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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,

and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

OMB No 1545-1150

Open to Public Inspection

	A F	or the :	2010 calendar year, or tax year beginning January , 2010, and ending Data	umber	31 ,20(0	
	B C	neck if ap	pplicable C Name of organization D E	mployer id	entification number	
	□ A	ddress cl	hange Friends of the Library, SSC	166	053263	
	□ N	ame cha	nge Number and street (or P O box, if mail is not delivered to street address) Room/suite E To	E Telephone number		
	<u>П</u> г	ntial retur	607 (762-1968		
	~ ~	erminated	City or town, state or country, and ZIP + 4	Group Exe		
	=	mended	return Covering AN 14630 OULU	Number ►		
					f the organization is not	
			· · · · · · · · · · · · · · · · · · ·	,	ach Schedule B	
		/ebsit			D-EZ, or 990-PF)	
	-	heck ►	If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal of control or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions			
			return, be sure to file a complete return	<i>s).</i> But ii ti	le organization chooses	
				- 11		
			55b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Par		- 2 .09	
			umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		56,123	
	Pa	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	ructions		
			Check if the organization used Schedule O to respond to any question in this Part I			
C	₹E		Contributions gifts, grants, and similar amounts received	. 1	<u> </u>	
	11	<u>_2_</u> {	Program service revenue including government fees and contracts	. 2		
238		3	Members rigi dues and assessments	. 3	3147	
ا ابن	MAY	43	Investment ncome	. 4	<u></u>	
Til.		5๊a ๊	Gross amount from sale of assets other than inventory 5a 5			
-	F 8		Less cost on other basis and sales expenses			
	Gil		Galplor (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	<u> </u>	
OC MILES AND A	COT THE	6	Gaming and fundraising events			
		а	Gross income from gaming (attach Schedule G if greater than	+ .		
	e		\$15,000)			
	Revenue	b	Gross income from fundraising events (not including \$ of contributions			
			from fundraising events reported on line 1) (attach Schedule G if the			
	-		sum of such gross income and contributions exceeds \$15,000) 6b 52,179			
	- 1	С	Less direct expenses from gaming and fundraising events 6c 5, 165			
		d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	ct		
			line 6c)	. 6d	47,014	
C==	,	7a	Gross sales of inventory, less returns and allowances			
20%	;	b	Less: cost of goods sold			
~	⁵	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	. 7c	٥	
e		8	Other revenue (describe in Schedule O)	8	498	
×		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	50, 958	
. <u></u>	\exists	10	Grants and similar amounts paid (list in Schedule O)	. 10	47,500	
-=	:	11	Benefits paid to or for members	. 11	Ó	
	Expenses	12	Salaries, other compensation, and employee benefits		0	
	. se	13	Professional fees and other payments to independent contractors		0	
4	Ser	14	Occupancy, rent, utilities, and maintenance	14	0	
<u>~</u>	ξ <u>ŭ</u>	15	Printing, publications, postage, and shipping		421	
	3	16	Other expenses (describe in Schedule O)		3, 847	
(C)	5	17	Total expenses. Add lines 10 through 16		51,768	
	-	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	(810)	
	ets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
	SS		end-of-year figure reported on prior year's return)		7,364	
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	20	7, 367	
	Ž	21	Net assets or fund balances at end of year. Combine lines 18 through 20	► 21	6,554	
	For		work Reduction Act Notice, see the separate instructions. Cat No 10642I		Form 990-EZ (2010)	
	. 01	. upci	TOTAL TO THE PROPERTY OF THE P			

