

## 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.

OMB No 1545-0047 Open to Public

Inspection Name of the organization Employer identification number Union County Library System 23-2952095 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a a Total number of conservation easements 2b **b** Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

<u>Sche</u>	dule D (Form 990) 2009 Union Cour					23-29			Pa	age 2
Pa	et III Organizations Maintaining							contin	ued)	
3	Using the organization's acquisition, accession collection items (check all that apply):							,		
а	Public exhibition		d Loan	or exchange pro	ograms			,		
b	Scholarly research		e Othe							
C	Preservation for future generations									
4	Provide a description of the organization's colle Part XIV	ection	s and explain hov	they further the	organization's	s exempt pu	rpose in			
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receiv be ma	re donations of art	, historical treasi f the organizatio	ures, or other s	sımılar		Ye	s [	No
Pa	rt IV Escrow and Custodial Arra					nswered	"Yes" to Form 9	90, Pa	rt	
	IV, line 9, or reported an am									
1a	Is the organization an agent, trustee, custodial	n or o	ther intermediary	for contributions	or other asset	s not				
	included on Form 990, Part X?						,	Ye	s 🗌	No
b	If "Yes," explain the arrangement in Part XIV a	nd co	mplete the follow	ng table <sup>.</sup>						
								Amount		
C	Beginning balance						1c			
đ	Additions during the year						1d			
0	Distributions during the year						1e			
f	Ending balance		••				1f	_		
2a	Did the organization include an amount on For	m 990	0, Part X, line 21?					Ye	8	No
b	If "Yes," explain the arrangement in Part XIV			· .	·	• •			_	,
Pa	art V Endowment Funds. Comple	ete if	organization	answered "Y	es" to Forn	n 990, Pa	rt IV, line 10.			
		(	a) Current year	(b) Pnor yea	ar (c) Two	years back	(d) Three years back	(e) Four	years	back
1a	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains,					***************		***************************************	********	********
	and losses		1							
d	Grants or scholarships					*************		•	********	******
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses					·····		<del> </del>		
	End of year balance	$\vdash$			<del></del>	***************************************		<del>!</del>	******	*******
2	Provide the estimated percentage of the year	ond b	alanco hold as		E		¥	<del>!</del>		
-	Board designated or quasi-endowment	ena b	%							
b		_	<sup>70</sup>							
-	Term endowment ▶ %									
20		-:	.f tha area-matica	4h-4 h-1d		d f = = 41= =				
Ja	Are there endowment funds not in the possess	Sion o	n the organization	that are neig an	a administered	a for the			14	
	organization by:							(A 41)	Yes	No
	(i) unrelated organizations		•	•			• • • • • • • • • • • • • • • • • • • •	3a(i)	_	<del> </del>
L	(ii) related organizations	 !4			•	•		3a(II)		<u> </u>
	If "Yes" to 3a(ii), are the related organizations				•			_3b		<u>L</u>
4 D.					- 000 Bod	V line 1	0			
	Investments—Land, Buildi  Description of investment							40.5		
	Description of investment	"	<ul> <li>a) Cost or other basis</li> <li>(investment)</li> </ul>	1 '	st or other	, , ,	cumulated	(d) Book	value	
	l and	+	(macaningin)	Dasis	s (other)	l neb	reciation			
	Land	<b> </b>	<del> </del>	<del></del>		<u> </u>				
	Buildings	<u> </u>		<del></del>		ļ				
	Leasehold improvements	<u></u>	<del></del>							
	Equipment	$\vdash$				ļ				
	Other	1	<u> </u>			<u></u>				
Tota	II. Add lines 1a through 1e (Column (d) must ed	gual F	orm 990, Part X.	column (B), line	10(c))		<b>▶</b>			

Schedule D (Form 990) 2009 Union County Library	System	23-2952095	Page <b>3</b>
Part VII Investments—Other Securities. See Form 9	90, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of v	aluation
(including name of security)		Cost or end-of-year	market value
Financial derivatives			
Closely-held equity interests			
Other			
	_		
	_		
	_	<u> </u>	
		<u> </u>	
	_		
	_		
	<u> </u>		
Part VIII Investments—Program Related. See Form S			···
(a) Description of investment type	(b) Book value	(c) Method of v	
		Cost or end-of-year	market value
		<u> </u>	
		<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
	-		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	
Part X Other Liabilities. See Form 990, Part X, line	25.		
1 (a) Description of liability	(b) Amount		
Federal income taxes	_		
		7	
		7	
		₹ ,	
	<del></del>	7	
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		┥ .	
	<del></del>	-	
	<del></del>	-	
	<del>-</del>		,
		-	
Tatal (October 16) must an al Fare 200 Part V and (PV V		4	
	<b>&gt;</b>		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the or	rganization's financial staten	nents that reports the	
organization's liability for uncertain tax positions under FIN 48			

