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Short Form

OMB No 1545-1150

Form 990-EZ

Return of Organization Exempt From Income Tax

2013

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2013 calendar year, or tax year beginning January 1, 2013, and ending December 31, 2013

B Check if applicable

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization

Friends of the Library SSC
P.O. Box 444
Corning, NY 14830-0444

D Employer identification number

166053263

E Telephone number

607 962-1968

F Group Exemption Number

G Accounting Method

- Cash
Accrual
Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website

NONE

J Tax-exempt status (check only one) - 501(c)(3) 501(c) ( ) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

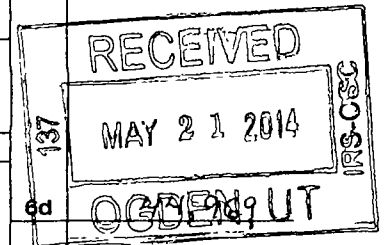
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 55,797

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 100, 0, 2,460, 59, 0, 50,488, 5,519, 0, 2,690, 50,278, 49,325, 0, 0, 0, 0, 366, 1,364, 51,055, 777, 2014, 0, 1,237.



SCANNED JUN 24 2014

9

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,014	1,237
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	2,014	1,237
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	2,014	1,237

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Southeast Steven County Library Support Grants		
(Grants \$ 42,325 ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	42,325
29 Books Sandwiched In Program Series		
(Grants \$ 190 ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	190
30 Short Story Contest		
(Grants \$ 240 ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	240
31 Other program services (describe in Schedule O) Books for Babies Program		
(Grants \$ 219 ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	219
32 Total program service expenses (add lines 28a through 31a)	32	42,974

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Schedule O pages 4 + 5				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	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		X
<b>34</b>	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)		X
<b>35a</b>	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)?		X
<b>35b</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		
<b>35c</b>	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		X
<b>36</b>	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		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <b>▶</b> <u>37a</u>		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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?		X
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39a</b>	Section 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 9		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <b>▶</b> _____ ; section 4912 <b>▶</b> _____ ; section 4955 <b>▶</b> _____		
<b>40b</b>	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		X
<b>40c</b>	c 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 <b>▶</b> _____		
<b>40d</b>	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>▶</b> _____		
<b>40e</b>	e 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		X
<b>41</b>	List the states with which a copy of this return is filed <b>▶</b> <u>New York</u>		
<b>42a</b>	The organization's books are in care of <b>▶</b> <u>Eleanor C. Mertson, Treasurer</u> Telephone no. <b>▶</b> <u>607 962-1968</u> Located at <b>▶</b> <u>202 Upper Delevan Avenue, Corning, NY</u> ZIP + 4 <b>▶</b> <u>14830</u>		
<b>42b</b>	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: <b>▶</b> _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		X
<b>42c</b>	c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: <b>▶</b> _____		X
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>▶</b> <u>43</u>		
<b>44a</b>	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>44b</b>	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		X
<b>44c</b>	c Did the organization receive any payments for indoor tanning services during the year?		X
<b>44d</b>	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		
<b>45a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>45b</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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

**46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . 

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

	Yes	No
<b>47</b> 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 . . . . .	47	X
<b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	48	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .	49a	X
<b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .	49b	

**50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

**f** Total number of other employees paid over \$100,000 . . . . . ▶ \_\_\_\_\_

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . ▶ \_\_\_\_\_

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶  Yes  No

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

**Sign Here**

<u>Eleanor C. Mertson</u> Signature of officer	<u>May 15, 2014</u> Date
<u>Eleanor C. Mertson Treasurer</u> Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶	Firm's EIN ▶		Phone no	
Firm's address ▶				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2013**

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

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**Open to Public Inspection**

Name of the organization

Friends of the Library, SSC

Employer identification number

166053263

**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.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 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)**.
- 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)**.
- 7  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.)
- 9  An organization that normally receives: (1) more than 33 1/3% 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 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.)
- 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
  - a  Type I    b  Type II    c  Type III—Functionally integrated    d  Type III—Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	%
<b>15</b> Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	<b>15</b>	%
<b>16a 33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 33 1/3% support test—2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2013.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ► <input type="checkbox"/>		

