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DLN: 93493230007050

Form **990**

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)

2009

OMB No 1545-0047

Open to Public

Department of the Treasury

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

Check if applic Address chang		C Name of organization	-2009 and ending 12-31-2009		D Employer iden	tification number
	i icasc	EASTERN MONROE COUNTY LIBR	ARY		24-0824051	
Name change	label or	Doing Business As			E Telephone nun	
Initial return	type. See Specific				(570) 421-0	800
Initial return Terminated	Instruc- tions.	Number and street (or P O box i 1002 NORTH 9TH STREET	f mail is not delivered to street addres:	s) Room/suite	G Gross receipts \$	
mended retu application pe		City or town, state or country, ar STROUDSBURG, PA 18360	nd ZIP + 4			
ррисацоп ре						
		ne and address of principal off RA KEISER	icer	H(a) Is this affiliat	s a group return '	for ┌Yes ┌ No
		IORTH 9TH STREET		anna		1 163 1 110
	SIROU	IDSBURG,PA 18360			affiliates include	*
Tax-exempt	status 🔽 501(c) (3) 4 (insert no)	1) or 527		o," attach a list (p exemption num	(see instructions) nber 🟲
Nebsite: ▶	► N/A					
orm of organ	ızatıon 🔽 Corporat	ion Trust Association Othe	r⊫	L Year of for	mation 1980 M :	State of legal domicile
art I 🥞	Summary					
I	•	e organization's mission or mo INTAIN, OPERATE AND SU	ost significant activities PPORT A FREE PUBLIC LIBRA	RY IN MONR	OE COUNTY, PA	A
=						
2 Ch	heck this box 🛏	fthe organization discontin	ued its operations or disposed o	of more than 2	25% of its net as	ssets
3 Nu	umber of voting r	nembers of the governing bod	y (Part VI, line 1a)		3	
4 Nu	umber of indeper	dent voting members of the g	overning body (Part VI, line 1b)		. 4	
5 To	otal number of er	nployees (Part V , line 2a) .			5	
6 To	otal number of vo	lunteers (estimate if necessa	ry)		6	
	-		rt VIII, column (C), line 12 .	•	7a	
b Ne	et unrelated busi	ness taxable income from For	m 990-T, line 34	1	7b	
				Prior	Year	Current Year
		d grants (Part VIII, line 1h)		1,735,393	1,832,3	
		revenue (Part VIII, line 2g)			127,375	121,9
			es 3, 4, and 7d)		30,304	21,1
		art VIII, column (A), lines 5,				
		dd lines 8 through 11 (must e	qual Part VIII, column (A), line		1,893,072	1,975,3
		ar amounts paid (Part IX, colu				
		or for members (Part IX, colum				
15 S	Salaries, other co	mpensation, employee benefi	ts (Part IX, column (A), lines 5	_		
	LO)				1,239,688	1,189,84
16a P		raising fees (Part IX, column				
L		enses (Part IX, column (D), line 25)	<u> </u>		0.24 5.40	7637
			a-11d, 11f-24f)		831,549	762,7
17 0					2 074 22-	4 ^
17 C	Total expenses /	Add lines 13–17 (must equal	Part IX, column (A), line 25)		2,071,237	
17 C 18 T 19 R	Total expenses /		Part IX, column (A), line 25)		-178,165 of Current	
17 C 18 T 19 R	Total expenses //	Add lines 13–17 (must equal penses Subtract line 18 from	Part IX, column (A), line 25)		-178,165 of Current ear	22,84 End of Year
17 C 18 T 19 R	Fotal expenses // Revenue less exp Fotal assets (Pai	Add lines 13–17 (must equal penses Subtract line 18 from	Part IX, column (A), line 25)		-178,165 of Current ear 2,915,895	22,84 End of Year 3,331,88
17 C 18 T 19 R 20 T 21 T	Fotal expenses A Revenue less exp Fotal assets (Pai Fotal liabilities (F	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12		-178,165 of Current ear 2,915,895 176,235	22,8 End of Year 3,331,8 569,3