Pai	t II Balance Sheets. (see the instructions					<u> </u>
	Check if the organization used Schedule	O to respond to any ques	tion in this			· · ·
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			7,364	22	_ 4554
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			0	24	0
25	Total dishibition (decembers Schoolule C)			7,364	25 26	6,554
26 27	Total liabilities (describe in Schedule 0) . Net assets or fund balances (line 27 of column	(B) must agree with line 21	, ·	7,364	27	6,554
Par		· · · · · · · · · · · · · · · · · · ·			 -	Expenses
	Check if the organization used Schedule					uired for section
Wha	t is the organization's primary exempt purpose?	See Schedule O o				c)(3) and 501(c)(4) nizations and section
	ribe what was achieved in carrying out the organization'	s exempt purposes. In a clear				(a)(1) trusts, optional
	ervices provided, the number of persons benefited, and o				for o	thers.)
28	Southeast Steuben County Library	y Endowment Gre	1 27			
	<u> </u>	9				
	/O 0.0				200	0
20		includes foreign grants, che			28a	3,000
. 29	Southeast Steuben County Library	1 Dibbour Provis				
	(Grants \$ 44,500) If this amount	includes foreign grants, che	eck here .	▶ 🗆	29a	44,500
30	Books for Babies					,
	••••••					
	(Grants \$Expenses \$2,536) If this amount	includes foreign grants, che	eck here	▶ ⊔_	30a	<u> </u>
31	Other program services (describe in Schedule O) (Grants \$ Expenses \$474) If this amount				31a	474
32	Total program service expenses (add lines 28a t				32	50,510
		,				1 00/ 3/0
Par	t IV List of Officers, Directors, Trustees, and Key	Employees. List each one ev	en if not co	mpensated. (see the	ınstru	ctions for Part IV.)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule	Employees. List each one ev O to respond to any ques	en if not co tion in this	mpensated. (see the s Part IV		·
Par	Check if the organization used Schedule	O to respond to any ques (b) Title and average	ven if not co stion in this (c) Comper (if not p	Part IV	ns to	(e) Expense
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address	O to respond to any ques	tion in this	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
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	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, (employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and
	Check if the organization used Schedule (a) Name and address	O to respond to any ques (b) Title and average hours per week	(c) Comper (lf not p	s Part IV nsation (d) Contribution aid, employee benefit	ns to	(e) Expense account and

Part				
	Check if the organization used Schedule O to respond to any question in this Part V	$\stackrel{\cdot}{-}$	Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed	\Box	163	140
	description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a ○			X
ь 38а	Did the organization file Form 1120-POL for this year?	37b		<u> </u>
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		Χ
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39 a	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been		-	
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	1000		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X
41	List the states with which a copy of this return is filed. ► New York			
42a	The organization's books are in care of ▶ Constance M. Petro, Treasurer Telephone no. ▶ 607			717
L		<u>870</u>		
b	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		Yes	No
	account)?	42b		X
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	<u> </u>	X_
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	774	 	 ^- -
U	completed instead of Form 990-EZ	44b		X
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

