Seneca Falls Library Annual Report For Public And Association Libraries - 2013

1. GENERAL LIBRARY INFORMATION

Report all information in Part 1 as of December 31, 2013, <u>except</u> for questions related to the <u>current</u> library director/manager (questions 1.35 through 1.40).

airecto	n/manager (questions 1.55 through 1.40).	
1.1	Library ID Number	2400566010
1.2	Library Name	SENECA FALLS LIBRARY
1.3	Name Status (State use only)	00 (for no change from previous year)
1.4	Structure Status (State use only)	00 (for no change from previous year)
1.5	Community	Seneca Falls
1.6	Beginning Fiscal Reporting Year	01/01/2013
1.7	Ending Fiscal Reporting Year	12/31/2013
1.8	Is the library now reporting on a different fiscal year than it reported on in the previous Annual Report?	No
1.9	If yes, please indicate the beginning date of library's new reporting year. Enter N/A if No was answered to Question 1.8.	N/A
1.10	Please indicate the ending date of library's new reporting year. Enter N/A if No was answered to Question 1.8.	N/A
1.11	Beginning Local Fiscal Year	01/01/2013
1.12	Ending Local Fiscal Year	12/31/2013
1.13	Address Status	00 (for no change from previous year)
1.14	Street Address	47 CAYUGA STREET
1.15	City	SENECA FALLS
1.16	Zip Code	13148
1.17	Mailing Address	47 CAYUGA STREET
1.18	City	SENECA FALLS
1.19	Zip Code	13148
1.20	Telephone Number (enter 10 digits only and hit the Tab key; enter N/A if no telephone number)	(315) 568-8265
1.21	Fax Number (enter 10 digits only and hit the Tab key; enter N/A if no fax number)	(315) 568-1606
1.22	E-Mail Address to Contact the Library (Enter N/A if no e-mail address)	myndersl@rochester.rr.com
1.23	Library Home Page URL (Enter N/A if no home page URL)	www.senecafallslibrary.org
1.24	Population Chartered to Serve (per 2010 Census)	9,838
1.25	Indicate the type of library as stated in the library's charter (select one):	ASSOCIATION
1.26	Indicate the area chartered to serve as stated in the library's charter (select one):	School District
1.27	During the reporting year, has there been any change to the library's legal service area boundaries? Changes must be the result of a Regents charter action.	N
1.28	Indicate the type of charter the library currently holds (select one):	Absolute
1.29	Date the library was granted its absolute charter <u>or</u> the date of the provisional charter if the library does not have an absolute charter	7/16/2012

1.20	Date the library was last resistant d	12/31/1975
1.30	Date the library was last registered	
1.31	Federal Employer Identification Number	166075457
1.32	County	SENECA
1.33	School District	Seneca Falls Central Schools
1.34	Town	Seneca Falls
1.35	Library System	Finger Lakes Library System
	: For questions 1.36 through 1.41, report all information for the <u>curr</u>	•
1.36	Title of Library Director/ Manager (select one):	Mr.
1.37	First Name of Library Director/Manager	Michael
1.38	Last Name of Library Director/Manager	Caraher
1.39	NYS Public Librarian Certification Number	N/A
1.40	E-mail Address of the Director/Manager	myndersl@rochester.rr.com
1.41	Fax Number of the Director/Manager	(315) 568-1606
1.42	Does the library charge fees for library cards to people residing outside the system's service area?	N
1.43	Was all or part of the library's budget either subject to public vote held during the fiscal reporting year, or from an appropriation which was approved by public vote in a previous year? Enter Y for Yes, N for No. If yes, complete one record for the most recent vote from each funding source. If no, go to question 1.45.	Y
1.	Name of municipality or district holding the vote	Seneca Falls Central School
2.	Indicate the type of municipality or district holding the vote	School District
3.	Was this a Chapter 414 (Ed. Law §259.1.b)?	Y
4.	Dollar amount	\$50,000
5.	Was the vote successful?	Y
6.	Date the vote was held (mm/dd/yyyy)	06/12/2012
1.44	For the fiscal year that ended in 2013, indicate the <i>total</i> percentage of the library's local public funding that was either subject to public vote during the fiscal reporting year, or that came from an appropriation which was approved by public vote in a previous year.	54%
1.45	Does the reporting library have a contractual agreement with a municipality or district to provide library services to residents of an area not served by a chartered library? Enter Y for Yes, N for No. If yes, please complete one record for <i>each</i> contract. If no, go to question 1.46.	N
1.	Name of contracting municipality or district	N/A
2.	Is this a written contractual agreement?	N/A
3.	Population of the geographic area served by this contract	N/A
4.	Dollar amount of contract	N/A
5.	Enter the appropriate code for range of services provided (select one):	N/A
1.46	For the reporting year, has the library experienced any unusual circumstance(s) that affected the statistics reported (e.g., natural disaster, fire, closed for renovations, massive weeding of collection, etc.)? If yes, please annotate explaining the circumstance(s) and the impact on the library using the <u>State</u> note; if no, please go to Part 2, Library Collection.	N

2. LIBRARY COLLECTION

Report holdings, additions, and subscriptions as of the end of the fiscal year reported in Part 1.