17 C 18 T 19 R 20 T 21 T	Fotal expenses A Revenue less exp Fotal assets (Pai Fotal liabilities (F Net assets or fun	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12		-178,165 of Current ear 2,915,895	22,84 End of Year 3,331,88 569,38
17 C 18 T 19 R 20 T 21 T 22 N	Total expenses A Revenue less exp Total assets (Pai Total liabilities (F Net assets or fun Signature Blo Under penalties of pe	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12	Your Your Schedules and sta	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the	3,331,88 569,38 2,762,50 e best of my knowledge
17 C 18 T 19 R 20 T 21 T 22 N 21 U al	Total expenses A Revenue less exp Total assets (Pai Total liabilities (F Net assets or fun Signature Blo Under penalties of pe	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12	Your Your Schedules and sta	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the	22,84 End of Year 3,331,88 569,38 2,762,50 e best of my knowledge
17 C 18 T 19 R 20 T 21 T 22 N 21 U an	Total expenses of Revenue less expenses (Paragraphics (Par	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12	schedules and state on all information	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the	22,84 End of Year 3,331,88 569,38 2,762,50 e best of my knowledge
17 C 18 T 19 R 20 T 21 T 22 N art II S	Total expenses // Revenue less exp Total assets (Pai Total liabilities (F Net assets or fun Signature Blo Inder penalties of peind belief, it is true, ****** Signature of office	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12	schedules and sta	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the	22,84 End of Year 3,331,83 569,33 2,762,50 e best of my knowledge
17 C 18 T 19 R 20 T 21 T 22 N	Total expenses // Revenue less exp Total assets (Pai Total liabilities (F Net assets or fun Signature Blo Inder penalties of peind belief, it is true, ****** Signature of office	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12	schedules and state on all information	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the	22,84 End of Year 3,331,88 569,38 2,762,50 e best of my knowledge
17 C 18 T 19 R 20 T 21 T 22 N art II S	Total expenses // Revenue less exp Total assets (Pair Total liabilities (Formula assets or fundation of pair Total liabilities of point belief, it is true, ****** Signature of office BARBARA KEISER Type or print name	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12 from line 20 d this return, including accompanying soft preparer (other than officer) is based	schedules and state on all information	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the	End of Year 3,331,88 569,38 2,762,50 e best of my knowledge has any knowledge
17 C 18 T 19 R 20 T 21 T 22 N art III S	Total expenses A Revenue less exp Total assets (Pail Total liabilities (F Net assets or fun Signature Blo Inder penalties of peind belief, it is true, ****** Signature of office BARBARA KEISER Type or print name	Add lines 13–17 (must equal penses Subtract line 18 from et X, line 16)	Part IX, column (A), line 25) line 12 from line 20 d this return, including accompanying of preparer (other than officer) is based Date 2010-08-18 C Se	schedules and state on all information and particular departments on all information and all information	-178,165 of Current ear 2,915,895 176,235 2,739,660 atements, and to the propagation of which prepared	End of Year 3,331,88 569,38 2,762,50 e best of my knowledge has any knowledge
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Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

