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Form 990

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SCANNED

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)

OMB No 1545-0047 2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► The organization may have to use a copy of this return to satisfy state reporting requirements. . 2011, and ending For the 2011 calendar year, or tax year beginning D Employer Identification Number Check if applicable MOHAWK VALLEY LIBRARY SYSTEM 14-1458888 Address change 858 DUANESBURG ROAD Telephone number Name change SCHENECTADY, NY 12306-1095 518-355-2010 Initial return Terminated 1,497,430. G Gross receipts \$ Amended return F Name and address of principal officer H(a) Is this a group return for affiliates? XINo Application pending Yes H(b) Are all affiliates included? SAME AS C ABOVE If 'No,' attach a list (see instructions) Tax-exempt status X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or WWW.MVLS.INFO Website: ► H(c) Group exemption number ▶ X Corporation Other P L Year of Formation 1960 M State of legal domicile Form of organization Association Summarv Briefly describe the organization's mission or most significant activities: THE SYSTEM PROVIDES SUPPORT SERVICES MATERIALS AND GRANTS TO IMPROVE AND ENHANCE MEMBER LIBRARY SERVICES **©** If the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 13 5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 11 Total number of volunteers (estimate if necessary) 6 0 Ō. 7a Total unrelated business revenue from Part VIII, column (C), line 12 7 a b Net unrelated business taxable income from Form 990-T- line 34_4 0. 7 b **Prior Year Current Year** 1,452,775. Contributions and grants (Part VIII, line 1h) 884,360. Program service revenue (Part VIII, line 2g) Ø. Investment income (Part VIII, column (A), lines 3 1.968 1,092. 21,057. 907,385. 43,563. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11 Total revenue - add lines 8 through 11 (must equal Party) (A), line 497,430. 12 15,216. 300,908. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 692,918 691,279. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 323,291 330,899. 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1,031,425. 323,086. Revenue less expenses Subtract line 18 from line 12 -124,040. 174,344. Beginning of Current Year End of Year Total assets (Part X, line 16). 405,295. 579,639. 20 Total liabilities (Part X, line 26) 0. 0. 579,639. Net assets or fund balances Subtract line 21 from line 20 405,295. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. W, H Sign McHale Here Treasurer Type or print name and title Print/Type preparer's name Prepare s signature 869112 GLENN R WINTER GLENN R. WINTER, CPA P00287362 Paid self-employed ► T M BYXBEE CO., CPAS, NY, P.C. Preparer Use Only Firm's address ► 80 WOLF ROAD STE 102 Firm's EIN ► 14-1767196

ALBANY, NY 12205

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Paperwork Reduction Act Notice, see the separate instructions.

(518) 458-2213

X Yes

Nο

Form 990 (2011)

Phone no

Form 990 (2011) MOHAWK VALLEY	LIBRARY SYSTEM	14-1458888	Page 2
Part III Statement of Program S	Service Accomplishments		
* Check if Schedule O contains	a response to any question in this Part III		
1 Briefly describe the organization's m THE SYSTEM PROVIDES SUI MEMBER LIBRARY SERVICES	PPORT SERVICES, MATERIALS AND GRANT	S TO IMPROVE AND ENHANG	CE
			
2 Did the organization undertake any s Form 990 or 990-EZ? If 'Yes,' describe these new services	significant program services during the year which were		X No
·	ng, or make significant changes in how it conducts, any	program services? Yes	X No
4 Describe the organization's program	service accomplishments for each of its three largest panizations and section 4947(a)(1) trusts are required to enue, if any, for each program service reported	rogram services, as measured by ex eport the amount of grants and allo	openses cations to
4a (Code: PROGRAM SERVICES CONSISTED VALLEY	1,131,070. including grants of \$ ST PRIMARILY OF SERVICES TO MEMBER)(Revenue \$_ LIBRARIES WITHIN THE MO) OHAWK
			
