



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



COPY

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2015

201606

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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning July 1, 2015, and ending June 30, 2016

B Check if applicable: C Name of organization Southeast Regional Library System D Employer identification number 31-0829210

Doing business as: E Telephone number 740-304-2103

Number and street (or P.O. box if mail is not delivered to street address) Room/suite

252 W 13th St City or town, state or province, country, and ZIP or foreign postal code

Wellston, OH 45692 G Gross receipts \$ 171,442

H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Yes No

F Name and address of principal officer Brenda Hutchison same as above H(c) Group exemption number

Tax-exempt status: 501(c)(3) 501(c)(1) 501(c)(29) 4947(a)(1) 527

J Website www.srls.org M(c) Group exemption number

K Form of organization: Corporation Trust Association Other L Year of formation 1975 M State of legal domicile OH

Part I Summary

1 Briefly describe the organization's mission or most significant activities Library services/sub-grantee fund

State programs of professional service is primarily administrative in member libraries and employees and supplies to support program services

2 Check this box if the operations or disposed of more than 25% of its net assets

3 Number of voting members 3 12

4 Number of independent voting bodies 4 12

5 Total number of individual members 5 3

6 Total number of volunteer members 6 0

7a Total unrelated business income (C), line 12 7a 0

7b Net unrelated business income (T), line 34 7b 0

8 Contributions and grants (Part VIII, line 1h) 145617 145617

9 Program service revenue (Part VIII, line 2g) Rec'd 4/20/17 44428 25454

10 Investment income (Part VIII, column (A), lines 3, 4, and 7c) 327 371

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 190372 171442

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 0

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries or other compensation, employee benefits (Part IX, column (A), lines 5-10) 95155 86861

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

17 Other fundraising expenses (Part IX, column (D), line 11e) 91346 65380

18 Total expenses—add lines 13-17 (must equal Part IX, column (A), line 20) 186501 152241

19 Revenue less expenses—subtract line 18 from line 12 3871 19201

20 Total assets (Part X, line 16) Beginning of Current Year 688918 End of Year 708120

21 Total liabilities (Part X, line 26) 0 0

22 Net assets or fund balances—subtract line 21 from line 20 688918 708120

Part II Signature Block

Under penalty 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: Brenda Hutchison, Date 5/15/17, Type or print name and title: CLERK TREASURER

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if sec.-employed, PTIN

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

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11232Y Form 990 (2015)

CIS Do not correspond for signature

5/13

SCANNED JUL 12 2017