PRINT MATERIALS

Catal	oged Books	
2.1	Adult Fiction Books	10,735
2.2	Adult Non-fiction Books	8,639
2.3	Total Adult Books (Total questions 2.1 & 2.2)	19,374
2.4	Children's Fiction Books	5,192
2.5	Children's Non-fiction Books	3,096
2.6	Total Children's Books (Total questions 2.4 & 2.5)	8,288
2.7	Total Cataloged Books (Total questions 2.3 & 2.6)	27,662
Other	· Print Materials	
2.8	Total Uncataloged Books	1,118
2.9	Total Print Serials	344
2.10	All Other Print Materials	578
2.11	Total Other Print Materials (Total questions 2.8 through 2.10)	2,040
2.12	Total Print Materials (Total questions 2.7 and 2.11)	29,702
ELE(CTRONIC MATERIALS	
2.13	Electronic Books	15,933
2.14	Local Databases	12
2.15	NOVELny Databases	11
2.16	Total Databases (Total questions 2.14 and 2.15)	23
2.17	Other Electronic Materials (includes all other materials in digital format such as e-serials, government documents, electronic files, reference tools, scores, maps, collection of digital photographs, etc.)	32
2.18	Total Electronic Materials (Total questions 2.13, 2.16 and 2.17)	15,988
ALL	OTHER MATERIALS	
2.19	Audio - Physical Units	1,188
2.20	Audio - Downloadable Units	7,041
2.21	Video - Physical Units	1,057
2.22	Video - Downloadable Units	0
2.23	All Other Materials (includes microform, films, slides, etc.)	122
2.24	Total Other Materials Holdings (Total questions 2.19 through 2.23)	9,408
2.25	GRAND TOTAL HOLDINGS (Total questions 2.12, 2.18 and 2.24)	55,098
CUR	RENT SERIAL SUBSCRIPTIONS	
2.26	Current Print Serial Subscriptions	86
ADD	ITIONS TO HOLDINGS - Do not subtract withdrawals or discard	s.
2.27	Cataloged Books	1,420
2.28	All Other Print Materials	10
2.29	Electronic Materials	16,235
2.30	All Other Materials	3,490
2.31	Total Additions (Total questions 2.27 through 2.30)	21,155

3. LIBRARY PROGRAMS, POLICIES, AND SERVICES

Report all information on questions 3.1 through 3.10 and 3.56 through 3.64 as of the end of the fiscal year

reported in Part 1; report information on questions 3.11 through 3.55 for the 2013 calendar year.

LIBRARY SPONSORED PROGRAMS

3.1	Adult Program Sessions	22
3.2	Young Adult Program Sessions	5
3.3	Children's Program Sessions	282
3.4	All Other Program Sessions	41
3.5	Total Number of Program Sessions (Total questions 3.1 through 3.4)	350
3.6	Adult Program Attendance	838
3.7	Young Adult Program Attendance	97
3.8	Children's Program Attendance	7,289
3.9	All Other Program Attendance	2,274
3.10	Total Program Attendance (Total questions 3.6 through 3.9)	10,498

SUMMER READING PROGRAM

3.11- Indicate which of the following apply to the summer reading program(s) offered by the library during the summer of 2013 (check all that apply):

a.	Program(s) for children	Yes
b.	Program(s) for young adults	Yes
c.	Program(s) for Adults	No
d.	Summer Reading at New York Libraries name and/or logo used	Yes
e.	Collaborative Summer Library Program (CSLP Manual, provided through the New York State Library, used)	Yes
f.	N/A	No
3.12	Library outlets offering a summer reading program	1
3.13	Children registered for the library's summer reading program	146
3.14	Young adults registered for the library's summer reading program	0
3.15	Total number registered for the library's summer reading program (total $3.13 + 3.14$)	146
3.16	Children's program sessions - Summer 2013	57
3.17	Young adult program sessions - Summer 2013	4
3.18	Adult program sessions - Summer 2013	0
3.19	Total program sessions - Summer 2013 (total $3.16 + 3.17 + 3.18$)	61
3.20	Children's program attendance - Summer 2013	2,471
3.21	Young adult program attendance - Summer 2013	49
3.22	Adult program attendance - Summer 2013	0
3.23	Total program attendance - Summer 2013 (total $3.20 + 3.21 + 3.22$)	2,520
COLL	ABORATORS	
3.24	Public school district(s) and/or BOCES	1
3.25	Non-public school(s)	1
3.26	Childcare center(s)	4
3.27	Summer camp(s)	0
3.28	Municipality/Municipalities	0
3.29	Literacy provider(s)	0
3.30	Other (describe using the State note)	8
3.31	Total Collaborators (total 3.24 through 3.30)	14