4b (Code Expenses \$	including grants of \$) (Revenue \$)
4c (Code:) (Expenses \$_	including grants of \$) (Revenue \$)
			-
		-	
4d Other program services (Describe ii			
(Expenses \$ 4e Total program service expenses ▶		Revenue \$)
BAA	TEEA0102L 07/05/11	Form	990 (2011)

			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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	2 K. 1 A	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, IX, or X as applicable	を変え	建筑	
ā	Did the organization report an amount for land, buildings and equipment in Part X, line 107 If 'Yes,' complete Schedule D, Part VI	11 a		Х_
t	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	11 b		Х
•	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	11 c		X
(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	11 d		Х
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
f	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 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f	Х	
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII .	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	ļ 	Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a	:	X
1	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
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 (see instructions)	17		Х
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		Х
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		х
20	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20	<u> </u>	Х
١	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b		

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Form 990 (2011) MOHAWK VALLEY LIBRARY SYSTEM

Part IV | Checklist of Required Schedules (continued)

		ļ	162	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21_	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i> .	23		Х
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
25 a	a 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		Χ_
t	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		X
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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27	:	X
	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)			
ē	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes.' complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ł	b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		х
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		Χ_
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		х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
3AA	·	Form	1 990	(2011)

Check if Schedule O contains a response to any question in this Part V			_					
Check it Schedule O contains a response to any question in this Fart v		Yes	No					
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	13	163	110					
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b		-						
	`							
c Did the organization comply with backup withholding rules for reportable payments to vendors and report (gambling) winnings to prize winners?	table gaming 10	X						
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			1					
ments, filed for the calendar year ending with or within the year covered by this return 2a	11							
b 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 (see instructions)								
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?								
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b	<u> </u>						
 4a At any time during the calendar year, did the organization have an interest in, or a signature or other autifinancial account in a foreign country (such as a bank account, securities account, or other financial account if Yes,' enter the name of the foreign country 	thority over, a punt)?	1	Х					
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Acc	ounts							
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X					
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	on? 5t	<u> </u>	X					
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	50	:	<u> </u>					
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o solicit any contributions that were not tax deductible?	rganization 6 a		Х					
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions not tax deductible?	or gifts were 6	,						
7 Organizations that may receive deductible contributions under section 170(c).								
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo services provided to the payor?	ods and 7a		X					
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 t	<u>, </u>	ļ					
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was r Form 8282?.	required to file		Х					
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		. 	<u> </u>					
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	· · · · · · · · · · · · · · · · · · ·	·	X					
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	? 7f		X					
g If the organization received a contribution of qualified intellectual property, did the organization file Form as required?	8899 7 9	,						
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization Form 1098-C?	n file a							
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess holdings at any time during the year?	tions. Did the business							
9 Sponsoring organizations maintaining donor advised funds.								
a Did the organization make any taxable distributions under section 4966?	9 a	1	<u> </u>					
b Did the organization make a distribution to a donor, donor advisor, or related person?	91	<u> </u>						
10 Section 501(c)(7) organizations. Enter:								
a Initiation fees and capital contributions included on Part VIII, line 12	•							
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		1						
11 Section 501(c)(12) organizations. Enter:	}							
a Gross income from members or shareholders . 11 a								
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)								
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	? 12a	,						
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b								
13 Section 501(c)(29) qualified nonprofit health insurance issuers.								
a Is the organization licensed to issue qualified health plans in more than one state?	13a	 	ऻ					
Note. See the instructions for additional information the organization must report on Schedule O								
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans								
c Enter the amount of reserves on hand			Ь—					
14a Did the organization receive any payments for indoor tanning services during the tax year?	14 a	1	X					
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	141)	<u> </u>					

Form 990 (2011) MOHAWK VALLEY LIBRARY SYSTEM 14-1458888 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Χ Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O 13 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Х Did the organization become aware during the year of a significant diversion of the organization's assets? Χ Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more X members of the governing body? 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Х 8b X **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director or 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 Х Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Χ 10a Did the organization have local chapters, branches, or affiliates? b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Х 11 a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a Х b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12c X 13 Did the organization have a written whistleblower policy? 13 Х 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official SEE SCHEDULE O 15a X X **b** Other officers of key employees of the organization SEE SCHEDULE O 15b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х 16a taxable entity during the year? b If 'Yes,' did the organization follow 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? 16_b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website |X| Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year SEE SCHEDULE O State the name, physical address, and telephone number of the person who possesses the books and records of the organization TRAHAN 858 DUANESBURG ROAD SCHENECTADY NY 12306-1095 518-355-2010