TO PROVIDE, MAINTAIN, OPERATE

2			rogram services during the year w		└ Yes ✓ No
	If "Yes," describ	e these new services on Schedi	ıle O		
3	_	tion cease conducting, or make	significant changes in how it cond		┌ Yes ┌ No
	If "Yes," describ	e these changes on Schedule O			
4	Section 501(c)(3) and 501(c)(4) organizations	each of the organization's three la and section 4947(a)(1) trusts are venue, if any, for each program se	required to report the amo	
4a	(Code) (Expenses \$	1,641,264 including grants of \$	574,686) (Revenue \$	1,985,339)
	THE LIBRARY PROV	/IDES EDUCATIONAL AND LENDING RE	SOURCES FOR THE COMMUNITY OF MONI	ROE COUNTY	
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
4d	Other program	services (Describe in Schedule	: O)		
	(Expenses \$	•	grants of \$) (Revenue \$)
		service expenses►\$	1,641,264	· · · · · · · · · · · · · · · · · · ·	
	i otai piogialli :	TOTAL CAPCILLOS Y	2,0,2,201		

Part TV	Checklist	of Re	auired	Schedule	

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
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," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		Νο
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	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? 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 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	Yes	
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 12A No	Į		
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	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? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part I	14b		No
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 U S ? <i>If "Yes," complete Schedule F, Part II</i>	15		No
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 U S ? <i>If</i> " <i>Yes,"</i> complete Schedule F, Part III	16		No
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		No
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		No
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		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
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		Νο
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		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Νο
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		N o
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
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		No
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 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	26		No
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		No
28	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		N o
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		N o
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		N o
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		N o
30	conservation contributions? If "Yes," complete Schedule M	30		N o
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		N o
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		N o
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? <i>If</i> "Yes," complete Schedule R, Part I	33		N o
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		N o
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	35		N o
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		N o
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		N o
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	Yes	
		F	orm 990	(2009)

orm	990 (2009)			Page
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			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			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable		V	
2a	gaming (gambling) winnings to prize winners?	1c	Yes	
Za	Statements filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
ь	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 authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No.
f		7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess			
_	business holdings at any time during the year?	8		Νο
9 _	Sponsoring organizations maintaining donor advised funds.	Λ-		K1 -
	Did the organization make any taxable distributions under section 4966?	9a 9b		No No
10	Section 501(c)(7) organizations. Enter	90		INO
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
11	facilities Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
		4-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		

year

12b

1002 N 9TH ST

(570) 421-0800

STROUDSBURG, PA 18360

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 15			
ь	Enter the number of voting members that are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
_	other officer, director, trustee, or key employee?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νo
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Νο
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		Νο
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
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		Νo
14	Does the organization have a written document retention and destruction policy?	14		Νο
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?			
а	The organization's CEO, Executive Director, or top management official	15a		Νo
b	Other officers or key employees of the organization	15b		Νο
	If "Yes" to line a or b, 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		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate 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		
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ►PA			
18	Section 6104 requires an organization to make its Form 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. 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. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ıe orga	nızatıor	n 🕨
	ACCTG MGR AND DIRECTOR			

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, and current key employees 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, or 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 not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) A verage hours		(C tion (hat a	che	cka			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
BARBARA KEISER DIRECTOR	40 00	Х			х	Х		66,890	0	6,689
MICHAEL LIBERMAN TREASURER	1 00	Х						0	0	0
BRUCE BRODMAN BOARD MEMBER	1 00	Х						0	0	0
BARBARA HUFFMAN VICE PRESIDENT	1 00	х						0	0	0
EDMUND FLYNN BOARD MEMBER	1 00	Х						0	0	0
BETTY MURPHY SECRETARY	1 00	х						0	0	0
LISBET KLINE PRESIDENT	1 00	Х						0	0	0
JAN MORGANTHAU MEMBER	1 00	х						0	0	0
TODD WEITZMANN BOARD MEMBER	1 00	Х						0	0	0
LAURA JENKINS BOARD MEMBER	1 00	Х						0	0	0

For	n 990 (2009)			Page 8
1b	Total			6,689
2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization.			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete Schedule <i>J</i> for such individual	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
S	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization			
	(A) Name and business address (B) Description of services		(C Comper	
		$\frac{1}{2}$		
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization •			
		F	Form 99 0) (2009)

