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Form **990**
 Department of the Treasury
 Internal Revenue Service

Return of Organization Exempt From Income Tax
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. By law, the IRS generally cannot redact the information on the form.
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PUBLIC LIBRARY FOR UNION COUNTY		D Employer identification number 23-2208061
	Doing Business As		E Telephone number
	Number and street (or P O box if mail is not delivered to street address) Room/suite 255 REITZ BOULEVARD		
	City or town, state or province, country, and ZIP or foreign postal code LEWISBURG, PA 17837		G Gross receipts \$ 2,364,597
F Name and address of principal officer			H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PUBLIBUC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation
			M State of legal domicile

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE PUBLIC LIBRARY FOR UNION COUNTY OFFERS FREE, PUBLIC ACCESS TO ALL OF ITS RESOURCES THE LIBRARY COLLECTIONS AND SERVICES ARE DEVELOPED AND MAINTAINED FOR THE EDUCATION, INTELLECTUAL STIMULATION, AND PLEASURE OF ALL RESIDENTS OF THE COUNTY COMMUNITY LIBRARY MATERIALS AND PROGRAMS REFLECT COMMITMENT TO ENRICHING & TO ENHANCING THE LIVES OF ALL		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	443,174	289,217
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,641	31,770
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	191,919	133,035
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	788,519	583,190
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	360,583	348,609
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	327,350	313,657
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	687,933	662,266	
19 Revenue less expenses Subtract line 18 from line 12	100,586	-79,076	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,991,189	4,966,162
	22 Net assets or fund balances Subtract line 21 from line 20	7,096	13,453
		4,984,093	4,952,709

Part II 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.

Sign Here	Signature of officer	2014-09-17
	ROBERTA GREENE LIBRARY DIRECTOR	Date
	Type or print name and title	

Paid Preparer Use Only	Pnnt/Type preparer's name WILLIAM J ROLL	Preparer's signature	Date 2014-09-29	Check <input type="checkbox"/> if self-employed	PTIN P00093819
	Firm's name \rightarrow HERRING ROLL & SOLOMON PC			Firm's EIN \rightarrow 23-2297880	
	Firm's address \rightarrow 41 SOUTH 5TH STREET SUNBURY, PA 17801			Phone no (570) 286-5895	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission
THE PUBLIC LIBRARY FOR UNION COUNTY OFFERS FREE, PUBLIC ACCESS TO ALL OF ITS RESOURCES THE LIBRARY COLLECTIONS AND SERVICES ARE DEVELOPED AND MAINTAINED FOR THE EDUCATION, INTELLECTUAL STIMULATION, AND PLEASURE OF ALL RESIDENTS OF THE COUNTY COMMUNITY LIBRARY MATERIALS AND PROGRAMS REFLECT COMMITMENT TO ENRICHING & TO ENHANCING THE LIVES OF ALL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 575,640 including grants of \$) (Revenue \$)
PROVIDE RESIDENTS OF UNION COUNTY WITH FREE LIBRARY SERVICE INCLUDING NUMEROUS PROGRAMS FOR CHILDREN AND ADULTS AND OPERATING AN EXTENSIVE OUTREACH PROGRAM THAT DISTRIBUTES LIBRARY MATERIALS THROUGHOUT UNION COUNTY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 575,640

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
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? <i>If "Yes," complete Schedule C, Part II</i>		No
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? <i>If "Yes," complete Schedule C, Part III</i>		No
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? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>		No
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d 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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		No
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)? <i>If "Yes," complete Schedule D, Part X</i>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	No
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
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	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26	No
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? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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 goods and services provided to the payor?		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		No
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (10), 1b (10), 2 (No), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (No).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (No), 13 (Yes), 14 (Yes), 15a (Yes), 15b (No), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