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

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1 a 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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of 'key employee'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization	n nor any	relate	d or	gan	ızat	ion co	mpe	nsated any current o	fficer, director, or trus	tee
			(C)							
(A) Name and title	(B) Average hours per week		ot che ss per and a	Pos ck mo son is direc	ition ore the s both tor/tr	an one n an offi ustee)	box, cer	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) ELIZABETH CLEARY										
PRESIDENT	1	Х		X				0.	0.	0.
(2) MARGARET CARBALLEIRA			į							
TREASURER	1	X		X				0.	0.	0.
(3) PATRICIA FRANCO										
SECRETARY	1	X		X				0.	0.	<u> </u>
(4) JANE BORRELLI										
TRUSTEE	1	X						0.	0.	0.
(5) BARBARA MADONNA					ĺ					
TRUSTEE	1	X						0.	0.	0.
(6) MARION GRIMES										
TRUSTEE	1	X						0.	0.	0.
(7) SARAH BEEKMAN										
TRUSTEE	1	X						0.	0.	0.
(8) ELLEN MCHALE]									
TRUSTEE	1	X						0.	0.	0.
(9) BONNIE KERR										
TRUSTEE	1 1	Х						0.	0.	0.
(10) RENE ROSER										
TRUSTEE	1	Х						0.	0.	0.
(11) CHERYL CUFARI										
TRUSTEE	1	X						0.	0.	0.
(12) JEAN WILDBRUBE										
TRUSTEE	1	Х						0.	0.	0.
(13) JANET SAND										
TRUSTEE	1	Х			L			0.	0.	0.
(14) CAROL CLINGAN										
EXECUTIVE DIR.	35		L	X		<u> </u>		89,389.	0.	14,335.

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(A) Name and title	(B) Average hours per	box.	Position (do not check more than one box, unless person is both an officer and a director/trustee)				n an tee)	ee) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
[19]										
[20]										
(21)										
(22)						ļ				
(23)										
(24)										
(25)				-						
1 b Sub-total					•	•	>	89,389.	0.	14,335
c Total from continuation sheets to Part VII, Section	A						>	89,389.	0.	14,335
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limite	d to th	ose	ıste	d ab	ove)) wh	o re			
from the organization ► 0 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	ndıvıdu	al			_					Yes No
4 For any individual listed on line 1a, is the sum of re- the organization and related organizations greater t such individual	portab han \$1	le co 50,0	mpe 00?	ensa If "	ition Yes'	and com	l oth	er compensation e Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	omper comple	sation	on fr <i>chec</i>	om dule	any <i>J fo</i>	unre r su	elate ch p	ed organization or erson	ındıvıdual	5 X
Section B. Independent Contractors 1 Complete this table for your five highest compensal	ed ind	eper	nden	t co	ntra	ctors	s the	at received more t	han \$100,000 of	
compensation from the organization. Report compe	nsation	for	the	cale	enda	r ye	ar e	nding with or with	in the organization	
(A) Name and business addres	is .							Description	of services	(C) Compensation
		-								
										
2 Total number of independent contractors (including \$100,000 in compensation from the organization ▶		t lin	iited	to t	hos	e lis	ted a	above) who receiv	red more than	