								Yes	No
45	Is any	related organization a controlled entity	y of the organization within the	mean	ing of sectio	n 512(b)(13)?	45		\overline{X}
а		ne organization receive any payment fro							
		ling of section 512(b)(13)? If "Yes," Fo							ĺ
		990-EZ (see instructions)					45a		×
46		ne organization engage, directly or indir	rectiv, in political campaign ac	tivities	on behalf of	or in opposition			
40		andidates for public office? If "Yes," cor					46		Х
Part \		Section 501(c)(3) organizations a	<u> </u>					tion	<u> </u>
Ų GIRC		501(c)(3) organizations and section	4947(a)(1) nonexempt chai	ritable	trusts mus	t answer questic	ns 47	7_491	5
		and 52, and complete the tables for	r lines 50 and 51.	114515	iradio mad	t anonor quodin			
		Check if the organization used Scheo		estion i	n this Part \	/1			
	-		and a to respond to any que			<u> </u>		Yes	No
47	D.4 H	as avantization anguna in labbiuma acti	ution? If "Vee " complete Cob	adula C	Dort II		47	.03	V
		ne organization engage in lobbying activ					48		 \$
48		organization a school as described in se		-		E	49a		
49a		ne organization make any transfers to a		_			49a 49b		├─
		es," was the related organization a secti				officers directors		00.00	d kov
50		plete this table for the organization's fiv oyees) who each received more than \$1							
	empi	oyees) who each received more than \$1	(b) Title and average		Compensation	(d) Contributions to		Exper	
	(a) Na	me and address of each employee paid more	hours per week	(0, \	ompensation	employee benefit plans &	ac	count a	ınd
		than \$100,000	devoted to position	+		deferred compensation	other	allowa	nces
		010015							
		NONE		-			<u> </u>		
						1			
		· - · · · · · · · · · · · · · · · · · ·		-		-			
				_			<u> </u>		
		- 		+	· · ·		 		
				i					
			*100.000			l <u></u>	L		
f		number of other employees paid over \$							
51		plete this table for the organization's f			ent contract	ors who each rec	eived	more	than
	\$100	,000 of compensation from the organiz (a) Name and address of each independent contra		vone.	(b) Tu	oe of service	(c) Co	mnens	
		(a) Name and address of each independent contra	actor paid more than \$100,000		(6) 191	De of service	(0, 00	пропо	
		110011				1			
		NONE						_	
				-					
						ŀ			
					L				
u	Total	aumbar of other independent contract	are each recoving over \$100 (200	_				
		number of other independent contracto	•		. ►	7(0)(1)			
52	Did ti	he organization complete Schedule A?	Note: All section 501(c)(3) org		. ► ons and 494	7(a)(1) ► `\	í v ec		Vo.
52	Did the	ne organization complete Schedule A? xempt charitable trusts must attach a c	Note: All section 501(c)(3) orgompleted Schedule A	anızatı	· · · <u>·</u>	▶∑	Yes		No
52 Under po	Did the none enalties	he organization complete Schedule A?	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled	Yes		No , it is
52 Under po	Did the none enalties	he organization complete Schedule A? xempt charitable trusts must attach a c of penury, I declare that I have examined this return.	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled	Yes	d belief	No , it is
Under potrue, con	Did the none enalties	he organization complete Schedule A? xempt charitable trusts must attach a c of penury, I declare that I have examined this return.	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled	Yes	d belief	No , it is
52 Under po	Did the none enalties	ne organization complete Schedule A? xempt charitable trusts must attach a configuration of penury, I declare that I have examined this returned complete. Declaration of preparer (other than off	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled	Yes	d belief	No , it is
Under potrue, con	Did the none enalties	he organization complete Schedule A? xempt charitable trusts must attach a c of penury, I declare that I have examined this return.	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled	Yes	belief	No , it is
Under potrue, cor	Did the none enalties	ne organization complete Schedule A? xempt charitable trusts must attach a configuration of penury, I declare that I have examined this returned complete. Declaration of preparer (other than off	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled	Yes	d belief	No , it is
Under potrue, cor	Did the none enalties	ne organization complete Schedule A? xempt charitable trusts must attach a c of perjury, I declare that I have examined this returned complete. Declaration of preparer (other than off Signature of officer Eleanor C Mertson Type or print name and title	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to	the best of my knowled wledge May 15, 6	Yes	d belief	No , it is
Under putrue, cor	Did the none enalties rect, an	ne organization complete Schedule A? xempt charitable trusts must attach a c of penury, I declare that I have examined this returned complete. Declaration of preparer (other than off Signature of officer Type or print name and title	Note: All section 501(c)(3) org completed Schedule A	anızatı	tements, and to	the best of my knowled wledge May 15, 8 Date Check If	1011	d belief	No , it is
Under ptrue, corrections Sign Here Paid Prepaid	Did the none enalties rect, an	ne organization complete Schedule A? xempt charitable trusts must attach a c of penury, I declare that I have examined this returned complete. Declaration of preparer (other than off Canot Omerican Signature of officer Eleavor Omerican Type or print name and title Print/Type preparer's name	Note: All section 501(c)(3) org completed Schedule A	anızatı	ements, and to rer has any kno	the best of my knowled wiedge May 15, 8 Check I if self-employed	1011	d belief	No f, it is
Under putrue, cor	Did the none enalties rect, an	ne organization complete Schedule A? xempt charitable trusts must attach a c of perjury, I declare that I have examined this returned complete. Declaration of preparer (other than off Signature of officer Eleanor C Mertson Type or print name and title	Note: All section 501(c)(3) org completed Schedule A	anızatı	tements, and to rer has any kno	the best of my knowled wledge May 15, 8 Date Check If	1011	d belief	No , it is

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.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Friends of the Library, SSC