EARLY LITERACY PROGRAMS

EARLY LITERACY PROGRAMS				
3.32	Did the library offer early literacy programs? (Enter Y for Yes, N for No)	Y		
3.33 I	3.33 Indicate types of programs offered (check all that apply)			
a.	Focus on birth - school entry	Yes		
b.	Focus on parents & caregivers	No		
c.	Combined audience	No		
d.	N/A	No		
3.34 N	Number of sessions			
a.	Focus on birth - school entry	104		
b.	Focus on parents & caregivers	0		
c.	Combined audience	0		
d.	N/A	0		
3.35	Total Sessions	104		
3.36 A	attendance at sessions			
a.	Focus on birth - school entry	2,970		
b.	Focus on parents & caregivers	0		
c.	Combined audience	0		
d.	N/A	0		
3.37	Total Attendance	2,970		
3.38 C	Collaborators (check all that apply):			
a.	Childcare center(s)	Yes		
b.	Public School District(s) and/or BOCES	Yes		
c.	Non-Public School(s)	Yes		
d.	Health care providers/agencies	No		
e.	Other (describe using the State note)	No		
f.	N/A	No		
	LT LITERACY			
3.39	Did the library offer adult literacy programs?	No		
3.40	Total program sessions	N/A		
3.41	Total program attendance	N/A		
3.42 C	Collaborators (check all that apply)			
a.	Literacy NY (Literacy Volunteers of America)	No		
b.	Public School District(s) and/or BOCES	No		
c.	Non-Public Schools	No		
d.	Other (see instructions and describe using State Note)	No		
e.	N/A	Yes		
	GRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGE	ES (ESOL)		
3.43	Did the library offer programs for English Speakers of Other Languages (ESOL)? (Enter Y for Yes, N for No)	N		
3.44	Children's program sessions	N/A		
3.45	Young adult program sessions	N/A		
3.46	Adult program sessions	N/A		
3.47	Total program sessions (total $3.44 + 3.45 + 3.46$)	0		
3.48	Children's program attendance	N/A		
3.49	Young adult program attendance	N/A		
3.50	Adult program attendance	N/A		
3.51	Total program attendance (total $3.48 + 3.49 + 3.50$)	0		

3.52 C	ollaborators (check all that apply):	
a.	Literacy NY (Literacy Volunteers of America)	No
b.	Public School District(s) and/or BOCES	No
c.	Non-Public School(s)	No
d.	Other (describe using the State note)	No
e.	N/A	Yes
DIGIT	'AL LITERACY	
3.53	Did the library offer digital literacy programs?	Y
3.54	Total program sessions	3
3.55	Total program attendance	10
LIBRA	ARY USE	
3.56	Library visits (total annual attendance)	75,674
3.57	Registered resident borrowers	4,369
3.58	Registered non-resident borrowers	1,444
WRIT	TEN POLICIES (Answer Y for Yes, N for No)	
3.59	Does the library have an open meeting policy?	Y
3.60	Does the library have a policy protecting the confidentiality of library records?	Y
3.61	Does the library have an Internet use policy?	Y
3.62	Does the library have a disaster plan?	N
ACCE	SSIBILITY (Answer Y for Yes, N for No)/b>	
3.63	Does the library provide service to persons who cannot visit the library (homebound persons, persons in nursing homes, persons in jail, etc.)?	Y
3.64	Does the library have assistive devices for persons who are deaf and hearing impaired (TTY/TDD)?	N

4. LIBRARY TRANSACTIONS

Report all transactions as of the end of the fiscal year reported in Part 1. (Please note: Internal Library usage is <u>not</u> considered part of circulation)