<u>[Par</u>	t VIII Statement of Revenue	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
PROGRAM SERVICE REVENUE CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) 1 a 1 b 1 c 1 d 1 c 1 d 1 e 1 0 d 1 d 1 e 1 0 d 1 d 1 d 1 d 1 d 1 d 1 d 1	1,452,775.	revenue		312, 313, 01 314
SERVICE REVENUE	h Total. Add lines 1a-1f Business Code 2a b c d —————————————————————————————	1,402,773.			
PROGRAM	f All other program service revenue g Total. Add lines 2a-2f				
	 Investment income (including dividends, interest and other similar amounts). Income from investment of tax-exempt bond proceeds. Royalties 	1,092.			1,092.
	(i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses				
	c Gain or (loss) d Net gain or (loss) ▶				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less: direct expenses b				
	c Net income or (loss) from fundraising events. 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses b				i
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code			_	
	11 a DOWN-LOADING AUDIO BOOKS	37,391.	37,391.		
	b OVERDRIVE E-BOOKS c INSURANCE REFUND	3,650. 1,263.	3,650. 1,263.		
	d All other revenue.	1,259.	1,259.		
	e Total. Add lines 11a-11d	43,563.	42 562	0.	1 002
	12 Total revenue. See instructions	1,497,430.	43,563.	υ.	1,092.

Page **10**

Part 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)

	other organizations must complete column (A) but Check if Schedule O contains a re		<u> </u>	, - · · - · · ·	П
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	300,908.	300,908.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	89,389.	67,042.	22,347.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	399,087.	299,315.	99,772.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	82,961.	62,221.	20,740.	
9		83,765.	62,823.	20,942.	
10	Payroll taxes	36,077.	27,058.	9,019.	
11	Fees for services (non-employees)				
á	a Management				
	L egal	589.	442.	147.	
	Accounting				
	Lobbying				
	Professional fundraising services See Part IV, line 17				
	Investment management fees				
	g Other Advertising and promotion				
13	Office expenses	6,486.	4,864.	1,622.	
14	Information technology				
15	Royalties				
16	Occupancy	12,543.	9,407.	3,136.	
17	Travel	5,987.	4,490.	1,497.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest			-	
21	Payments to affiliates			-	
22	Depreciation, depletion, and amortization	6,659.	4,994.	1,665.	
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	0,039.	4, 334.	1,003.	
i	a CONTRACTURAL FEES	160,782.	160,782.		
	LIBRARY MATERIALS	88,578.	88,578.		
	PROFESSIONAL FEES	23,420.	17,565.	5,855.	
	d REPAIRS & MAINTENANCE	10,367.	7,775.	2,592.	
	e All other expenses	15,488.	12,806.	2,682.	
	Total functional expenses. Add lines 1 through 24e	1,323,086.	1,131,070.	192,016.	0.
26	the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ►				
	SOP 98-2 (ASC 958-720)			<u>L</u>	

Pa	· X	Balance Sneet	(A)		(B) End of year
			Beginning of year	}	End of year
	1	Cash — non-interest-bearing	9,184.	1	41,988.
	2	Savings and temporary cash investments	396,111.	2	537,651.
	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 Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	,	6	,
Ą	١ ـ	organizations (see instructions)		7	
ASSETS	_	Notes and loans receivable, net			
E	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges	-	9	
	10 a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D			
	b	Less. accumulated depreciation 10b		10 c	
	11	Investments — publicly traded securities		11	
	12	Investments – other securities See Part IV, line 11		12	
	13	Investments – program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	405,295.	16	579,639.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
L	20	Tax-exempt bond liabilities		20	····
A B I	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
L	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		 22	a execution a numbridassication between securities securities deliberated securities and securities and securities and securities are securities as the securities are securities are securities as the securities are securities as th
- 1	23	Secured mortgages and notes payable to unrelated third parties		23	- · · · · · · · · · · · · · · · · · · ·
Ė	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
N E T		Organizations that follow SFAS 117, check here ► X and complete lines			ı
Ť	1	27 through 29 and lines 33 and 34.			*****
Ş	27	Unrestricted net assets	396,111.	27	512,223.
ASSETS	28	Temporarily restricted net assets	9,184.	28	67,416.
	29	Permanently restricted net assets		29	
O R		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			- 1
E		lines 30 through 34.			
FUND	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ĺ	32	Retained earnings, endowment, accumulated income, or other funds		32	
BALAZCES	33	Total net assets or fund balances	405,295.	33	579,639.
Š	34	Total liabilities and net assets/fund balances	405,295.	34	579,639.