Employer identification number

Par			rity Status (All orga						nstructio	ns.		
	_	•	ition because it is: (Fo		_		-					
1	A church, cor	vention of churcl	hes, or association of	churches	describe	ed in sec	tion 170((b)(1)(A)(i).			
2	2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3	A hospital or	a cooperative hos	spital service organiza	ition desc	cribed in s	section 1	70(b)(1)((A)(iii).				
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the											
	hospital's nar	ne, city, and state	e:									
5		on operated for to (Comp.) (1)(A)(iv).	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernment	al unit d	escrib	ed in
6 7	An organizati	on that normally	nment or governmenta receives a substantia (A)(vi). (Complete Par	l part of					nit or from	the ger	neral p	oublic
8	☐ A community	trust described ii	n section 170(b)(1)(A)	(vi). (Cor	nplete Pa	ırt II.)						
9	🖾 An organizati	on that normally	receives: (1) more that d to its exempt functi	an 331/3%	of its si	apport fro						
	support from	gross investme	ent income and unrelater June 30, 1975. Se	ated bus	siness ta	xable inc	ome (les	ss sectio				
10	-	-	l operated exclusively						/ / /			
10 11			nd operated exclusively							or to ca	rn/ Oil	it the
• •			olicly supported organ									
			describes the type of									
		_	• •		e III–Fun				_	Type	III_Ot	her
_			that the organization			•	_			_ • •		
е	By checking to	unis box, i ceruiy undation manage	ers and other than one	or more	ntrolled d	eunnort	niunecti d organ	y by one izations d	described	ın secti	ou pe	130113 1/a1/11
	or section 509		as and other than one	5 01 111016	Publicly	Support	su organi	izations c	Jescribed	III SCOU	JII 000	λ(α)(1)
f			a written determination	on from	the IDS t	that it is	a Type	I Type	II or Typ	ull eur	nortir	10
•	_	check this box .		יווטווי ווע	ine ino i	mai ii is	a Type	i, type	ii, oi iyp	e iii sur	portii	,a L
~	•		he organization accer	tod ony	auft or or	ntributio	n from a	nv of the				ப
g	following pers		ne organization accep	neu any	gat or co	Jillibullo	ii iioiii a	illy Of the	3			
	•				44	haw		daaariba	d in (ii) on	v d	Yes	No
			ndirectly controls, eith					describe	u iii (ii) ai		 	140
	• •	-	ody of the supported of	=				• •		11g(i)		
		•	on described in (i) abo							11g(ıı		-
		•	a person described in							11g(iii)	L
<u>h</u>	Provide the fo	ollowing informati	on about the support	ed organi	zation(s).			т				
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section	in col (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	Is the tion in col ized in the S ?		mount o	of
			(see instructions))	Yes	No	Yes	No	Yes	No			
A)												
								-		_		•
(B)							_					
C)												
D)												_
(E)								_				
		1		 		-	 	 	<u> </u>			

Total

Schedu	le A (Form 990 or 990-EZ) 2010						Page 2
Part	Support Schedule for Organiza (Complete only if you checked the Part III. If the organization fails to	e box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
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.	·				-	 -
	ion B. Total Support		<u></u>		L <u>= +</u>		.
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc	. (see instructi	ons)			12	
13	First five years. If the Form 990 is for the organization, check this box and stop he	-				ear as a section	
Sect	ion C. Computation of Public Suppor	t Percentag	е	-			
14	Public support percentage for 2010 (line 6	6, column (f) d	ıvıded by line 1	1, column (f))		14	%
15	Public support percentage from 2009 Sch					15	%
16a	• • • • • • • • • • • • • • • • • • • •						
_	box and stop here. The organization qua			-			▶ □
	33 ¹ /3% support test—2009. If the organ check this box and stop here. The organ	ızatıon qualıfıe	s as a publicly	supported org	janization .		. ▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me						