• 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROBERTA GREENE LIBRARY DIRE	35 00	X					66,009	0	0	
(2) JACQUELYN PAUL BOARD MEMBER	5 00	X					0	0	0	
(3) LYNN JAMES BOARD MEMBER	5 00	X					0	0	0	
(4) MICHAEL KOBUS BOARD MEMBER	5 00	X					0	0	0	
(5) MICHAEL LEVAN BOARD MEMBER	5 00	X					0	0	0	
(6) JOHNATHAN ADAMS BOARD MEMBER	5 00	X					0	0	0	
(7) KRISTIN BEECH BOARD MEMBER	5 00	X					0	0	0	
(8) ANDREW GIBBONS PRESIDENT	5 00			X			0	0	0	
(9) KATIE EVANS SECRETARY	5 00			X			0	0	0	
(10) MARY CSERNICA VICE-PRESIDE	5 00			X			0	0	0	
(11) ROGER HOFFMAN TREASURER	5 00			X			0	0	0	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	15,572					
	b	Membership dues 1b						
	c	Fundraising events 1c						
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	251,152					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	22,493					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		289,217				
Program Service Revenue	2a	LIBRARY DESK INCOME		24,930		24,930		
	b	CONTRACTED SERVICES INCOME		6,840		6,840		
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		31,770				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		85,503		85,503		
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	1,803,445				
			(ii) Other		3,373			
			b	Less cost or other basis and sales expenses	1,759,286			
			c	Gain or (loss)	44,159	3,373		
	d	Net gain or (loss)		47,532	44,159	3,373		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a	149,820				
	b	Less direct expenses b		22,121				
c	Net income or (loss) from fundraising events		127,699		127,699			
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses b							
c	Net income or (loss) from gaming activities							
10a	Gross sales of inventory, less returns and allowances	a						
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory							
	Miscellaneous Revenue	Business Code						
11a	MISCELLANEOUSE REVENUE		1,469		1,469			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		1,469					
12	Total revenue. See Instructions		583,190	44,159		249,814		

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)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 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.				
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	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	66,009	35,735	30,274	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	246,562	226,825	19,737	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	18,044	16,515	1,529	
10	Payroll taxes.	17,994	15,115	2,879	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	7,616		7,616	
12	Advertising and promotion.				
13	Office expenses.	4,942		4,942	
14	Information technology.				
15	Royalties.				
16	Occupancy.	69,004	68,141	863	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	931	931		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	105,152	103,838	1,314	
23	Insurance.	9,161	9,046	115	
24	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.)				
a	CIRCULATING MATERIALS	69,456	69,456		
b	SUPPLIES	25,884	23,725	2,159	
c	BANK & INVESTMENT FEES	15,162		15,162	
d	PERIODICALS	3,441	3,441		
e	All other expenses	2,908	2,872	36	
25	Total functional expenses. Add lines 1 through 24e.	662,266	575,640	86,626	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash-non-interest-bearing	243,426	1	100,885
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	110,343	3	6,394
	4 Accounts receivable, net	7,417	4	2,912
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other 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 organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	4,257	9	3,646
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,559,776		
	b Less accumulated depreciation	10b 1,359,619	2,301,479	10c 2,200,157
	11 Investments—publicly traded securities	2,324,267	11	2,652,168
	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)	4,991,189	16	4,966,162	
Liabilities	17 Accounts payable and accrued expenses	7,096	17	13,453
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		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	7,096	26	13,453
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,660,739	27	4,652,933
	28 Temporarily restricted net assets	27,988	28	3,056
	29 Permanently restricted net assets	295,366	29	296,720
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,984,093	33	4,952,709	
34 Total liabilities and net assets/fund balances	4,991,189	34	4,966,162	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	583,190
2	Total expenses (must equal Part IX, column (A), line 25)	2	662,266
3	Revenue less expenses Subtract line 2 from line 1	3	-79,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,984,093
5	Net unrealized gains (losses) on investments	5	142,997
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-95,305
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,952,709

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990EZ)

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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PUBLIC LIBRARY FOR UNION COUNTY

Employer identification number

23-2208061

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?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
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	
Total									

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
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	398,752	420,948	291,811	406,747	268,001	1,786,259
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	294,538	178,484	163,936	172,010	171,036	980,004
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	693,290	599,432	455,747	578,757	439,037	2,766,263
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						2,766,263

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	693,290	599,432	455,747	578,757	439,037	2,766,263
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	54,179	54,781	46,025	127,057	88,876	370,918
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)	152,753	90,172	38,649	39,850	33,239	354,663
11 Total support (Add lines 7 through 10)						3,491,844
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	79.220 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	79.570 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. 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
1 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						
6 Total. Add lines 1 through 5						
7a 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)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b 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.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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 **stop here**. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** 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).