CATALOGED BOOK CIRCULATION

4.1	Adult Fiction Books	15,811
4.2	Adult Non-fiction Books	5,576
4.3	Total Adult Books (Total questions 4.1 & 4.2)	21,387
4.4	Children's Fiction Books	9,868
4.5	Children's Non-fiction Books	3,257
4.6	Total Children's Books (Total questions 4.4 & 4.5)	13,125
4.7	Total Cataloged Book Circulation (Total question 4.3 & 4.6)	34,512
CIRC	ULATION OF OTHER MATERIALS	
4.8	Circulation of Adult Other Materials	9,219
4.9	Circulation of Children's Other Materials	3,130
4.10	Circulation of Electronic Materials	2,350
4.11	Total Circulation of Other Materials (Total questions 4.8, 4.9 & 4.10)	14,699
4.12	Grand Total Circulation Transactions (Total questions 4.7 & 4.11)	49,211
4.13	Grand Total Circulation of Children's Materials (Total questions 4.6 & 4.9)	16,255

REFERENCE TRANSACTIONS

4.14	Total Reference Transactions	3,589
4.15	Does the library offer virtual reference?	Y
INTERLIBRARY LOAN - MATERIALS RECEIVED (BORROWED)		
4.16	TOTAL MATERIALS RECEIVED	9,437
INTERLIBRARY LOAN - MATERIALS PROVIDED (LOANED)		
4.17	TOTAL MATERIALS PROVIDED	6,211

5. TECHNOLOGY AND TELECOMMUNICATIONS

Report all information as of December 31, 2013.

SYSTEMS AND SERVICES

5.1	Automated circulation system?	Y
5.2	Online public access catalog (OPAC)?	Y
5.3	Electronic access to the OPAC from outside the library?	Y
5.4	Annual number of visits to the library's web site	44,410
5.5	Does the library use Internet filtering software on any computer?	N
5.6	Number of uses (sessions) of public Internet computers per year	11,913
5.7	Name of the person responsible for the library's Information Technology (IT) services	Mike Caraher
5.8	IT contact's telephone number (enter 10 digits only and hit the Tab key)	(315) 568-8265
5.9	IT contact's email address	myndersl@rochester.rr.com

6. STAFF INFORMATION

Report all staff information as of the end of the fiscal year reported in Part 1.

FTE ((FULL-TIME EQUIVALENT CALCULATION)	
6.1	The number of hours per workweek used to compute FTE for all paid library personnel in this section.	40
BUDO	GETED POSITIONS IN FULL-TIME EQUIVALENTS	
6.2	Library Director (certified)	0
6.3	Vacant Library Director (certified)	0
6.4	Librarian (certified)	0
6.5	Vacant Librarian (certified)	0
6.6	Library Manager (not certified)	1
6.7	Vacant Library Manager (not certified)	0
6.8	Library Specialist/Paraprofessional (not certified)	0
6.9	Vacant Library Specialist/Paraprofessional (not certified)	0
6.10	Other Staff	4.5
6.11	Vacant Other Staff	0
6.12	TOTAL PAID STAFF (Total questions 6.2, 6.4, 6.6, 6.8 & 6.10)	5.50
6.13	VACANT TOTAL PAID STAFF (Total questions 6.3, 6.5, 6.7,	0.00
G 1 T 1	6.9 & 6.11)	
SALA	ARY INFORMATION	
6.14	FTE - Entry Level Librarian (certified)	0
6.15	Salary - Entry Level Librarian (certified)	\$0
6.16	FTE - Library Director (certified)	0
6.17	Salary - Library Director (certified)	\$0

1

FTE - Library Manager (not certified)

6.18

8.10

7. MINIMUM PUBLIC LIBRARY STANDARDS

Report all information as of December 31, 2013.

7.1	1. Is governed by board-approved written bylaws.	Y
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- 7.2 2. Has a board-approved written long range plan of service. Y
- 7.3 3. Presents an annual report to the community.
- 7.4 4. Has board-approved written policies.
- 7.5 5. Presents an annual written budget to appropriate funding agencies.
- 7.6 6. Periodically evaluates the effectiveness of the collection and services in meeting community needs.
- 7.7 7. Is open the minimum standard number of public service hours for population served. (see instructions)
- 8. Maintains a facility to meet community needs, including adequate:

7.8	8a. space	Y
7.9	8b. lighting	Y
7.10	8c. shelving	Y
7.11	8d. seating	Y
7.12	8e. restroom (see instructions)	Y

9. Has the equipment and connections necessary to facilitate access to information:

7.13	9a. telephone	Y
7.14	9b. photocopier (see instructions)	Y
7.15	9c. microcomputer or terminal	Y
7.16	9d. printer	Y
7.17	9e. telefacsimile capability (see instructions)	Y
7.18	10. Distributes printed information listing the library's hours open, borrowing rules, services, location and phone number.	Y
7.19	11. Employs a paid director in accordance with the provisions of	N

section 90.8 of Commissioner' Regulations. (see instructions)

8. PUBLIC SERVICE INFORMATION

Annual Total Hours - Main Library

Report all information as of the end of the fiscal year reported in Part 1.

