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'rom **990-EZ**

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)

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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

| A F | or the | | embe | r 31 , 20 11 |
|------------|----------------------------|---|----------|---------------------------------------|
| B | Check if ap | oplicable C Name of organization D Emp | loyer ic | lentification number |
| = | Address c | | | 166053263 |
| ~ | Name cha | | phone n | iumber |
| = | Inrtial retur Terminate | P.O. BOX 444 | 60 | 07-937-3917 |
| 75 | Amended | City or town, state or country, and ZIP + 4 | up Exe | emption |
| | Application | J | nber | |
| G / | Account | ting Method: Cash | ▶ 🗸 | if the organization is not |
| | Nebsit | | | tach Schedule B |
| <u>J T</u> | ax-exen | npt status (check only one) — | 90, 99 | 0-EZ, or 990-PF). |
| _ | Check ▶ | | | |
| | | e than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re | quired | (see instructions). But if |
| | | anization chooses to file a return, be sure to file a complete return. | | |
| | | s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II | | |
| _ | | olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | 56,957 |
| P | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instru | | • |
| | | Check if the organization used Schedule O to respond to any question in this Part I | | · · · · · · · · · · · · · · · · · · · |
| | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 0 |
| | 2 | Program service revenue including government fees and contracts | 2 | 0 |
| | 3 | Membership dues and assessments | 3 | 2,758 |
| | 4 | Investment income | 4 | 241 |
| | 5a | Gross amount from sale of assets other than inventory 5a College: Cost or other basis and sales expenses | -1 | |
| | b | | 4 | o |
| | 6 | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events | 5c_ | <u> </u> |
| | a | Gross income from gaming (attach Schedule G if greater than | | |
| 9 | a | \$15,000) | | |
| Revenue | h | Gross income from fundraising events (not including \$ of contributions | 1 | |
| ě | " | from fundraising events reported on line 1) (attach Schedule G if the | | |
| Æ | | sum of such gross income and contributions exceeds \$15,000) 6b 53,676 | | |
| | С | Less: direct expenses from gaming and fundraising events 6c 4,928 | -{ | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | 1 | |
| | - | line 6c) | 6d | 48,748 |
| | 7a | Gross sales of inventory, less returns and allowances | — | |
| | b | Less: cost of goods sold | 1 | |
| | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | o |
| | 8 | Other revenue (describe in Schedule O) | 8 | 282 |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 52,029 |
| | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | 53,445 |
| | 11 | Benefits paid to or for members | 11 | 0 |
| S | 12 | Salaries, other compensation, and employee benefits | 12 | 0 |
| Expenses | 13 | Professional fees and other payments to independent contractors | 13_ | 0 |
| 8 | 14 | Occupancy, rent, utilities, and maintenance | 14 | 0 |
| Ω | 15 | Printing, publications, postage, and shipping | 15 | 367 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 771 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 54,583 |
| Ŋ | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | (2554) |
| Set | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | Į . | |
| As | | end-of-year figure reported on pnor year's return) | 19 | 6554 |
| Net Assets | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | 0 |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ | 21 | 4000 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 10642I

Form **990-EZ** (2011)