Form 9	•	•						Page 9
Part \	<u> </u>	Statement of	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts ots	1a	Federated cam	paigns 1a					
e Z	Ь	Membership du	ıes 1b					
<u>چ</u> ∰	c	Fundraising ev						
팔	d	Related organiz	zations 1d					
Sir Sir	e	_	s (contributions) 1e ons, gifts, grants, and 1f	27,690				
Contributions, gifts, grants and other similar amounts	g	sımılar amounts no Noncash contri	ot included above ibutions included in ,000					
Con	h	IIIIes Ia-II \$ _	s 1a-1f	•	1,832,377			
e				Business Code				
ven	2a b	Operating Income	Fines/Fees	900,099	121,919	121,919		
强	C							
Program Serwce Revenue	d							
જુ	e							
<u> </u>	f	All other progra	am service revenue					
₹ Š	g	Total Add lines	s 2a-2f	<u> </u>	121,919			
	3		ome (including dividen		121,313			
			aramounts)	- ·	21,103			21,103
	4	Income from inves	stment of tax-exempt bond	proceeds 🕨				
	5	Royalties .						
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
	_c	expenses Rental income						
	d	or (loss)	me or (loss)	▶				
	<u> </u>	Tractional med	(i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory						
	ь	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
	d 8a		(SS)	· · · · · · ·				-
Other Revenue		events (not inc \$ of contributions	reported on line 1c)					
Ģ		see raft IV , lif	ne 18 a					
E E	Ь	Less direct ex	penses b					
Ö	С		(loss) from fundraising	events 🟲				
	9a		rom gaming activities ne 19 a					
	b c		penses b (loss) from gaming acti					
	10a	Gross sales of returns and allo						
	b c	=	oods sold b (loss) from sales of invo	entory ►				
		Miscellaneou		Business Code				
	11a							
	b							
	c							
	d	All other reven						
	e	rotal. A ad line:	s 11a-11d					
	12	Total revenue.	See Instructions .	▶[1,975,399	121,919		21,103

	990 (2009)				Page 10			
Par	IX Statement of Functional Expenses							
Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).								
	ot include amounts reported on lines 6b,	(A)	(B)	(C)	(D)			
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21		S. PS. III S.	general enpended	- CAPELIOCO			
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	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and							
6	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	967,070	775,925	191,145	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,858	33,418	5,440	0			
9	Other employee benefits	110,690	95,193	15,497	0			
10	Payroll taxes	73,229	62,977	10,252	0			
11	Fees for services (non-employees)							
а	Management							
Ь	Legal							
С	Accounting	5,331	0	5,331	0			
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees							
g	Other							
12	Advertising and promotion	3,608	0	3,608	0			
13	Office expenses	37,835	32,538	5,297	0			
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel							
18	Payments of travel or entertainment expenses for any federal, state, or local public officials							
19	Conferences, conventions, and meetings							
20	Interest	2,453	0	2,453	0			
21	Payments to affiliates							
22	Depreciation, depletion, and amortization	161,282	138,703	22,579	0			
23	Insurance							
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	Admin - Prof Services	1,144	0	1,144	0			
b	BRANCH COSTS	183,576	157,875	25,701	0			
c	Adult/Circ Books	204,322	204,322	0	0			
d	GRANT EXPENDITURES	5,068	4,358	710	0			
е	SMALL FURNITURE/EQUIPMENT	615	529	86	0			
f	All other expenses	157,472	135,426	22,046	0			
25	Total functional expenses. Add lines 1 through 24f	1,952,553	1,641,264	311,289	0			
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Pa	rt X	Balance Sheet							
				(A) Beginning of year		(B) End of year			
	1	Cash—non-interest-bearing		164,389	1	779,905			
	2	Savings and temporary cash investments		521,040	2	452,085			
	3	Pledges and grants receivable, net			3				
	4	Accounts receivable, net	•		4				
	5	Receivables from current and former officers, directors, trustees	key employees and		-				
		highest compensated employees Complete Part II of	, key employees, and						
		Schedule L			5				
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of							
		Schedule L							
Assets	7	Notes and loans receivable, net			7				
	8	Inventories for sale or use			8				
	9	Prepaid expenses and deferred charges		37,012	9	47,576			
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	4,783,668						
	ь	Less accumulated depreciation	10b 2,734,048	2,189,392	10c	2,049,620			
	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	4,062	15	2,700				
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,915,895	16	3,331,886				
	17	Accounts payable and accrued expenses .		54,186	17	52,318			
	18	Grants payable			18				
	19	Deferred revenue			19	448,767			
	20	Tax-exempt bond liabilities			20				
<u>ē</u> ,	21	Escrow or custodial account liability Complete Part IV of Schedule	eD		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified							
ä		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		122,049	24	68,295			
	25	Other liabilities Complete Part X of Schedule D			25				
	26	Total liabilities. Add lines 17 through 25		176,235	26	569,380			
بې		Organizations that follow SFAS 117, check here 🕨 🔽 and compl	ete lines 27						
Fund Balance		through 29, and lines 33 and 34.							
<u> </u>	27	Unrestricted net assets		2,729,660	27	2,762,506			
ä	28	Temporarily restricted net assets		10,000	28				
Ē	29	Permanently restricted net assets			29				
丑		Organizations that do not follow SFAS 117, check here ► and	d complet e						
10	20	lines 30 through 34.			30				
Assets	30 31	Capital stock or trust principal, or current funds			31				
15.5	31	Retained earnings, endowment, accumulated income, or other fur			32				
	33	Total net assets or fund balances	ius	2,739,660	33	2,762,506			
Net									
l	34	Total liabilities and net assets/fund balances		2,915,895	34	3,331,886			