Facts And Circumstances Test	
Return Reference	Explanation
PART II, LINE 10	OTHER INCOME 354,663

Schedule A (Form 990 or 990-EZ) 2013

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

Attach to Form 990. See separate instructions. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization PUBLIC LIBRARY FOR UNION COUNTY

Employer identification number

23-2208061

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.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed and grantee informed.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, number of easements, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and historical treasures, and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		163,932		163,932
b Buildings		3,060,457	1,031,624	2,028,833
c Leasehold improvements				
d Equipment		317,477	310,085	7,392
e Other		17,910	17,910	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				2,200,157

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	787,104
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a	142,997	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	60,917	
e	Add lines 2a through 2d			2e 203,914
3	Subtract line 2e from line 1			3 583,190
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	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 583,190

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	723,183
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	60,917	
e	Add lines 2a through 2d			2e 60,917
3	Subtract line 2e from line 1			3 662,266
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	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b			4c
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 662,266

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 2D	PART VIII, LINE 8B 22,121 NET ASSETS RELEASED FROM RESTRICTIONS 38,796
SCHEDULE D, PAGE 4, PART XII, LINE 2D	PART VIII, LINE 8B 22,121 NET ASSETS RELEASED FROM RESTRICTIONS 38,796

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization PUBLIC LIBRARY FOR UNION COUNTY

Employer identification number 23-2208061

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

Table with 6 columns: (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. Includes a Total row at the bottom.

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

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	(b) Event #2	(c) Other events	(d) Total events
		<u>ANNUAL AUCTION</u> (event type)	<u>ANNUAL DRIVE</u> (event type)	<u>1</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	65,496	46,694	33,302	145,492
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)	65,496	46,694	33,302	145,492
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	14,735	5,643	1,623	22,001
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Subtract line 10 from line 3, column (d) ▶					123,491

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))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 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		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 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 _____

.....

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

a The organization's facility	13a	%
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? 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 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).

Return Reference	Explanation
------------------	-------------

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2013

**Open to Public
Inspection**

Name of the organization
PUBLIC LIBRARY FOR UNION COUNTY

Employer identification number

23-2208061

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	THE PUBLIC LIBRARY FOR UNION COUNTY OFFERS FREE, PUBLIC ACCESS TO ALL OF ITS RESOURCES THE LIBRARY COLLECTIONS AND SERVICES ARE DEVELOPED AND MAINTAINED FOR THE EDUCATION, INTELLECTUAL STIMULATION, AND PLEASURE OF ALL RESIDENTS OF THE COUNTY COMMUNITY LIBRARY MATERIALS AND PROGRAMS REFLECT COMMITMENT TO ENRICHING & TO ENHANCING THE LIVES OF ALL
FORM 990, PAGE 6, PART VI, LINE 11B	FORM 990 IS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS AT A BOARD MEETING
FORM 990, PAGE 6, PART VI, LINE 15A	ALL COMPENSATION ARRANGEMENTS ARE SUBJECT TO BOARD REVIEW AND APPROVAL
FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOUCMENTS ARE AVAILABLE TO THE PUBLIC BY APPOINTMENT AT THE LIBRARY
FORM 990, PART XI	LINE 5- UNREALIZED GAIN ON INVESTMENTS
FORM 990, PART XI, LINE 9	PART VIII, LINE 8B 22,121 NET ASSETS RELEASED FROM RESTRICTIONS 38,796 PART VIII, LINE 8B -22,121 NET ASSETS RELEASED FROM RESTRICTIONS -38,796
FORM 990, PART XI, LINE 9	PRIOR PERIOD ADJUSTMENT TO PLEDGES RECEIVABLE 95,305