| Form 9 | 990-EZ (2 | 011) | | | | | Page 2 |
|--------|-----------|---|--|--|-----------------------|---------|--|
| Pai | till. | Balance Sheets. (see the instructions | for Part II.) | | | | |
| | • | Check if the organization used Schedule | • | ny question in this | Part II | | 🗆 |
| | | | • | 1 | (A) Beginning of year | _ | (B) End of year |
| 22 | Cast | , savings, and investments | | [| 6554 | 22 | 4000 |
| 23 | | and buildings | | | 0 | 23 | 0 |
| 24 | | r assets (describe in Schedule O) | | | 0 | 24 | 0 |
| 25 | | lassets | | <i></i> † | 6554 | 25 | 4000 |
| 26 | Tota | l liabilities (describe in Schedule O) | | | 0 | 26 | |
| 27 | Net | assets or fund balances (line 27 of column | (B) must agree with | n line 21) | 6554 | 27 | 4000 |
| Par | | Statement of Program Service Accom | | | Part III.) | 1 | F |
| | | Check if the organization used Schedule | O to respond to ar | ny question in this | Part III 🗸 | (Ren | Expenses urred for section |
| What | t is the | organization's primary exempt purpose? | See Schedule O pgs | . 2-4 | | | c)(3) and 501(c)(4) |
| as m | neasure | e organization's program service accompli d by expenses. In a clear and concise mefited, and other relevant information for ea | nanner, describe the | | | 4947 | nizations and section (a)(1) trusts, optional thers) |
| 28 | South | east Steuben County Library Endowment Gran | nt | | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | (Grant | s \$ 3,000) If this amount | includes foreign gra | ints, check here . | ▶ 🗀 | 28a | 3,000 |
| 29 | South | east Steuben County Library Support Grants | | | | | |
| | | | | | | | |
| | | | | | | | |
| | (Grant | | | | ▶ 🗆 | 29a | 49,850 |
| 30 | New Y | ork Library Association Flood Relief Fund and | Library Book Purch | ase. | | | |
| | | | | | | | |
| | | | | | | 1 | |
| | (Grant | | includes foreign gra | ints, check here . | ▶ 🗆 | 30a | 595 |
| 31 | Other | program services (describe in Schedule O) | | | | 1 | |
| | (Grant | | includes foreign gra | | | 31a | 268 |
| 32 | Total | program service expenses (add lines 28a | | | | 32 | 53,713 |
| Par | t IV | List of Officers, Directors, Trustees, and Key | | | | ınstru | ctions for Part IV.) |
| | | Check if the organization used Schedule | O to respond to a | | | | 🗸 |
| | | (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-) | | yee (e) | Estimated amount on the compensation |
| See | Schedu | le "O" pages 5 & 6 | | | | T | |
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| <u>Part</u> | | | | _ |
|-----------------|--|--------|----------|------------|
| | instructions for Part V.) Check if the organization used Schedule O to respond to any question in this | Part | V Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | 33 | 162 | N 0 |
| 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 | | 1 |
| 35 _a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a | | <u> </u> |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | 35b | | <u> </u> |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | 35c | | √ |
| 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 | | √ |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0 | 4 | | |
| ь | Did the organization file Form 1120-POL for this year? | 37b | | ✓ |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | | , |
| . | | 38a | | ✓ |
| 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | |
| 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 4915 ▶ | | | |
| 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 | | 1 |
| С | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on 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 | | 1 |
| 41 | List the states with which a copy of this return is filed. ▶ New York | | | |
| 42a | | 607-93 | 7-391 | 7 |
| | Located at ► 192 Upper Delevan Ave., Corning, NY ZIP + 4 ► | 14830 | -3267 | |
| Ь | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 42b | Yes | No ✓ |
| | If "Yes," enter the name of the foreign country: ► | 1 | ļ | |
| | 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 the U.S.? | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here | | . 1 | ▶ □ |
| | 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 | | 1 |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | | 1 |
| С | Did the organization receive any payments for indoor tanning services during the year? | 44c | | ✓ |
| 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 | | <u></u> |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | | 1 |
| 45b | 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) | 45b | | 1 |