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separated basis			
3а	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		No
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		

Form **990** (2009)

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

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

Name of the organization EASTERN MONROE COUNTY LIBRARY Employer identification number

24-0824051 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 section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 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). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 Type III - Other ∏ Туре I **b** Type II c Type III - Functionally integrated 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? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No 11g(i) and (III) below, the governing body of the the supported organization? (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) h

(i) Name of supported organization	(ii) EIN		(iv) Is the organization in col (i) listed in your governing document?		Did you no organizat col (i) of	(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?	
		instructions))	Yes	No	Yes	No	Yes	No	
						<u> </u>			
						+			
Total									

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if yo	ou checked the	box on line 5,	7, or 8 of Part I	.)			
	ection A. Public Support	_	1	<u> </u>	ı		ı	
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2	009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual	1,586,82	2 2,059,519	1,756,091	1,735,393	:	1,832,377	8,970,202
	grants ") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities							
3	furnished by a governmental unit to the organization without charge							
4 5	Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly	1,586,82	2,059,519	1,756,091	1,735,393		1,832,377	8,970,202
	supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public Support. Subtract line 5							8,970,202
	from line 4 ection B. Total Support							
	endar year (or fiscal year							
	beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 20	009	(f) Total
7	A mounts from line 4	1,586,822	26,894	1,756,091	1,735,393	1	,832,377	8,970,202
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	12,751	26,894	43,835	30,304		21,103	134,887
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets							
11	Total support (Add lines 7 through 10)	/2						9,105,089
12	Gross receipts from related activiti	,	•			12		
13	First Five Years If the Form 990 is check this box and stop here			, third, fourth, or fi	fth tax year as a !	501(c)(3	3) organız	ation, ▶ T
	ection C. Computation of Pub			1.1 Lun (0)		 		
14	Public Support Percentage for 2009	•		II column (t))		14		98 520 %
15	Public Support Percentage for 2008	·	·			15		98 640 %
	33 1/3% support test—2009. If the and stop here. The organization qua	alıfıes as a publıc	ly supported orga	nızatıon			•	▶ ▼
	33 1/3% support test—2008. If the box and stop here. The organization 10%-facts-and-circumstances test-is 10% or more, and if the organization meeorganization	n qualifies as a p — 2009. If the org tion meets the "f	ublicly supported anization did not o acts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16b ck this box and st o	and line	: 14 Explain	▶┌
b	10%-facts-and-circumstances test- 15 is 10% or more, and if the organ	_						,
18	Explain in Part IV how the organiza supported organization Private Foundation If the organizat	tion meets the "f	acts and circums	tances" test The	organization qual	ıfıes as a	a publicly	▶ ┌
	instructions							▶ □