2013 ENHANCED SUMMARY

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As of Date: 2/07/14

Your Financial Advisor :
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 JARED KOHL DARIN KOSS
 1000 MARKET STREET
 LEWISBURG PA 17837
 (570) 524-7200

PUBLIC LIBRARY FOR UNION
 COUNTY
 255 REITZ BOULEVARD
 LEWISBURG PA 17837-9208

Account Number: 7578-2422

Year-End Account Summary

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For noncovered transactions, we provide supplemental cost basis information, when it is available, to assist you with completing your tax return, however, THIS INFORMATION IS NOT PROVIDED TO THE INTERNAL REVENUE SERVICE.

SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP	1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Additional Information
DELAWARE INVTS FD / 24610H302							
NATL HIGH-YIELD MUN BD							
FD CL I							
		6,939.9640	11/20/12	71,412.23	77,103.00	-5,690.77	
		27.2310	01/07/13	280.20	299.00	-18.80	
		10.3980	02/04/13	106.99	115.00	-8.01	
		216.3650	04/10/13	2,226.41	2,393.00	-166.59	
		7,193.9580	Various	74,025.83	79,910.00	-5,884.17	SALE
							TOTAL 4 LOTS
EATON VANCE ADV SR / 277923637							
FLTNB RT ADVANTAGE FUND							
CL I							
		147.4620	11/20/12	1,641.25	1,629.46	11.79	SALE
		2,241.0390	11/20/12	25,032.41	24,763.48	268.93	SALE
		152.3810	11/20/12	1,699.05	1,683.81	15.24	SALE
EATON VANCE MUNIS TR / 27826L249							
NATL MUNIS INCOME FD							
INSTL CL							
		21.6570	11/20/12	226.32	227.19	-0.87	SALE
		7,328.4860	11/20/12	68,228.20	76,875.81	-8,647.61	
		63.0810	01/07/13	587.28	651.00	-63.72	
		303.8760	04/10/13	2,829.09	3,136.00	-306.91	
		7,695.4430	Various	71,644.57	80,662.81	-9,018.24	SALE
							TOTAL 3 LOTS

2013 ENHANCED SUMMARY

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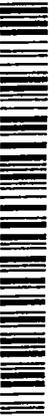
Year-End Account Summary

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SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

continued

8-Description / CUSIP	1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information	
						Gain or Loss Amount	Additional Information
FIRST TRUST MORNINGSTAR / 336917109 DIVIDEND LEADERS INDEX ETF							
	01/07/13	273.0000	12/07/12	5,156.85	5,132.32	24.53	SALE
	02/04/13	5,392.0000	12/07/12	103,916.07	101,367.98	2,548.09	SALE
FIRST TRUST S&P REIT ET / 33734G108 INDEX FUND							
	04/10/13	212.0000	01/07/13	4,204.50	3,823.76	380.74	SALE
		4,029.0000	01/07/13	72,400.67	72,669.46	-268.79	
		1,324.0000	02/04/13	23,792.14	24,480.76	-688.62	
	06/21/13	5,353.0000	Various	96,192.81	97,150.22	-957.41	SALE
							TOTAL 2 LOTS
FRANKLIN HIGH / 353538309 INCOME FUND CLASS AD							
	01/07/13	1,621.1450	11/20/12	3,404.40	3,323.35	81.05	SALE
	06/21/13	241.5830	11/20/12	495.25	495.25	0.00	SALE
GLOBAL X SUPERDIVIDEND							
	09/27/13	1,676.0000	02/04/13	38,514.79	38,631.30	-116.51	SALE
GUGGENHEIM S&P 500 EQUAL WEIGHTED INDEX FD							
	04/10/13	48.0000	01/07/13	2,889.88	2,629.43	260.45	SALE
	09/27/13	89.0000	01/07/13	5,819.40	4,875.40	944.00	SALE