| Fdm 990 | D-EZ (20 | 011) • | | | | | | | | P | age 4 |
|------------------------------------|----------|---|---|-----------------------|---------------------------------------|------------|--------------|----------|-------------------|--------|----------|
| | | | | | | | | | | Yes | No |
| 46 | Did th | ne organization engage, directly or inc | directly, in political c | ampaign activities | on behalf | of or | in oppositi | on | | | |
| | to ca | andidates for public office? If "Yes," c | omplete Schedule C | , Part I | | | | | 46 | | 1 |
| Part \ | | Section 501(c)(3) organizations | | | | | | | | | |
| | _ | 501(c)(3) organizations and section | n 4947(a)(1) nonex | cempt charitable | trusts mu | ıst ar | nswer que | estio | ns 47 | 7-491 | b |
| | | and 52, and complete the tables t | for lines 50 and 51 | | | | | | | | |
| | | Check if the organization used Sch | edule O to respond | to any question i | in this Parl | : VI | | | | | . 🗆 |
| | _ | | • | | | | | | | Yes | No |
| 47 | Did tl | he organization engage in lobbying a | activities or have a s | section 501(h) elec | ction in eff | ect d | uring the f | tax | | | |
| | | If "Yes," complete Schedule C, Part | | | | | | | 47 | | 1 |
| 48 | Is the | organization a school as described in | section 170(b)(1)(A)(i) |)? If "Yes." comple | te Schedul | eЕ | | | 48 | | 1 |
| | | ne organization make any transfers to | | • | | | | | 49a | | 1 |
| | | es," was the related organization a sec | | | | | | | 49b | | |
| | | plete this table for the organization's | | | other than | offic | ers, directo | ors, t | ruste | es an | d key |
| | | oyees) who each received more than | | | | | | | | | |
| | | | (b) Title and average | (c) Reportable | | | enefits, | | | | |
| | (a) Na | ame and address of each employee paid more than \$100,000 | hours per week | compensation | benefit r | | nd deferred | | stimate er com | | |
| | | p=0 | devoted to position | (Forms W-2/1099-MI | | mpens | | Out | ici çon | репац | u011 |
| None | | | | | | | | | | | |
| | | | | j | | | 1 | | | | |
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| | | · | | | | | | | | | |
| f | Total | number of other employees paid ove | r \$100.000 | . • | <u> </u> | | | | | | |
| 51 | | plete this table for the organization's | | ensated independe | ent contrac | — ctors | who each | rece | eived | more | than |
| • | | ,000 of compensation from the organ | | | | | | | | | , |
| | | | d th \$400,000 | D) T | | | (-) | | | | |
| (a) i | vane a | nd address of each independent contractor paid | i more mair \$100,000 | (b) Type of | Service | | (C) | Comp | ensati | ווכ | |
| None | | | | | | | | | | | |
| | | | *************************************** | 1 | | ŀ | | | | | |
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| | | | | | | | | | | | |
| d | Total | number of other independent contract | ctors each receiving | over \$100,000 . | . ▶ | | | - | | | |
| 52 | Did ti | he organization complete Schedule A | ? Note: All section 5 | 01(c)(3) organization | ons and 49 | 47(a) | (1) | | - | | |
| | | xempt charitable trusts must attach a | | | | | • • | ▶ 🗸 |] Yes | | No |
| Under pe | enalties | of penury, I declare that I have examined this re | eturn, including accompan | - | | | | owled | lae and | belief | i. nt ıs |
| | | d complete. Declaration of preparer (other than | | | | | | | | | |
| | | Canatanie M. Put | in Franse | | | \Box | | | | | |
| Sign | | Signature of officer | , Comment | | | Date | • | | | | |
| Here Constance M. Petro, Treasurer | | | | | | | | | | | |
| | | Type or print name and title | | | · · · · · · · · · · · · · · · · · · · | | | | | | |
| | | Print/Type preparer's name | Preparer's signature | | Date | | Observe 🗖 | , | PTIN | | |
| Paid | | | | | | | Check L | | | | |
| Prepa | | Firm's name ▶ | | | l | Firm | s EIN ▶ | | | | |
| Use (| Jnly | Firm's address > | | | | Phor | | | | | |
| May th | e IRS | discuss this return with the preparer | shown above? See | nstructions | | | I | <u> </u> | Yes | | No |

Public Charity Status and Public Support

2011

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

Open to Public Inspection

OMB No 1545-0047

Name of the organization

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

Employer identification number

166053263 Friends of the Library, SSC 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) ✓ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated **b** Type II e By checking this box. I certify that the organization is not controlled directly or indirectly by one or more disgualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and Yes No 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . 11g(iii) Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vii) Amount of (ii) EIN (v) Did you notify (vi) Is the (i) Name of supported in col (i) listed in your the organization in col. (i) of your organization (described on lines 1-9 support (i) organized in the US? governing document? above or IRC section support (see instructions)) Yes Yes No Yes (A) (B) (C) (D) (E)