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,265	3,147	2,758	2,610	2,560	14,340
<b>2</b> 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	59,491	52,616	53,712	54,458	50,488	270,765
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513	0	0	0	0	0	0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0	0	0	0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0	0	0	0
<b>6 Total.</b> Add lines 1 through 5.	62,756	55,763	56,470	57,068	53,048	285,105
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons	0	0	0	0	0	0
<b>b</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	0	0	0	0	0	0
<b>c</b> Add lines 7a and 7b	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.)						285,105

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6	62,756	55,763	56,470	57,068	53,048	285,105
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	665	299	241	93	59	1,357
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	0	0	0	0	0	0
<b>c</b> Add lines 10a and 10b	665	299	241	93	59	1,357
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	0	0	0	0	0	0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	0	0	0	0	0	0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)	63,421	56,062	56,711	57,161	53,107	286,462
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	99.526 %
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	99.25 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	.47 %
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	.75 %
<b>19a 33 1/3% support tests—2013.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support tests—2012.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		





**SCHEDULE G  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public Inspection

Name of the organization Friends of the library SSC Employer identification number 1660532263

**Part I Fundraising Activities** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
  - a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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						
8						
9						
10						
<b>Total</b>						

- 3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
- .....
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**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 <i>Spring Book Sale</i> (event type)	(b) Event #2 <i>Fall Book Sale</i> (event type)	(c) Other events <hr/> (total number)	(d) Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	25,269	25,219		50,488
	<b>2</b> Less: Contributions . . . . .	0	0		0
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	25,269	25,219		50,488
Direct Expenses	<b>4</b> Cash prizes . . . . .	0	0		0
	<b>5</b> Noncash prizes . . . . .	0	0		0
	<b>6</b> Rent/facility costs . . . . .	1,250	1,250		2,500
	<b>7</b> Food and beverages . . . . .	0	0		0
	<b>8</b> Entertainment . . . . .	0	0		0
	<b>9</b> Other direct expenses . . . . .	1,670	1,349		3,019
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				5,519
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				44,969	

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				

**9** Enter the state(s) in which the organization operates gaming activities:  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No

**b** If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No

**b** If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization operate gaming activities with nonmembers?  Yes  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?  Yes  No
- 13 Indicate the percentage of gaming activity operated in:
 

<b>a</b> The organization's facility	<b>13a</b>	%
<b>b</b> An outside facility	<b>13b</b>	%

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?  Yes  No
- 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?  Yes  No
  - b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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**SCHEDULE O SUPPLEMENTAL INFORMATION TO FORM 990 OR 990-EZ 2012**

**FORM 990-EZ**

**Part I, Line 6b, c, & d - Fundraising Events (\$50,488)** See also Schedule G

**Book Sales Spring and Fall 2013**

Gross Income – \$ 50,488  
Less Expenses     5,519  
Net                   \$ 44,969

**Part I, Line 8 – Other Revenue (\$2,690)**

Other revenue consisted of the redeposit of “start-up cash” withdrawn for use in making change during book sales and the deposit of a check in the amount of \$2,000 returned from the payee.

**Part I, Line 10 – Grants and Similar Amounts Paid (\$49,325)**

**1. Southeast Steuben County Library (\$49,325)**

- 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 \$42,325)**
  - . Library materials and collections (\$9,605)
  - . Children’s, Young Adult and Adult Services programs and activities (\$24,420)
  - . Volunteer Department and recognition event (\$6,300)
  - . Continuing education for the Library staff (\$2,000)
- c. **Other (\$4,000)**
  - . Ads in the local newspaper supporting the Library (\$2,000)
  - . A donation (\$2,000) to a campaign supporting the Library was subsequently returned and replaced by the payment of ads in the local newspaper.

**Part I, Line 16 – Other expenses (\$1,364)**

Programs:

Books for Babies, Books Sandwiched In & Short Story Contest (see Part III, Lines 29-31)	\$ 649.00
Start-up cash for making change and bank fees	351.00
Workshops	122.00
Supplies	32.00
NYS Charities Bureau annual filing (CHAR 500) fee	35.00
Library association dues	125.00
Audit fee	<u>50.00</u>
Total	\$1,364.00

### **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 2013, please see Part III, Lines 28 - 31 on the following pages.