2013 ENHANCED SUMMARY

As of Date: 2/07/14



PUBLIC LIBRARY FOR UNION
COUNTY
255 REITZ BOULEVARD
LEWISBURG PA 17837-9208

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SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) *continued*
Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Supplemental Information Additional Information
HARTFORD MUT FDS INC / 41664M235	165.2550	11/20/12	1,779.80	1,771.54	8.26	SALE
WORLD BD FD CL I	2,221.9210	11/20/12	23,841.21	23,819.00	22.21	SALE
	148.0040	11/20/12	1,565.88	1,586.61	-20.73	SALE
	11,849.8010	11/20/12	125,252.39	127,029.85	-1,777.46	
	281.0940	04/10/13	2,971.17	3,033.00	-61.83	
	12,130.8950	Various	128,223.56	130,062.85	-1,839.29	SALE
						TOTAL 2 LOTS
INVESCO BALANCED-RISK / 00141V697	303.7210	10/02/12	3,896.74	4,000.00	-103.26	
ALLOCATION CL Y	113.9360	10/10/12	1,461.80	1,488.00	-26.20	
	232.7940	10/22/12	2,986.75	3,024.00	-37.25	
	275.5590	10/31/12	3,535.42	3,574.00	-38.58	
	291.3080	12/10/12	3,737.48	3,647.18	90.30	
	200.1380	12/10/12	2,567.77	2,505.73	62.04	
	131.9740	12/10/12	1,693.23	1,652.31	40.92	
	184.3050	04/10/13	2,364.64	2,372.00	-7.36	
	213.8840	06/21/13	2,744.15	2,588.00	156.15	
	1,947.6190	Various	24,987.98	24,851.22	136.76	SALE
						TOTAL 9 LOTS
INVESCO EUROPEAN / 00141L814	518.5920	01/07/13	6,393.50	6,087.57	305.93	SALE
SMALL COMPANY FUND	667.9560	01/07/13	8,449.64	7,841.81	607.83	SALE
CLASS Y	862.4370	01/07/13	12,453.59	10,125.01	2,328.58	SALE

2013 ENHANCED SUMMARY

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SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

continued

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information	
					Gain or Loss Amount	Additional Information
ISHARES GLOBAL CONSUMER STAPLES 04/10/13	68 0000 957.0000 311.0000 23.0000	01/07/13 01/07/13 02/04/13 06/21/13	5,692.86 79,358.61 25,789.47 1,907.27	5,068.04 71,325.21 23,995.95 1,846.90	624.82 8,033.40 1,793.52 60.37	SALE SALE SALE SALE
09/27/13	1,291.0000	Various	107,055.35	97,168.06	9,887.29	SALE TOTAL 3 LOTS
ISHARES NASDAQ BIOTECHNOLOGY 01/07/13	21.0000	11/30/12	2,996.21	2,920.66	75.55	SALE
04/10/13	44.0000	11/30/12	7,253.06	6,119.48	1,133.58	SALE
06/21/13	23.0000	11/30/12	3,883.94	3,198.82	685.12	SALE
09/27/13	81.0000	11/30/12	17,068.34	11,265.40	5,802.94	SALE
LORD ABBETT INV TR / 54400U403 INFLATION FOCUSED FD CLASS F 01/07/13	115.5260	11/20/12	1,730.58	1,714.41	16.17	SALE
02/04/13	1,662.5770	11/20/12	24,938.66	24,672.65	266.01	SALE
	5,149.4580	11/20/12	72,916.32	76,417.94	-3,501.62	
	219.4460	04/10/13	3,107.36	3,250.00	-142.64	
06/21/13	5,368.9040	Various	76,023.68	79,667.94	-3,644.26	SALE TOTAL 2 LOTS
MAINSTAY FDS TR / 56064B852 MARKETFIELD FD CL I 09/27/13	294.0430	06/21/13	5,310.42	4,995.80	314.62	SALE