BAA

Form **990** (2011)

For	m 990 (2011) MOHAWK VALLEY LIBRARY SYSTEM 14-	1458888		Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				ot
		1 1			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		97,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		23,0	
3		3		74,3	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4	05,2	
5	Other changes in net assets or fund balances (explain in Schedule O).	5			<u>0.</u>
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5	79,6	39.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		,	,,	
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	b Were the organization's financial statements audited by an independent accountant?		2ь		X
	c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t review, or compilation of its financial statements and selection of an independent accountant?	the audit,	2 c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.				-
	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue separate basis, consolidated basis, or both:	ied on a			,
	X Separate basis Consolidated basis Both consolidated and separate basis				
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	Single	3a		X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audits explain why in Schedule O and describe any steps taken to undergo such audits.	uired audit	3 b		

BAA

Form **990** (2011)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public

Employer identification number Name of the organization 14-1458888 MOHAWK VALLEY LIBRARY SYSTEM Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box) A church, convention of churches or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 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 4 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 5 170(b)(1)(A)(iv). (Complete Part II) 6 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 7 X in section 170(b)(1)(A)(vi). (Complete Part II) 8 community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives. (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts 9 from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 - Functionally integrated Type III - Other d | a | Type | Type II C 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 If the organization received a written determination from the IRS that 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? Yes No A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) (i) 11 g (i) below, the governing body of the supported organization? 11 g (ii) A family member of a person described in (i) above? 11 g (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) h (v) Did you notify the organization in column (i) of (vi) Is the organization in column (i) (iii) Type of organization (described on lines 1-9 above or IRC section (iv) Is the (vii) Amount of support (i) Name of supported organization in organization column (i) listed in your governing document? organized in the (see instructions)) your support? Yes No Yes No Yes No (B) (C) (D) **(E)**

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

Schedule A (Form 990 or 990-EZ) 2011

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support								
begiı	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants.')	1,360,650.	1,238,456.	1,284,593.	884,360.	1,452,775	6. 6,220,834.		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.		
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						0.		
4	Total. Add lines 1 through 3	1,360,650.	1,238,456.	1,284,593.	884,360.	1,452,775	6,220,834.		
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).	-	-				0.		
6	Public support. Subtract line 5 from line 4		٨				6,220,834.		
Sec	tion B. Total Support								
Cale begii	ndar year (or fiscal year nning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total		
7	Amounts from line 4	1,360,650.	1,238,456.	1,284,593.	884,360.	1,452,775	6,220,834.		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,645.	16,986.	11,727.	1,968.	1,092	51,418.		
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). SEE PART IV	1,703.	30,746.	22,427.	21,057.	43,563	119,496.		
11	Total support. Add lines 7 through 10	,					6,391,748.		
12	Gross receipts from related activ	vities, etc (see ins	tructions)			1:	2 0.		
13	First five years. If the Form 990 organization, check this box and	is for the organization	ation's first, secor	nd, third, fourth, o	r fifth tax year as	a section 501(c)(3) ► □		
<u>Sec</u>	tion C. Computation of Pu	blic Support P	ercentage						
	Public support percentage for 20	•	• • •	ne 11, column (f))		14			
15	Public support percentage from	2010 Schedule A,	Part II, line 14			1!	5 97.50%		
16 a	16a 33-1/3% support test — 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
b	b 33-1/3% support test — 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization								
17 a	7a 10%-facts-and-circumstances test — 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization								
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	and-circumstances test. The organiza	s' test, check this ation qualifies as a	box and stop he a publicly support	r e. Explain in P ed organization	art IV how the		
18 RAA	Private foundation. If the organi	zation did not che	eck a box on line	13, 16a, 16b, 17a			990 or 990-F7) 2011		

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.)