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

b 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

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

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 or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	if the organization falls to qualify	under the te	sis listed bei	ow, piease co	ompiete Part	11. <i>)</i>	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,040	3,516	2,955	3,265	3,147	15,923
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	43,844	47,457	52,697	59,491	52,616	256, 105
3	organization's tax-exempt purpose Gross receipts from activities that are not an	0	0	0		0	0
	unrelated trade or business under section 513				0	ļ	
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .	0	0	o	0	٥	o
5	The value of services or facilities furnished by a governmental unit to the organization without charge	0	٥	٥	0	0	c
6	Total. Add lines 1 through 5	46,884	50,973	55,652	62,756	55,763	272,028
	Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	o	0	٥	o	0	o
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from line 6.)	46,884	50,973	55,652	62,756	55,763	272,028
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	46,884	50,973	55,652	62,756	55,763	272,028
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	451	1,241	887	665	299	3,543
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
С	Add lines 10a and 10b	451	1,241	887	665	299	3,543
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	o	o	٥	٥	o
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0	0	٥	0
13	Total support. (Add lines 9, 10c, 11, and 12.)	47,335	52,214	56,539	63,421	56,062	275,571
14	First five years. If the Form 990 is for the organization, check this box and stop he		n's first, secon	nd, third, fourth	_	ear as a section	on 501(c)(3) ▶ □
Secti	on C. Computation of Public Support	rt Percentag	e				
15	Public support percentage for 2010 (line	8, column (f) d	ivided by line	13, column (f))		15	२८.७। %
16	Public support percentage from 2009 Sci	hedule A, Part	III, line 15 .	· · · <u>· · ·</u>			98.65 %
Secti	on D. Computation of Investment In						
17	Investment income percentage for 2010 (y line 13, colu	mn (f))	17	1.29 %
18	Investment income percentage from 2009					18	1.35 %
19a	331/3% support tests—2010. If the organ 17 is not more than 331/3%, check this box	ization did not	check the bo	x on line 14, a	nd line 15 is n		%, and line
b	331/3% support tests—2009. If the organization 18 is not more than 331/3%, check this	zation did not o	heck a box on	line 14 or line	19a, and line 1	6 is more than	33¹/s%, and (
20	Private foundation If the organization d	-				· · · · · · · · · · · · · · · · · · ·	/—

Page 4
ne 10; . (See
······

Schedule A (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
•••••		
		
		••••

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

Friands of the Library, SSC 16 6053263 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. ☐ Mail solicitations e Solicitation of non-government grants Internet and email solicitations ☐ Solicitation of government grants Phone solicitations g Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (vi) Amount paid to (or retained by) (iii) Did fundraiser have (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of contributions? (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization col (i) Yes No 1 2 3 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Pa	irt II	Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that	ng event contributions			
			(a) Event #1 Spring Book Sale (event type)	(b) Event #2 Fall Book Sale (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable	26,528	25,651		52,179
Œ	_	contributions	0	0		0
	3	Gross income (line 1 minus line 2)	26,528	25,651		52,179
	4	Cash prizes	0	0		0
	5	Noncash prizes	0	o o		0
nses	6	Rent/facility costs	1,250	1,250		გ,5 ∞
Expe	7	Food and beverages		0		0
Direct Expenses	8	Entertainment		0	,	0
_	9	Other direct expenses .	1,536	1,129		2,665
Pa	10 11 rt III	Direct expense summary. An Net income summary. Comb Gaming. Complete if th	oine line 3, column (d), a	and line 10	<u>.</u> . <u>•</u>	(5,165) 47,014 reported more
Revenue		than \$15,000 on Form 9	990-EZ, line 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
- Re	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct E	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. A	dd lines 2 through 5 in c	column (d)	•	()
	8	Net gaming income summa	ry. Combine line 1, colu	mn d, and line 7	<u> ▶</u>	
g	a Is	nter the state(s) in which the o the organization licensed to o "No," explain:		s in each of these states		🗌 Yes 🗌 No
10		ere any of the organization's organi	gaming licenses revoke		ated during the tax year	? .