**Part III, Line 28 – Southeast Steuben County Library Support Grants** (\$42,325) 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 (\$9,605) is for purchase of books and related materials to supplement the library's collections.

A grant of \$24,420 is intended to be used for Library programs. The Summer Reading Club is one of these. The Library's 2013 Summer Reading Club, "Dig Into Reading" was again very successful. A total of 478 children, 63 young adults and 148 adults participated in the program with a combined total of 6,250 books read. In addition to the reading club, 232 programs were provided to library patrons, area daycare facilities, and summer camps and parks programs. In all, the library reached out to over 7,406 area children, teens and adults. The most popular of these programs were the seven weekly performances funded by the Friends of the Library: "Dino Dig," "Madcap Puppets with "The Cinderella Files," "In Jest," "Goowin's Ballowins," "Moreland the Magician," Tom Seiling's "Howl at the Moon with a Ground Dweller's Tune," and "Doc Possum's End of Summer Dance Party." These programs were provided free of charge to the public and special groups. There were an average of 248 attendees at each program.

The Friends gave the \$24,420 grant in December of 2013 so that the staff could begin planning earlier for their 2014 programs. The largest part of this grant (\$11,500) was for 2014 Summer Reading Club.

The Friends' grant of \$6,300 for volunteer support and recognition enabled the library to thank more than 150 volunteers who give their time tirelessly during the year to support the work of the library.

A grant of \$2,000 was also given to support continuing education for staff training

**Part III, Line 29 – Books Sandwiched In Series** - 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. There are no charges for persons attending these programs. Costs of the series are for advertising, refreshments and gift cards given to the presenters. (\$190)

**Part III, Line 30 – Short Story Contest** - In 2013, the 32st 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. There are no charges for the participants in this Contest. 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. (\$240)

**Part III, Line 31- Another program service** that carries out the purposes of our organization is the **Book for Babies Program**. This literacy program 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. An additional 850 books, entitled "Goodnight Moon" by Margaret Wise Brown and "Mommy Loves Her Bunny" by Josephine Page were subsequently purchased along with 1,000 bags imprinted with the Library's logo. No additional purchases were required to be made until last year when a small supply of books and logo bags were purchased. On average, 50 books are distributed each month to new mothers at the local hospital. (\$219)

**Part IV – List of Officers, Directors**

<u>Names &amp; Addresses</u>	<u>Title &amp; Hrs./Wk.</u>	<u>Compensation</u>
1. Connie Petro, (3.0) 192 Upper Delevan Avenue Corning, NY 14830	President	None
2. Barbara Cook 4375 Bellinger Hollow Corning, NY 14830	Vice President (2.0)	None
3. Thomas J Hart 2903 County Line Drive Big Flats, NY 14814-9601	Treasurer (3.0)	None
4. Anne Drake 4282 Hanrahan Road Addison, NY 14801	Director 1.0)	None
5. Anne E. Foster 550 Victory Highway Painted Post, NY 14870	Director (1.0)	None
6. Thomas E. Palmer 24 Maple Street Corning, NY 14830	Director (1.0)	None
7. James Peck 128 West Pulteney Street Corning, NY 14830	Director (1.0)	None
8. Anna Rice 67 Houghton Circle Corning, NY 14830	Director (1.0)	None
9. Brad Turner 139 West Hill Terrace Painted Post, NY 14870	Director (1.0)	None



10. Mary Lu Walker 16 Brown Road Corning, NY 14830	Director (1.0)	None
11. Elizabeth Whitehouse 81 East Third Street Corning, NY 14830	Director (1.0)	None
12. Steven Wight 1649A 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

Mary Bacalles (Trustee)  
62 Pershing Street  
Corning, NY 14830

Pronob Bardhan (Trustee)  
2817 Pinewood Circle  
Corning, NY 14830

None of the officers or directors of the Friends of the Southeast Steuben County Library receive any kind of compensation from the Friends' organization nor have an expense account or other allowance.