Sec	tion A. Public Support	, ,			· · · · · ·		
	dar year (or fiscal yr beginning in)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants ')	,,		,			
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
C	: Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)			A 0 1 74			
	tion B. Total Support			r	· · · · · · · · · · · · · · · · · · ·		
Calen	dar year (or fiscal yr begınning ın)►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support. (Add Ins 9, 10c, 11, and 12)		<u> </u>				
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth,	or fifth tax year as	a section 501(c)(3)
	tion C. Computation of Pu				•		
				ao 13 column (f)	· · · · · · · · · · · · · · · · · · ·	15	%
15				ie 13, column (i)	,	16	0/0
	Public support percentage from tion D. Computation of Inv				·_ · · · · · · · · · · · · · · · · · ·	16	6
	Investment income percentage f				ump (f))	17	%
17	Investment income percentage f	•	• • • • • • • • • • • • • • • • • • • •	•	umm (1))	18	
18 19 <i>a</i>	i 33-1/3% support tests – 2011. If				and line 15 is mor		
	is not more than 33-1/3%, check	this box and sto	p here. The organ	nization qualifies	as a publicly supp	orted organization	ր ► 📙
	33-1/3% support tests – 2010. If line 18 is not more than 33-1/3%	, check this box	and stop here. Th	ie organization qi	ualifies as a public	ly supported orga	nization P
20	Private foundation. If the organi	zation did not chi	eck a box on line	14, 19a, or 19b,	check this box and	see instructions	<u> </u>

Schedule A	(Form 990	or 990-EZ)	2011	MOHAWK	VALLEY	/ LIBR	ARY SYS	STEM		14-145	8888	Page 4
(Partily	Supplem Part II, II (See ins	nental Inf ne 17a o tructions)	ormation r 17b; a	on. Comp and Part	plete this III, line	s part to 12. Also	provide comple	the expla te this pai	nations re rt for any	equired by additional	Part II, II Informati	ne 10; on.
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2011

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

CL	IF	NT	61	5551	
\sim L	_		vi	JJJ 1	

MOHAWK VALLEY LIBRARY SYSTEM

14-1458888

PART II, LINE 10 - OTHER

NATURE AND SOURCE	2011	2010	2009	2008	2007
REFUND OF EXPENSES/OTHER TOTAL	43,563.	21,057.	22,427.	30,746.	1,703.
	\$ 43,563.	\$ 21,057.	\$ 22,427.	\$ 30,746.	\$ 1,703.

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Schedule **D** (Form 990) 2011

TEEA3301L 05/25/11

Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

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

MOHAWK VALLEY LIBRARY SYSTEM 14-1458888 Part I 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) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic 2d structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 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? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 ►\$ (ii) Assets included in Form 990, Part X ▶\$ 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenues included in Form 990, Part VIII, line 1 ▶\$ b Assets included in Form 990, Part X