Schedu	ule G (Form 990 or 990-EZ) 2010		Page 3
11 12	Does the organization operate gaming activities with nonmembers?	Yes	No
13 a	Indicate the percentage of gaming activity operated in: The organization's facility	☐ Yes	⊔ No %
b 14	An outside facility		%
	Name ►		-
	Address ►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	☐ Yes	\ □ No
	amount of gaming revenue retained by the third party ▶ \$		
•	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	☐ Yes	□ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also copart to provide any additional information (see instructions).		his

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Publical Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Friends of the Library SSC

Employer identification number /G GC5 32 G3

FORM 990-EZ

Part I, Line 6b, c, & d - Fundraising Events (\$52,179) See also Schedule G

Book Sales Spring and Fall 2010

Gross Income - \$52,179
Less Expenses - 5,165
Net \$47,014

Part I, Line 8 - Other Revenue (\$498)

Other revenue consists primarily of proceeds from the sale of several books on eBay and an auction house, a family bible and several other books to individuals. Additionally, \$70 of the revenue was found while sorting books given to the library for the Spring Book Sale. \$50 was added to checking for a lost check that was voided. Other small amounts, \$55, represents redeposited cash initially withdrawn to make change for the Membership Desk cashbox; and, \$6 for reimbursed bank fees.

Part I, Line 10 - Grants and Similar Amounts Paid (\$47,500)

- 1. Southeast Steuben County Library (\$47,500)
 - a. **Endowment** (\$3,000) The Friends continue to contribute a yearly amount to the library endowment following the completion in 2003 of a \$100,000 pledge to the fund.
 - b. Library Support Grants (Total of \$44,500)
 - . Library collections (\$20,000)
 - . Children's, Young Adult and Adult Services programs and activities (\$18,000)
 - . Volunteer recognition event (\$3,000)
 - . Continuing education for the Library staff and Support of additional services and activities (\$3,500)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Open to Publ Inspection

OMB No. 1545-0047

200**10**

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990 or 990-EZ.

Name of the organization

Friends of the Library, SSC

Employer identification number 16 605 3263

Part I, Line 16 – Other expenses (\$3,847)

Programs:	\$3,010.00
Books for Babies, Books Sandwiched In &	
Short Story Contest (see Part III)	
Honoraria & other gifts	200.00
Workshops	88.00
Supplies	13.00
Attorney's fee	400.00
NYS Charities Bureau filing fee	25.00
Membership Desk start-up cash	55.00
Audit	50.00
Bank fee	6.00
Total:	\$ 3,847.00

Part III, Statement of Program Service Accomplishments

Friends of the Library, SSC's primary exempt purpose is as follows (taken from our constitution)

"Section 1. - The purpose of this organization shall be:

- a. To coordinate activities of persons interested in books and libraries
- b. To focus public attention on library needs, facilities, and services
- c. To stimulate gift-giving
- d. To enrich the cultural opportunities available to the citizens served by the Southeast Steuben County Library."

"Section 2. The activities of the organization shall include assistance in providing:

- a. Adequate financial support for the Southeast Steuben County Library.
- b. Materials, books, and documents which are beyond the command of the ordinary library budget.
- c. The establishment and enrichment within the Library of a department devoted to collecting archival material of local interest.
- d. Increased cultural activities for adults and children."

For achievements relating to purpose for 2010 please see Part III, Lines 28 - 31 on the following pages.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

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Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

Name of the organization

Friends of the Library, SSC

Employer identification number K6 GC5 32 G3

Part III, Line 28 – Endowment Grant (\$3,000)

The Friends continue to make an annual contribution to the library's endowment despite the fact that we completed our \$100,000 pledge in 2003. By helping the library maintain an increasing endowment, we ensure the financial stability of our library, which allows all that goes on in our library to continue.

Part III, Line 29 - Support Grants (\$44,500) paid directly to the library help increase the book and other collections and materials, support programs and activities and help with the purchase of computers and other equipment for patrons of all ages. The largest grant (\$20,000) was used for purchase of books and related materials to supplement the library's collections.

The library's 2010 summer reading club, "Make a Splash...Read", was very successful. A total of 446 children, 51 young adults and 72 adults participated in the program with a combined total of 5,753 books read. In addition to the reading club, 214 programs were provided to library patrons (165 children's programs, 41 young adult programs and 8 adult programs). In all, the library reached out to over 6,000 area children, teens and adults. The most popular of these programs were the Thursday performances funded by the Friends of the Library. These programs were provided free of charge to the public and special groups and averaged 321 attendees per program.