organization

Pa	(Complete only if you				(a)(2)		
Se	ction A. Public Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,			+	+		+
2	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	A mounts included on lines 1, 2, and 3 received from disqualified						
_	persons			-			_
Ь	Amounts included on lines 2 and 3 received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
_	amount on line 13 for the year Add lines 7a and 7b		+	+	+		+
8	Public Support (Subtract line 7c						+
	from line 6)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	In) A mounts from line 6						+
10a	Gross income from interest,						+
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
L	sources Unrelated business taxable						+
Ь	income (less section 511 taxes)						
	from businesses acquired after						
	June 30, 1975						+
C	Add lines 10a and 10b Net income from unrelated						+
11	business activities not included						
	ın lıne 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	or the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orga	nızatıon,
	check this box and stop here	-	,	, , ,	,	()()	` ▶
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009	(line 8 column	(f) dıvıded by lıne	13 column (f))		15	0 %
16	Public support percentage from 200	8 Schedule A , P	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	me Percenta	ge			
17	Investment income percentage for 2				n (f))	17	0 %
18	Investment income percentage from	2008 Schedule	A, Part III, line 1	. 7		18	
19a	33 1/3% support tests—2009. If the	organization did	d not check the bo	ox on line 14, and	d line 15 is more		ıd lıne 17 ıs not
	more than 33 1/3%, check this box a	ind stop here. T	he organization q	ualıfıes as a publ	ıcly supported		

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 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Schedule A (Form 990 or 990-EZ) 2009

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493230007050

OMB No 1545-0047

Open to Public Inspection

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.

Employer identification number Name of the organization EASTERN MONROE COUNTY LIBRARY 24-0824051 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 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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

□ No

Part II	Conservation Easements.	Complete if the organization ar	<u>nswered "Yes" to</u>	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 importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax 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?

Total number of conservation easements

Total acreage restricted by conservation easements

Number of conservation easements on a certified historic structure included in (a)

Number of conservation easements included in (c) acquired after 8/17/06

Held at the End of the Year 2a 2b 2c

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 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 violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year 🕨

A mount 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)(ı) and 170(h)(4)(B)(ıı)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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Cat No 52283D

a T t t t t t t t t t	sing the organization's accession and other ems (check all that apply) Public exhibition Scholarly research	rrecords, check an		ne fol	lowing th	nat are	a significa	nt u	se of its collection	n	
ь Г с Г 4 Рі	_		_								
4 Pi	Scholarly research		d	Γ	Loan o	rexch	ange progr	ams			
4 Pi	•		e	Γ	Other						
	Preservation for future generations										
	rovide a description of the organization's co art XIV	ollections and expla	ıın hov	w the	y further	the o	rganızatıon	's ex	kempt purpose in		
	uring the year, did the organization solicit o			,						Yes	┌ No
Part 1	Escrow and Custodial Arrange Part IV, line 9, or reported an am						answere	d "Y	es" to Form 99	0,	
	the organization an agent, trustee, custod cluded on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribut	ions o	r other ass	ets	not $ ag{ }$	Yes	┌ No
b If	"Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		A mo	unt	
c B	ogunning halanco							1c	Allo	unc	
_	eginning balance dditions during the year						 	1d			
	istributions during the year						 	1e			
_	nding balance						 	16 1f			
_	id the organization include an amount on Fo	orm 990 Part X lin	۵ 2 1 2 م				L			Yes	
	"Yes," explain the arrangement in Part XIV		CZI						,	103	, 110
Part			n ans	were	ed "Yes	" to F	orm 990	Par	t IV line 10		
		(a)Current Year		Prior			Years Back			e) Four Y	ears Back
1a B	egınnıng of year balance										
b C	ontributions										
c Ir	nvestment earnings or losses										
d G	rants or scholarships										
	ther expenditures for facilities nd programs										
f A	dmınıstratıve expenses										
g E	nd of year balance										
2 Pr	rovide the estimated percentage of the year	r end balance held	as								
a Bo	oard designated or quasi-endowment 🕨	%									
b P	ermanent endowment 🕨 %										
с т	erm endowment 🕨 %										
	re there endowment funds not in the posses	ssion of the organiz	atıon	thata	are held	and a	dmınıstered	d for	the		
	ganization by								2-7:	Yes	No
•) unrelated organizations		•	•				•	3a(i)		
	i) related organizations			Sched	 Jule R?			•	3b	<u>' </u>	<u> </u>
	escribe in Part XIV the intended uses of the	•						•			
Part \	/I Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 99	0, Pa	rt X, line	10.			
					a) Cost or		(b)Cost or o		(c) Accumulated	/ I) D	
	Description of investment				sis (ınvestı		basis (othe		depreciation	(a) Bo	ok value
1a Lar	nd										
b Bui	ldıngs				3,70	07,984			1,908,981		1,799,003
c Lea	asehold improvements										
d Equ	uipment				1,0	75,684			825,067		250,617
	ner										
Total. A	dd lines 1a-1e <i>(Column (d) should equal Fo</i>	rm 990, Part X, colui	mn (B,), line	10(c).)				►		2,049,620