Schedule D (Form 990) 2011 MOHAV	VK VALLEY	LIBRARY SYSTE	M	14-145	
Part III Organizations Mainta	ining Colle	ctions of Art, Histo	orical Treasures, o	r Other Similar Ass	sets (continued)
3 Using the organization's acquisiti	on, accession	n, and other records, ch	neck any of the following	g that are a significant	use of its collection
a Public exhibition		d Loan	or exchange programs		
b Scholarly research		e Other	·		
c Preservation for future gener	ations	_			
4 Provide a description of the orga Part XIV	nızatıon's coll	ections and explain ho	w they further the orgar	nization's exempt purpo	ose in
5 During the year, did the organiza assets to be sold to raise funds r	tion solicit or ather than to	receive donations of a be maintained as part	rt, historical treasures, of the organization's co	or other similar llection?	Yes No_
Part IV Escrow and Custodia line 9, or reported an	I Arrangemamount on	nents. Complete if Form 990, Part X,	the organization ar line 21.	swered 'Yes' to Fo	orm 990, Part IV,
1 a Is the organization an agent, trus included on Form 990, Part X?	itee, custodia	n, or other intermediary	y for contributions or otl	her assets not	Yes No
b If 'Yes,' explain the arrangement	ın Part XIV a	and complete the follow	ing table		
, ,		·			Amount
c Beginning balance				1 c	
d Additions during the year			•	1 d	
e Distributions during the year				1 e	
f Ending balance				1f	
2a Did the organization include an a	mount on Foi	rm 990, Part X, line 21	7	<u> </u>	Yes No
b If 'Yes,' explain the arrangement		, ,			
Part V Endowment Funds. Co		he organization an	swered 'Yes' to For	m 990, Part IV, lin	e 10.
	(a) Current				
1 a Beginning of year balance	(1)		1		
b Contributions .					
 Net investment earnings, gains, and losses 					
d Grants or scholarships					
 Other expenditures for facilities and programs 					1
f Administrative expenses .					
g End of year balance					
2 Provide the estimated percentage	e of the curre	nt year end balance (lii	ne 1g, column (a)) held	as:	
a Board designated or quasi-endov	vment ►	<u> </u> %			
b Permanent endowment ▶	8				
c Temporarily restricted endowmer	nt ►	%			
The percentages in lines 2a, 2b,	and 2c should	d equal 100%			
3a Are there endowment funds not organization by:	n the posses	sion of the organization	that are held and adm	inistered for the	Yes No
(i) unrelated organizations.		•			3a(i)
(ii) related organizations					3a(ii)
b If 'Yes' to 3a(II), are the related of	_				3b
4 Describe in Part XIV the intended					
Part VI Land, Buildings, and	<u>Equipment</u>	. See Form 990, P			
Description of property		(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .	ļ				
h Duildings		l	I	I	I

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property

(a) Cost or other basis (b) Cost or other basis (other)

1a Land
b Buildings
c Leasehold improvements
d Equipment
e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2011

Schedule D (Form 990) 2011 MOHAWK VALLEY LIBRARY SYSTEM

14-1458888

Page 3

Schedule D (Form 990) 2011 MOHAWK VALLEY LIBRARY SYSTEM 14-1	.458888 Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A
1 * Total revenue (Form 990, Part VIII, column (A), line 12)	
2 Total expenses (Form 990, Part IX, column (A), line 25)	
3 Excess or (deficit) for the year Subtract line 2 from line 1	
4 Net unrealized gains (losses) on investments	
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV)	
9 Total adjustments (net) Add lines 4 through 8	
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	ırn N/A
Total formation game, and the tappert per administration and the same	1
2 Amounts 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 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIV)	
4 / Ma minos _ m m m m m m m m m m m m m m m m m m	2e
3 Subtract line 2e from line 1	3
4 Amounts 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	
b Other (Describe in Part XIV)	
	4c
3 Total Tevende Add lines 3 and 4c. (This mast equal to one 350, 1 art 1, line 12)	5
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	eturn N/A
Total expenses and lesses per addition marietal statementa	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses	
d Other (Describe in Part XIV.) .	_
	2e
- Cabitati mio 1	3
4 Amounts 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 b Other (Describe in Part XIV.) 4a 4b	
	4c
	5
Part XIV Supplemental Information	
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, line 1a and 4, Part IV, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete the second seco	nes 1b and 2b,
Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete the	nis part to provide
any additional information.	
DADT V. FIN 40 FOOTNOTE	
PART_X-FIN_48 FOOTNQTE	
THE CYCTEM STIES FORM OOD DETHINN OF ODCANTANTIONS EVENDT FROM INCOME T	אט ייטר
THE SYSTEM FILES FORM 990 RETURN OF ORGANIZATIONS EXEMPT FROM INCOME T	<u>vv· </u>
CVCTEM UNC ADOPTED THE DECUTETONS OF FASE ASC 740-10 AND AS A DESILT H	AS IDENTIFIED
SYSTEM HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10 AND AS A RESULT H	WO IDENITETED
ITS EXEMPTION FROM INCOME TAX UNDER SECTION 501(C)(3) AS A TAX POSITION	N WHICH FALLS
WITHIN_THE_SCOPE_OF_THIS_FASB_ASC_SECTIONTHE_SYSTEM_DOES_NOT_BELIEV	E THIS TAX
	= -
POSITION WILL RESULT IN ANY CHANGE TO ITS FINANCIAL POSITION. THESE R	ETURNS ARE
1.25511200	=
SUBJECT_TO_EXAMINATION_BY_TAX_JURISDICTIONS_(GENERALLY_FOR_THREE_YEARS	FROM THE
FILING DATE), AND AS A RESULT, RETURNS FOR THE YEARS ENDED DECEMBER 31	, 2008, 2009.
	chedule D (Form 990) 2011