	edule D (Form 990) 2009 Union County Library System 23-295209		Page <b>4</b>
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	909,943
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	668,098
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	241,845
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior 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 and 9	10	241,845
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements	1	909,943
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а			
b	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c	Ė	
d		Ĺ	
e		2е	
3	Subtract line 2e from line 1	3	909,943
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		000/010
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	909,943
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per I		
1	Total expenses and losses per audited financial statements	1	668,098
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	<u> </u>	0007030
a			
b			I
C			
d		•	
8		<b>2e</b>	
3	Subtract line 2e from line 1	3	668,098
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	-	000,098
٠,			
a h	• • • • • • • • • • • • • • • • • • • •	ł	
-	Other (Describe in Part XIV )  Add lines 4a and 4b	ŧ	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5	669 000
		<u> </u>	668,098
	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b		
	2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
tnis	part to provide any additional information.		
_			
_	<b></b>		<b></b>
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Schedule D (F	orm 990) 200	9 Union	County	Library	System	23-2952095	Page <b>5</b>
Part XIV	Supplem	ental Inform	nation (cont	Library inued)			
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#### **SCHEDULE O**

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# 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

Union County Library System

Employer Identification number 23-2952095

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Board of Directors review and approve Form 990

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available for public inspection through contact with the Board of Directors.

23-2952095	Federal Statements									
Taxable Interest on Investments										
Description	Unrelated Exclusion Postal Acquired after Amount Business Code Code 6/30/75									
Interest Total	\$ 1,441 \$ 1,441									
	Taxable Dividends from Securities									
Description  Dividends  Total	S 999  \$ 999  \$ 999									
	, 									

•		,	Fund. Raising		0						
			Management & General	<b>δ</b>	\$						
	nts	ther Expenses	Program Service	540	540						
	Federal Statements	Form 990, Part IX, Line 24f - All Other Expenses	Total Expenses	540	\$ 540 \$						
	23-2952095		Description	Licenses & Permits	7						

# · Union County Library System 23-2952095 Form 990, Part VII

## UNION COUNTY LIBRARY SYSTEM BOARD, 2009

President: Debbie Gillott	Term Expire	es
685 Church Road Mifflinburg, PA 17844	12/09	966-0397
Vice President: Katie Evans 331 Bull Run Crossing Lewisburg, PA 17837	12/12	523-7201
Sec/Treasurer: Beverly Catherman 872 Canada Drive Millmont, PA 17845	12/09	
Helen Klauger 91 Buick Blvd. Weikert, PA 17885	12/12	922-1180
Karen Shipton 85 Shipton Street Mifflinburg, PA 17844	12/10	966-1289
Paul Dupuis 512 Hilltop Lane Mifflinburg, PA 17844	12/10	966-3647
Susan Jordan 219 North 2 <sup>nd</sup> Street Lewisburg, PA 17837	12/11	523-0923

System Administrator Tracy Carey

523-1172

# Form 8868 (Rev April 2009) Department of the Treasury

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

nternal Revenue	e Service		
<ul><li>If you are</li></ul>	filing for an Automatic 3-Month Extension, complete only Part I and check this box		<b>▶</b> X
_	filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)	
	lete Part II unless you have already been granted an automatic 3-month extension on a previously file	-	
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	led).	
A corporation Part I only	required to file Form 990-T and requesting an automatic 6-month extension—check this box and com	plete	▶ 🗋
	orations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar ome tax returns	n extension of	•
	ing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension		le
	ums noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Fo		
•	if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or		
	composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page re details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & N		roim
	<del>                                      </del>		
Type or	Name of Exempt Organization	Employe	er identification number
print	Union County Library System	22-2	952095
File by the due date for	Number, street, and room or suite no. If a P.O box, see instructions	23-2	932093
filing your	255 Reitz Boulevard		
return See			
nstructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  Lewisburg  PA 17837		
Chark type o	f return to be filed (file a separate application for each return):		<del></del>
X Form 99			Form 4720
Form 99		-	Form 5227
Form 99	H (**, ** ***(*, ** ***, ****		Form 6069
Form 99	——————————————————————————————————————		Form 8870
F01111 95			☐ Foliii 8870
Telephone  If the orga  If this is for the whole of a list with the  I request until Off for the off	names and EINs of all members the extension will cover.  st an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time  18/15/10, to file the exempt organization return for the organization named above. The extensorganization's return for:  calendar year 2009 or  tax year beginning, and ending	If this is and attach	ting period
	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	y nonrefundable credits. See instructions	3a	\$
	pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
	nts made Include any prior year overpayment allowed as a credit	3b	\$
	e Due. Subtract line 3b from line 3a Include your payment with this form, or, if required,		
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	ŀ	
	) See instructions	3c	\$
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	n 8879-EO	
for payment ii			
For Privacy A	Act and Paperwork Reduction Act Notice, see Instructions.		Form <b>8868</b> (Rev 4-2009