2013 ENHANCED SUMMARY

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SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) *continued*
Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information	
					Gain or Loss Amount	Additional Information
MFS BOND FUND CL I / 55272P877	29.8240	07/02/12	407.69	413.66	-5.97	
	191.7610	07/18/12	2,621.37	2,700.00	-78.63	
	31.3960	07/30/12	429.18	443.00	-13.82	
	28.6290	08/01/12	391.35	404.53	-13.18	
	131.9630	08/01/12	1,803.93	1,862.00	-58.07	
	455.7840	08/09/12	6,230.58	6,422.00	-191.42	
	29.7600	09/04/12	406.82	421.10	-14.28	
	193.2540	09/26/12	2,641.79	2,750.00	-108.21	
	30.2870	10/01/12	414.02	430.98	-16.96	
	175.4390	10/02/12	2,398.26	2,500.00	-101.74	
	109.1800	10/10/12	1,492.49	1,558.00	-65.51	
	20.6990	10/22/12	282.95	296.00	-13.05	
	113.3290	10/31/12	1,549.21	1,624.00	-74.79	
	31.0380	11/01/12	424.29	444.78	-20.49	
	29.8240	12/03/12	407.69	426.48	-18.79	
	29.0870	01/02/13	397.62	415.66	-18.04	
	116.9590	04/10/13	1,598.86	1,669.00	-70.14	
06/21/13	1,748.2130	Various	23,898.10	24,781.19	-883.09	SALE
TOTAL 17 LOTS						
OPPENHEIMER CAPITAL / 683793509						
INCOME FD CL Y						
01/07/13	85.6030	11/20/12	784.98	785.84	-0.86	SALE
02/04/13	27.1750	11/20/12	251.91	249.47	2.44	SALE
OPPENHEIMER ROCHESTER / 683977508						
AMT-FREE MUNIS FD CL Y						
10,419,3240	11/20/12		75,956.86	77,103.00	-1,146.14	
93,6810	01/07/13		682.94	682.00	0.94	
39,0710	02/04/13		284.83	286.00	-1.17	

2013 ENHANCED SUMMARY

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SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

continued

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information		
					Gain or Loss Amount	Additional Information	
04/10/13	10,552.0760	Various	76,924.63	78,071.00	-1,146.37	SALE	
PERMANENT PORTFOLIO FD / 714199106							TOTAL 3 LOTS
PERM PORTFOLIO							
	774.0120	04/13/12	38,429.69	37,230.00	1,199.69		
	92.1110	07/18/12	4,573.31	4,320.00	253.31		
	212.2100	07/30/12	10,536.23	10,046.00	490.23		
	82.4300	08/01/12	4,092.65	3,880.00	212.65		
	197.7930	08/09/12	9,820.42	9,409.00	411.42		
	89.3580	09/26/12	4,436.62	4,400.00	36.62		
	80.6610	10/02/12	4,004.82	4,000.00	4.82		
	20.2680	10/22/12	1,006.30	997.00	9.30		
	73.5370	10/31/12	3,651.12	3,607.00	44.12		
	23.4850	12/06/12	1,166.03	1,135.97	30.06		
	17.6140	12/08/12	874.55	851.98	22.57		
02/04/13	1,663.4790	Various	82,591.74	79,876.95	2,714.79	SALE	
PIMCO REAL RETURN BOND / 693391104							TOTAL 11 LOTS
REAL RETURN BOND FUND							
INSTL CLASS							
	155.9970	02/28/12	1,903.16	1,886.00	17.16		
	3,670.4860	04/13/12	44,779.93	44,523.00	256.93		
	13.2450	05/01/12	161.58	161.32	0.26		
	46.3230	06/01/12	565.14	573.02	-7.88		
	22.5660	07/02/12	275.30	277.11	-1.81		
	216.8670	07/18/12	2,645.77	2,700.00	-54.23		
	27.0470	07/30/12	329.97	337.00	-7.03		
	8.2400	08/01/12	100.52	103.08	-2.56		
	134.0800	08/01/12	1,635.77	1,676.00	-40.23		
	569.7020	08/09/12	6,950.37	7,070.00	-119.63		