Total

| | (Complete only if you checked the Part III. If the organization fails to | | | | | | alify under |
|--------------|---|----------------------------------|---------------------------------|-------------------------------------|------------------------------------|------------------------|------------------------|
| Secti | on A. Public Support | quality unde | er the tests iis | sted below, p | lease comple | ete Part III.) | |
| | dar year (or fiscal year beginning 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.") | (a) 2001 | (0) 2000 | (6) 2003 | (4) 2010 | (6) 2011 | (i) i otal |
| 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. | | | | | | |
| | on B. Total Support | | | | | | |
| | dar year (or fiscal year beginning in) 🕨 | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (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 12 | Total support. Add lines 7 through 10 Gross receipts from related activities, etc. | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the organization, check this box and stop her | е | | | | | |
| Secti | on C. Computation of Public Suppor Public support percentage for 2011 (line 6 | | | 1 column (A) | ·· | 14 | % |
| 15 | Public support percentage for 2011 (line of Public support percentage from 2010 Sch | | | | | 15 | |
| 16a | 331/3% support test-2011. If the organiz | | | | | | |
| | box and stop here. The organization qual | • | | • | | | |
| b | 331/23% support test—2010. If the organicheck this box and stop here. The organi | | | | | 9 15 is 33½% | or more, |
| 17a | 10% or more, and if the organization med Part IV how the organization meets the "fa | ets the "facts- acts-and-circ | -and-circumsta | inces" test, che st. The organiz | eck this box a | nd stop here. I | Explain in |
| b | 10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization m | ion meets the eets the | e "facts-and-c s-and-circums | ircumstances" tances" test. 7 | test, check tl The organization | nis box and st | op here. a publicly |
| 18 | supported organization | d not check a | box on line 13 | , 16a, 16b, 17a | a, or 17b, chec | | |
| | | | | <u> </u> | <u> </u> | <u> </u> | · • • <u> </u> |

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

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.)

| Secti | on A. Public Support | | | | | | |
|-------------|--|----------|-----------------|----------------|----------------------|---|--|
| | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | (3), ==== | (-, | (-, -, -, -, -, -, -, -, -, -, -, -, -, - | |
| | received. (Do not include any "unusual grants.") | 3,516 | 2,955 | 3,265 | 3,147 | 2,758 | 15,641 |
| 2 | Gross receipts from admissions, merchandise | | | 3,200 | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | 47.457 | 52 607 | 50.404 | 50.040 | 52.742 | 205 072 |
| _ | organization's tax-exempt purpose | 47,457 | 52,697 | 59,491 | 52,616 | 53,712 | 265,973 |
| 3 | Gross receipts from activities that are not an | | _ | _ | _ | | _ |
| | unrelated trade or business under section 513 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid | | | | | | |
| | to or expended on its behalf | 0 | 0 | 0 | 0 | 0 | 0 |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | 0 | 0 | 0 | 0 | 0 | 0 |
| 6 | Total. Add lines 1 through 5 | 50,973 | 55,652 | 62,756 | 55,763 | 56,470 | 281,614 |
| 7a | 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 | o | o | 0 | 0 | 0 |
| С | Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | 281,614 |
| Secti | on B. Total Support | I | | | | ······································ | |
| | dar year (or fiscal year beginning in) | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
| 9 | Amounts from line 6 | 50,973 | 55,652 | 62,756 | 55,763 | 56,470 | 281,614 |
| 10a | Gross income from interest, dividends, | | • | - | | | |
| | payments received on securities loans, rents, | | | | | | |
| | royalties and income from similar sources . | 1,241 | 887 | 665 | 299 | 241 | 3333 |
| b | Unrelated business taxable income (less | | | | | | |
| _ | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | o | 0 | o | 0 | l | 0 |
| С | Add lines 10a and 10b | 1,241 | 887 | 665 | 299 | 241 | 3333 |
| 11 | Net income from unrelated business | | | | | | |
| •• | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on | o | 0 | ا | 0 | o | 0 |
| 12 | Other income. Do not include gain or | | | | | | <u></u> |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part IV.) | o | o | o | o | o | 0 |
| 13 | Total support. (Add lines 9, 10c, 11, | - | | | | <u> </u> | <u> </u> |
| | and 12.) | 52,214 | 56,539 | 63,421 | 56,062 | 56,711 | 284,947 |
| 14 | First five years. If the Form 990 is for the | | | | | | |
| 1-7 | organization, check this box and stop he | - | | | - | | - - |
| Socti | on C. Computation of Public Suppor | | | <u> </u> | - · · · · | | ليا ــــــــــــــــــــــــــــــــــــ |
| | Public support percentage for 2011 (line 8 | | | 3 column (fl) | | 15 | 98.83 % |
| 15 | | | - | | | 16 | 98.71 % |
| 16 Secti | Public support percentage from 2010 School D. Computation of Investment In | | | | | 1 10 1 | 30.71 70 |
| 17 | Investment income percentage for 2011 (| | | v line 13 colu | mp (fl) | 17 | 1.17 % |
| | Investment income percentage for 2011 (| | | - | | 18 | 1.17 % |
| 18 | 331/3% support tests—2011. If the organ | | • | | | | |
| 19a | 17 is not more than 331/3%, check this box | | | | | | |
| | | | _ | | | | _ |
| b | 331/3% support tests—2010. If the organize line 18 is not more than 331/3%, check this | | | | | | |
| | Private foundation If the organization di | = | - | • | • | | _ |