(a) Description of security or category			od of valuation
(including name of security)	(b)Book value		f-year market value
Financial derivatives			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value		od of valuation
	(-,	Cost or end-o	f-year market value
Total. (Column (h) should equal Form 990. Part X. col (B) line 13.)			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, line			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) Part IX Other Assets. See Form 990, Part X, lii (a) Descrip	ne 15.		(b) Book value
Part IX Other Assets. See Form 990, Part X, III	ne 15.		(b) Book value 2,700
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip	ne 15.		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ACCRUED INTEREST	ne 15. otion		2,700
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ACCRUED INTEREST Total. (Column (b) should equal Form 990, Part X, col.(B) line in	ne 15. otion		
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ACCRUED INTEREST Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) C, line 25.		2,700
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ACCRUED INTEREST Total. (Column (b) should equal Form 990, Part X, col.(B) line in	ne 15. otion	, , , , , , <u>}</u>	2,700
Part IX Other Assets. See Form 990, Part X, III (a) Descrip ACCRUED INTEREST Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part > (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.	, , , , , , , ,	2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line in Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700
Total. (Column (b) should equal Form 990, Part X, col.(B) line 2 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	ne 15. ption 5.) C, line 25.		2,700

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,975,399
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,952,553
3 Excess or (deficit) for the year Subtract line 2 from line 1	3	22,846
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 - 8	9	
Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	22,846
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1 Total revenue, gains, and other support per audited financial statements	1	1,975,399
A mounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,975,399
A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b Other (Describe in Part XIV) 4b		
c Add lines 4a and 4b	4c	
Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	1,975,399
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per R	
1 Total expenses and losses per audited financial statements	1	1,952,553
A mounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIV) 2d		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1	3	1,952,553
A mounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIV)		
c Add lines 4a and 4b	4c	
Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	1,952,553
Part XIV Supplemental Information		

Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any

additional information

Identifier Return Reference Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493230007050

Employer identification number

OMB No 1545-0047

2009

Open to Public Inspection

SCHEDULE 0

(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.

Name of the organization EASTERN MONROE COUNTY LIBRARY

24-0824051

ldentifier	Return Reference	Explanation
Pt VI-B, Line 11A		REVIEWED WITH ADMINISTRATION AND OFFICERS

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

Cat No 51056K

Sc hedule O (Form 990) 2009

Additional Data

Software ID:

Software Version:

EIN: 24-0824051

Name: EASTERN MONROE COUNTY LIBRARY

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Admin - Prof Services	1,144	0	1,144	0
BRANCH COSTS	183,576	157,875	25,701	0
Adult/Cırc Books	204,322	204,322	0	0
GRANT EXPENDITURES	5,068	4,358	710	0
SMALL FURNITURE/EQUIPMENT	615	529	86	0