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continued

SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information	
					Gain or Loss Amount	Additional Information
	10.0090	09/04/12	122.11	124.91	-2.80	
	218.4270	09/26/12	2,664.81	2,750.00	-85.19	
	8.1540	10/01/12	99.47	102.41	-2.94	
	197.7850	10/02/12	2,412.98	2,500.00	-87.02	
	111.5510	10/10/12	1,360.92	1,410.00	-49.08	
	137.4500	10/22/12	1,676.90	1,725.00	-48.10	
	106.0080	10/31/12	1,293.30	1,341.00	-47.70	
	9.8340	11/01/12	119.97	124.40	-4.43	
	16.8690	12/03/12	205.80	214.40	-8.60	
	123.1940	12/13/12	1,502.98	1,536.23	-33.25	
	99.6460	12/13/12	1,215.69	1,242.59	-26.90	
	83.2390	12/28/12	1,015.53	1,024.67	-9.14	
	9.9710	01/02/13	121.65	122.34	-0.69	
02/04/13	5,996.6900	Various	73,159.62	73,524.48	-364.86	SALE
TOTAL 23 LOTS						
SELECT SECTOR SPDR FD / 81369Y209						
HEALTH CARE						
01/07/13	59.0000	04/30/12	2,417.18	2,210.14	207.04	SALE
04/10/13	157.0000	04/30/12	7,434.34	5,881.22	1,553.12	SALE
SPDR S&P BANK ET / 78464A797						
09/27/13	128.0000	06/21/13	3,835.14	3,586.39	248.75	SALE
STEELPATH MLP FDS / 858268501						
OPPENHEIMER STEELPATH						
MLP ALPHA FD CL Y						
06/21/13	146.2930	04/10/13	1,716.02	1,720.07	-4.05	SALE

2013 ENHANCED SUMMARY

PUBLIC LIBRARY FOR UNION
COUNTY
255 REITZ BOULEVARD
LEWISBURG PA 17837-9208

Your Financial Advisor :
KOSS FINANCIAL GROUP
JARED KOHL DARIN KOSS
1000 MARKET STREET
LEWISBURG PA 17837
(570) 524-7200

Account Number: 7578-2422

Year-End Account Summary

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SHORT TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

continued

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Additional Information
TCW FDS INC / 87234N880						
TOTAL RETURN BD FD CL 1						
SHS						
01/07/13	43.5640	11/20/12	447.84	448.71	-0.87	SALE
06/21/13	65.0790	11/20/12	653.39	665.26	-11.87	SALE
WISDOMTREE DIVIDEND ET / 97717W406						
EX-FINANCIALS FUND						
04/10/13	66.0000	02/04/13	4,145.15	3,868.92	276.23	SALE
06/21/13	21.0000	02/04/13	1,302.40	1,231.02	71.38	SALE
TOTAL SHORT TERM GAINS OR LOSSES FOR COVERED SECURITIES			1,174,074.08	1,166,143.29	7,930.79	

LONG TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Additional Information
AMERICAN CAPITAL AGENCY / 02503X105						
CORP						
01/07/13	4,177.0000	12/19/11	128,905.18	121,500.16	7,405.02	SALE
02/04/13	54.0000	12/19/11	1,705.29	1,570.75	134.54	SALE
04/10/13	48.0000	12/19/11	1,583.69	1,396.22	187.47	SALE
INVESCO BALANCED-RISK / 00141V697						
ALLOCATION CL Y						
	2,792.0610	04/13/12	35,822.14	34,817.00	1,005.14	
	338.0280	07/18/12	4,336.89	4,320.00	16.89	