| Schedule A (I | Form 990 or 990-EZ) 2011 | 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). | |
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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 pen to Public

Department of the Treasury Internal Revenue Service

| Name o | of the organization | | • | • | | Employer identifi | cation number |
|------------|--|--|----------------------|--|-----------------------------------|---|---|
| Frien | ds of the Library, SSC | | | | | 1. | 6053263 |
| Par | Fundraising Activities. Form 990-EZ filers are | | | | vered "Yes" to Fo | orm 990, Part IV, | line 17. |
| 1 | Indicate whether the organization | | | | owing activities. Ch | eck all that apply. | |
| а | ☐ Mail solicitations | | e | Solicitat | ion of non-governm | nent grants | |
| b | Internet and email solicitation | ons | f [| ☐ Solicitat | ion of government | grants | |
| C | ☐ Phone solicitations | | g [| Special | fundraising events | | |
| d | ☐ In-person solicitations | | | | | | |
| 2a | Did the organization have a wri | | | | | | |
| | or key employees listed in Form | | - | | • | - | |
| b | If "Yes," list the ten highest pai compensated at least \$5,000 b | d individuals or on the distribution of the di | entities (fun on. | draisers) p | ursuant to agreeme | ents under which th | ne fundraiser is to be |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | custody o | ndraiser have or control of butions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (i) | (vi) Amount paid to (or retained by) organization |
| | | † · · · · · | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | · | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | · · · · · · · · · · · · · · · · · · · | | | | | | |
| 6 | | | | | | | |
| 7 | | 1 | | | | | |
| 8 | • | | | | | | |
| 9 | | | | | | 27 | |
| 10 | | | | | | | |
| | | | | | | | |
| Total 3 | List all states in which the orga | nization is real | etered or lic | enced to s | colicit contributions | or has been notifi | and it is exempt from |
| Ū | registration or licensing. | | | | | | |
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| Pa | art II | Fundraising Events. Cor than \$15,000 of fundraising gross receipts greater that | ng event contributions | | | |
|-----------------|--------------------------------|---|---|--|------------------|--|
| - | | gross receipts greater tha | (a) Event #1 Spring Book Sale (event type) | (b) Event #2 Fall Book Salae (event type) | (c) Other events | (d) Total events (add col. (a) through col. (c)) |
| Revenue | 1 2 | Gross receipts Less: Charitable contributions | 27,538 | 26,138 0 | | |
| | 3 | Gross income (line 1 minus line 2) | 27,538 | 26,138 | | 53,676 |
| | 4 | Cash prizes | 0 | 0 | | 0 |
| | 5 | Noncash prizes | 0 | 0 | | 0 |
| Direct Expenses | 6 | Rent/facility costs | 1,250 | 1,250 | | 2,500 |
| Ë | 7 | Food and beverages | 0 | 0 | | 0 |
| Direct | 8 | Entertainment | 0 | 0 | | 0 |
| | 9 | Other direct expenses . | 1,396 | 1,032 | | 2,428 |
| Pa | 10 11 11 | Direct expense summary. Ac Net income summary. Comb Gaming. Complete if the than \$15,000 on Form 9 | oine line 3, column (d), a e organization answel | nd line 10 | | (4,928) 48,748 reported more |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| æ | 1 | Gross revenue | | | | |
| Ses | 2 | Cash prizes | | | | |
| Expe | 3 | Noncash prizes | | | | |
| Direct Expenses | 4 | 5 47 33 | | | | |
| \Box | - | Rent/facility costs | | | | |
| | 5 | Other direct expenses | Was 96 | Was 96 | Vac % | |
| | | · | ☐ Yes% | ☐ Yes% ☐ No | ☐ Yes% | |
| | 5 | Other direct expenses | No | No olumn (d) | □ No ► | () |
| | 5 6 7 8 Er a Is | Other direct expenses Volunteer labor Direct expense summary. Act Net gaming income summar Inter the state(s) in which the or the organization licensed to o | dd lines 2 through 5 in c | olumn (d) | No ▶ | |