The Friends gave a grant of \$18,000 in December of 2010 so that the staff could begin planning earlier for their 2011 programs. The largest part of this grant (\$9,000) was for 2011 summer reading programs.

The Friends' grant of \$3,000 for volunteer support and recognition enabled the library to thank more than 150 volunteers who give tirelessly to support the work of the library.

A grant of \$3,500 was also given to support continuing education for staff training and additional unspecified services, programs and activities that the library determines worthwhile to pursue during the course of the year.

SCHEDULE O

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Friends of the Library, SSC

Employer Identification number 16 605 32 63

Part III, Line 30 - Books for Babies Program – This literacy program, new in 2007, acquaints parents of newborns with the important role they play in the development of their children. Initially, the Friends purchased 600 copies of "The Big Red Barn" by Margaret Wise Brown and bags imprinted with the Library's "Wise Owl" logo in which the books were placed along with pamphlets about the Library's collections, programs and services. During 2010, 850 additional books, "Goodnight Moon" by Margaret Wise Brown and "Mommy Loves Her Bunny" by Josephine Page were purchased along with 1,000 bags imprinted with the Library's logo. On average 50 books are distributed each month to new mothers at the local hospital. (\$2,536)

Part III, Line 31 - Other program services that carry out the purposes of our organization are the Books Sandwiched In Program and the Short Story Contest. There are no charges for persons attending or participating in either of these:

Books Sandwiched In – Each year this very popular series of 6 book reviews presented during January and February draws an average of 70-75 people per week to the library. Reviews of current, popular or noteworthy books are given by well-known people in the community. Costs of the program are for advertising, refreshments and gift cards given to the presenters. (\$238)

Short Story Contest – In 2010, the 29th Annual Contest for children in grades 5 to 8 was held. Its purpose is to encourage creative writing. Over 100 student entries were received in 2010. These entries were read and judged blind by a panel of 14 judges, including local writers, poets, librarians, teachers and college professors. Awards to winners were presented in a special ceremony at the library. All winning stories are put into a bound anthology and copies were distributed to area schools as well as kept in the library so anyone interested can read the stories judged to be outstanding. Costs of the program are for gift cards presented to the winners, certificates for runners-up, and refreshments for the Writers' Tea and Awards ceremony. (\$236)

SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

2010 Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

Inspection

Name of the organization

Friends of the Library, SSC

Employer identification number 16 6053263

Part IV - List of Officers, Directors

Names & Addresses	Title & Hrs./Wk.	Compensation
 Eleanor C. Lee Mertson 202 Upper Delevan Avenue Corning, NY 14830 	President (3.0)	None
 Barbara Cook 4375 Bellinger Hollow Corning, NY 14830 	Vice President (2.0)	None
3. Connie Petro 212 Woods Edge Drive Painted Post, NY 14870	Treasurer (3.0)	None
4. Sue Putney 69 Brookline Avenue Elmira, NY 14905	Secretary (3.0)	None
5. Anne Drake 4282 Hanrahan Road Addison, NY 14801	Director (1.0)	None
6. D. Jean Humphrey 109 Evergreen Drive Painted Post, NY 14870	Director (1.0)	None
7. Martha McKinney P. O. Box 11 Big Flats, NY 14814	Director (1.0)	None
8. Anna Rice 67 Houghton Circle Corning, NY 14830	Director (1.0)	None
9. Bev Stevens 10562 Pine Breeze Lane Corning, NY 14830	Director (1.0)	None

SCHEDULE'O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Employer Identification number

2010 **Open to Public**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Inspection

Friends of the Library, SSC 16 605 32 63 10.Brad Turner Director (1.0) None 266 West Third Street Corning, NY 14830 11.Mary Lu Walker Director (1.0) None 16 Brown Road Corning, NY 14830 12. Elizabeth Whitehouse Director (1.0) None 81 East Third Street Corning, NY 14830

Ex Officio Members:

Pauline Emory (Library Director) Southeast Steuben County Library 300 Civic Center Plaza Corning, NY 14830

Sarah Collins (Library Board Trustee) 5 Woodland Way Painted Post, NY 14870

None of the officers or directors of the Friends of the Library SSC receives any kind of compensation from the Friends' organization nor has an expense account or other allowance.