2013 ENHANCED SUMMARY

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As of Date: 2/07/14



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LONG TERM GAINS OR LOSSES (Box 1c) FOR COVERED SECURITIES (Box 6)
 Proceeds from Broker and Barter Exchange Transactions for 2013

continued

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Additional Information
	355.4860	07/30/12	4,560.88	4,536.00	24.88	
	222.1090	08/01/12	2,849.65	2,823.00	26.65	
	785.5810	08/09/12	10,079.01	10,079.00	0.01	
	335.3660	09/26/12	4,302.74	4,400.00	-97.26	
09/27/13	4,828.6310	Various	61,951.31	60,975.00	976.31	SALE TOTAL 6 LOTS
MFS BOND FUND CLI / 55272P877	75.7930	02/28/12	1,036.09	1,052.00	-15.91	
	3,262.9170	04/13/12	44,604.07	44,963.00	-358.93	
	27.7710	05/01/12	379.62	384.90	-5.28	
	29.8110	06/01/12	407.51	411.99	-4.48	
06/21/13	3,396.2920	Various	46,427.29	46,811.89	-384.60	SALE TOTAL 4 LOTS
SELECT SECTOR SPDR FD / 81369Y209	63.0000	04/30/12	2,990.62	2,359.98	630.64	SALE
HEALTH CARE	70.0000	04/30/12	3,544.67	2,622.20	922.47	SALE
06/21/13						
09/27/13						

TOTAL LONG TERM GAINS OR LOSSES FOR COVERED SECURITIES

247,108.05
 page 11
 237,236.20
 page 11

LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6)
 Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Additional Information
INVESCO BALANCED-RISK / 00141V697	4,317.2810	12/13/11	54,009.19	50,857.57	3,151.62	SALE
ALLOCATION CL Y						
01/07/13						

2013 ENHANCED SUMMARY

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LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

continued

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information	
					Gain or Loss Amount	Additional Information
02/04/13	94,2390	12/13/11	1,199.66	1,110.14	89.52	SALE
09/27/13	1,686.8700	12/13/11	21,642.54	19,871.31	1,771.23	SALE
MFS BOND FUND CL I / 55272P877						
01/07/13	1,924.1690	12/13/11	27,457.89	25,822.35	1,635.54	SALE
02/04/13	1,695.3410	12/13/11	24,022.98	22,751.47	1,271.51	SALE
06/21/13	423.5390	12/13/11	5,789.77	5,683.89	105.88	SALE
PERMANENT PORTFOLIO FD / 714199106						
PERM PORTFOLIO						
01/07/13	65.4360	12/13/11	3,190.66	3,029.69	160.97	SALE
02/04/13	1,467.6570	12/13/11	72,869.16	67,952.51	4,916.65	SALE
PIMCO REAL RETURN BOND / 693391104						
REAL RETURN BOND FUND						
INSTL CLASS						
01/07/13	2,086.9150	12/13/11	25,439.49	24,729.94	709.55	SALE
02/04/13	2,383.9050	12/13/11	29,083.64	28,249.27	834.37	SALE
TCW FDS INC / 87234N765						
EMERGING MKTS INCOME FD						
CL I						
01/07/13	1,267.7380	12/13/11	11,954.77	10,458.84	1,495.93	SALE
04/10/13	4,977.9780	12/13/11	46,743.21	40,947.87	5,795.34	SALE
TEMPLETON INCOME TR / 880208400						
GLOBAL BD FD ADVISOR CL						
01/07/13	603.7390	12/13/11	8,102.18	7,613.15	489.03	SALE



2013 ENHANCED SUMMARY

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continued

LONG TERM GAINS OR LOSSES (Box 1c) FOR NONCOVERED SECURITIES (Box 6) Proceeds from Broker and Barter Exchange Transactions for 2013

8-Description / CUSIP 1a-Date of Sale or Exchange	1e-Quantity Sold	1b-Date of Acquisition	2a-Sales Price*	3-Cost or Other Basis	Supplemental Information Gain or Loss Amount	Additional Information
04/10/13	3,713.6310	12/13/11	50,728.20	46,828.89	3,899.31	SALE

TOTAL LONG TERM GAINS OR LOSSES FOR NONCOVERED SECURITIES

382,233.34
 + 1,174,074.08 + 1,166,432.29 page 8
 + 247,108.05 + 237,236.20 page 9
 * 1,803,445.47 * 1,759,286.38 Form 990
 part VIII Line 7a part VIII Line 7b

*Box 2a Sales price less commissions and option premiums