| 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? | ocnedu | e G (Form 990, or 990-Ez) 2011 | | Pa | ge 🍮 |
|--|--------|--|-------------|------|----------|
| formed to administer charitable gaming? | | | | | No |
| a The organization's facility b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party: \[\text{Name} \] c If "Yes," enter name and address of the third party: \[\text{Name} \] Address \] 6 Gaming manager information: \[\text{Name} \] \[\text{Description of services provided} \] \[Description of servi | - | | ☐ Yes | | No |
| b An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | | | | % |
| Name ► Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | · · · · · · · · · · · · · · · · · · · | | | % |
| Address ► 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? | 14 | | | - | |
| Does the organization have a contract with a third party from whom the organization receives garning revenue? | | Name ▶ | · | | |
| revenue? | | Address ▶ | | | |
| b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | ∏ Yes | | Nο |
| Address ► 16 Gaming manager information: Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer | | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$ | | | |
| Name ► Gaming manager compensation ► \$ Description of services provided ► Director/officer | | Name ▶ | | | |
| Supplemental Information. Complete this part to provide the explanations required by Part II, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp | | Address ► | | | |
| Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? | 16 | Gaming manager information: | | | |
| Director/officer | | Name ▶ | | | |
| Director/officer | | Gaming manager compensation ▶ \$ | | | |
| Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 IV Supplemental Information. Complete this part to provide the explanations required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp | | Description of services provided ▶ | | | |
| a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 IV Supplemental Information. Complete this part to provide the explanations required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp | | ☐ Director/officer ☐ Employee ☐ Independent contractor | | | |
| spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp | | Is the organization required under state law to make charitable distributions from the gaming proceeds to | , □ Yes | | No |
| columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also comp | b | · · · · · · · · · · · · · · · · · · · | | | |
| | Part | columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also co | | this | |
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Department of the Treasury

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

2011

Open to Public Inspection

Name of the organization
Friends of the Library, SSC

Employer identification number 166053263

FORM 990-EZ

Part I, Line 6b, c, & d - Fundraising Events (\$53,676) See also Schedule G

Book Sales Spring and Fall 2011

Gross Income - \$ 53,676 Less Expenses 4,928 Net \$ 48,748

Part I, Line 8 – Other Revenue (\$282)

Other revenue consisted of proceeds from the sale of a book on eBay and other books to individuals (\$37). Also, \$150 was added to checking for a lost check that was voided. Another amount, \$95, was for contributions received for purchase of books in memory of a deceased Friends of the Library volunteer.

Part I, Line 10 - Grants and Similar Amounts Paid (\$53,445)

- 1. Southeast Steuben County Library (\$52,850)
 - 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 \$49,850)
 - . Library collections (\$17,405)
 - . Children's, Young Adult and Adult Services programs and activities (\$21,095)
 - . Volunteer recognition event (\$3,500)
 - . Continuing education for the Library staff and Support of additional services and activities (\$7,850)
 - c. Additional Library Support payments (\$595)
 - A \$500 donation was made to the New York Library Association Flood Relief Fund and \$95 was given to the Southeast Steuben County Library to purchase books in memory of a deceased Friends' volunteer.