Schedule D.(Form 990) 2011 MOHAWK VALLEY LIBRARY SYSTEM	14-1438888	Page 5
PartXIV Supplemental Information (continued)		
PART X - FIN 48 FOOTNOTE (CONTINUED)		
2010 AND 2011 REMAIN SUBJECT TO EXAMINATION. NO INTEREST OR PEN	ALTIES RELATED TO	D
INCOME TAXES HAVE BEEN RECOGNIZED IN THE STATEMENT OF FINANCIAL	POSITION OR	
STATEMENT_OF_ACTIVITIES		
		-
		
		
	_	

Schedule D (Form 990) 2011 MOH.	AWK VALLEY LIBRARY SYSTEM	14-1458888 Page 5
Part XIV Supplemental Info	rmation (continued)	
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•		
		-
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BAA	TEEA3305L 05/25/11	Schedule D (Form 990) 2011

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
➤ Attatch to Form 990.

OMB No 1545-0047 2011

Open to Public → Inspection

Employer identification number

14-1458888

Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance MOHAWK VALLEY LIBRARY SYSTEM

ջ □ X Yes Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II | Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) AMSTERDAM FREE LIBRARY	14-1364469 501 (C) (3)	501 (C) (3)	11,730.	0.			LIBRARY FUNDING
(2) GLOVERSVILLE PUBLIC LIBRARY	20-3042321 501 (C) (3)	501 (C) (3)	.9,476.	0.			LIBRARY FUNDING
(3) SCHENECTADY COUNTY PUBLIC LIB - 99 CLINTON ST - SCHENECTADY, NY 12305	14-6002431 501 (C) (3)	501 (C) (3)	242,152.	0.			LIBRARY FUNDING
(4) THE COMMUNITY LIBRARY PO BOX 219 COBLESKILL, NY 12043	14-1827832 501 (C) (3)	501 (C) (3)	6,676.	0.			LIBRARY FUNDING
(6)							
(8)							
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations listed in the line 1 table) and government or ons listed in the line	suoi	listed in the line 1 table			A A	4

Schedule I (Form 990) (2011)

TEEA3901L 06/01/11

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

Page 2 Schedule I (Form 990) (2011) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. (f) Description of non-cash assistance Partival Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 14-1458888 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant MOHAWK VALLEY LIBRARY SYSTEM (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2011) Partilli BAA က 4 ស 9 ~

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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.

Z	OMB No 1545-0047
	2011
on	මානාග Public linspection
Employer identifica	ation number
14-145888	8
FOR CEO, E	EXEC. DIR., OR TOP MO
ERATION,	AND MAKES A
CLUDES AT	TIMES, THE
THE REGIO	N
FOR OFFICE	ERS & KEY EMPLOYE
AILABLE	

MOHAWK VALLEY LIBRARY SYSTEM [14-1458888
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS
A_DRAFT_COPY_IS_PROVIDED_TO_BOARD_MEMBERS_FOR_THEIR_REVIEW
FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP N
THE PERSONNEL COMMITTEE CONDUCTS AN ANNUAL EVALUATION AND DELIBERATION, AND MAKES A
RECOMMENDATION TO THE BOARD FOR APPROVAL. THIS DELIBERATION INCLUDES AT TIMES, THE
USE OF COMPARABILITY DATA FROM OTHER PUBLIC LIBRARY SYSTEMS IN THE REGION.
FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYE
SALARIES ARE GOVERNED BY UNION CONTRACT
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE
UPON REQUEST AND ON OWN WEBITE
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