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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Name of the organization Friends of the Library, SSC Employer identification number 166053263

Part I, Line 16 – Other expenses (\$771)

| Programs: | | |
|---|------|--------|
| Books for Babies, Books Sandwiched In & | | |
| Short Story Contest (see Part III, Line 31) | \$ | 268.00 |
| Honoraria & other gifts | | 149.00 |
| Workshops | | 90.00 |
| Supplies | | 149.00 |
| NYS Charities Bureau annual filing (CHAR 500) | | 35.00 |
| Library association dues | | 80.00 |
| Total: | -\$7 | 71.00 |

Part III, Statement of Program Service Accomplishments

Friends of the Southeast Steuben County Library'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 2011 please see Part III, Lines 28 - 31 on the following pages.

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Friends of the Library, SSC

Employer identification number 166053263

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 (\$49,850) 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. A grant (\$17,405) is for purchase of books and related materials to supplement the library's collections.

A grant of \$24,595 is intended to be used for Library programs. During 2011, the Library's Summer Reading Club, "One World, Many Stories" was very successful. A total of 454 children, 77 young adults and 157 adults participated in the program with a combined total of 5,879 books read. In addition to the reading club, 177 programs were provided to library patrons, area daycare facilities, summer parks and summer school programs. In all, the library reached out to 5,802 area children, teens and adults. The most popular of these programs were the seven weekly performances funded by the Friends of the Library. These programs were provided free of charge to the public and special groups and averaged 274 attendees per program.

The Friends gave a grant of \$21,095 in December of 2011 so that the staff could begin planning earlier for their 2012 programs. The largest part of this grant (\$11,500) was for 2012 summer reading programs.

The Friends' grant of \$3,500 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 \$7,850 was also given to support continuing education for staff training (\$5,000) and additional unspecified services, programs and activities (\$2,850) that the library determines worthwhile to pursue during the course of the year.

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization Friends of the Library, SSC Employer identification number 166053263

Part III, Line 30 – Additional Library Support payments (\$595). A \$500 donation was made to the New York Library Association Flood Relief Fund and \$95 was given to the Southeast Steuben County Library to purchase books in memory of a deceased Friends' volunteer.

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. (\$73)

Short Story Contest – In 2011, the 30th Annual Contest for children in grades 5 to 8 was held. Its purpose is to encourage creative writing. Over 100 student entries were received. These entries were read and judged blind by a panel of judges, including local writers, poets, librarians, teachers and college professors. Awards to winners were presented in a special Writers' Tea and Awards Ceremony at the library. All winning stories were bound and copies of the anthology were distributed to area schools and the Southeast Steuben County 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. (\$195)

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. During 2011, no additional purchases were required to be made. On average, 50 books are distributed each month to new mothers at the local hospital.

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

Open to Public Inspection

Name of the organization
Friends of the Library, SSC

Employer identification number 166053263

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. Thomas J. Hart 2903 County Line Drive Big Flats, NY 14814-9601 | Director (1.0) | None |
| 7. D. Jean Humphrey 109 Evergreen Drive Painted Post, NY 14870 | Director (1.0) | None |
| 8. Martha McKinney P. O. Box 11 Big Flats, NY 14814 | Director (1.0) | None |
| James Peck 128 West Pulteney Street Corning, NY 14830 | Director (1.0) | None |

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Open to Public

Department of the Treasury

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.

| Internal Revenue Service | Attach to Form 990 of 950-E2. | Inspection |
|--------------------------|-------------------------------|--------------------------------|
| Name of the organization | | Employer identification number |
| Friends of the Library, | SSC | 166053263 |
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| iends of the Library, SSC | | 100033200 |
|--|----------------|-----------|
| 10.Anna Rice 67 Houghton Circle Corning, NY 14830 | Director (1.0) | None |
| 11.Bev Stevens 10562 Pine Breeze Lane Corning, NY 14830 | Director (1.0) | None |
| 12.Brad Turner 266 West Third Street Corning, NY 14830 | Director (1.0) | None |
| 13.Mary Lu Walker 16 Brown Road Corning, NY 14830 | Director (1.0) | None |
| 14.Elizabeth Whitehouse 81 East Third Street Corning, NY 14830 | Director (1.0) | None |
| 15.Steven Wight 2649A Spencer Hill Road Corning, NY 14830 | Director (1.0) | None |

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 receive any kind of compensation from the Friends' organization nor has an expense account or other allowance.