PUBLIC SERVICE OUTLETS - Libraries reporting main libraries, branches and bookmobiles should complete Service Outlets Information in Part 9.

2,979

DCI VIC	Councis information in rare y.	
8.1	Main Library	1
8.2	Branches	0
8.3	Bookmobiles	0
8.4	Other Outlets	0
8.5	TOTAL PUBLIC SERVICE OUTLETS (Total questions 8.1 - 8.4)	1
PUBL	IC SERVICE HOURS - Report hours to two decimal places.	
8.6	Minimum Weekly Total Hours - Main Library	57
8.7	Minimum Weekly Total Hours - Branch Libraries	0
8.8	Minimum Weekly Total Hours - Bookmobiles	0
8.9	Minimum Weekly Total Hours - Total Hours Open (Total questions 8.6 - 8.8)	57.00

8.11	Annual Total Hours - Branch Libraries	0
8.12	Annual Total Hours - Bookmobiles	0
8.13	Annual Hours Open - Total Hours Open (Total questions 8.10	2,979.00

9. SERVICE OUTLET INFORMATION

through 8.12)

NOTE: Libraries reporting Public Service Outlets in questions 8.1, 8.2 and 8.3 of Part 8 are required to complete this part of the Annual Report. Use this section to enter outlet information on main libraries, branches or bookmobiles. Complete one record for *each* main library, branch or bookmobile.

bookmobiles. Complete one record for <i>each</i> main library, branch or bookmobile.			
1.	Outlet Name	Seneca Falls Library	
2.	Outlet Name Status	00 (for no change)	
3.	Street Address	47 CAYUGA STREET	
4.	Outlet Street Address Status	00 (for no change)	
5.	City	SENECA FALLS	
6.	Zip Code	13148	
7.	Phone (enter 10 digits only)	(315) 568-8265	
8.	Fax Number (enter 10 digits only)	(315) 568-1606	
9.	E-mail Address	myndersl@rochester.rr.com	
10.	Outlet URL	www.senecafallslibrary.org	
11.	County	Seneca	
12.	School District	Seneca Falls Central School	
13.	Outlet Type Code (select one):	CE	
14.	Public Service Hours Per Year for This Outlet	2,979	
15.	Number of Weeks This Outlet is Open	52	
16.	Does this outlet have meeting space available for public use (non-library sponsored programs, meetings and/or events)?	Y	
17.	Is the meeting space available for public use even when the outlet is closed?	Y	
18.	Total number of non-library sponsored programs, meetings and/or events at this outlet	355	
19.	Enter the appropriate outlet code (select one):	LO	
20.	Who owns this outlet building?	Library Board	
21.	Who owns the land on which this outlet is built?	Library Board	
22.	Indicate the year this outlet was initially constructed	2002	
23.	Indicate the year this outlet underwent a major renovation costing \$25,000 or more	N/A	
24.	Square footage of the outlet	11,900	
25.	Total number of Internet terminals at this outlet used by the general public	13	
26.	Type of connection on the outlet's public Internet computers	Cable	
27.	Maximum <u>download</u> speed of connection on the outlet's public Internet computers	Greater than 6 mbps and less than 9 mbps	
28.	Maximum <u>upload</u> speed of connection on the outlet's public Internet computers	Greater than 200 kbps and less than 768 kbps	
29.	Internet Provider	Time Warner Cable	
30.	WiFi Access (click the hyperlink for types of WiFi Access)	No restrictions to access	
31.	Number of wireless access uses per year: Report the total number of uses of wireless access in the outlet during the last year.	0	
32.	Does the outlet have interactive videoconferencing capability for public use?	N	

33.	Does the outlet have a building entrance that is physically accessible to a person in a wheelchair?	Y
34.	Is every public part of the outlet accessible to a person in a wheelchair?	Y
35.	LIBID	2400566010
36.	FSCSID	NY0150
37.	Metropolitan Status Code	NO
38.	Number of Bookmobiles in the Bookmobile Outlet Record	0
39.	Outlet Structure Status	00 (for no change from previous year)

10. OFFICERS AND TRUSTEES

Report information about trustee meetings as of December 31, 2013. All public and association libraries are required by Education Law to hold at least four meetings a year.

BOARD MEETINGS

10.1	(January 1, 2013 to December 31, 2013)	12
10.2	Number of voting library board positions stated in the library's charter.	5-15
10.3	Number of current voting positions on library board.	12

BOARD MEMBER SELECTION

10.4 Enter Board Member Selection Code (select one): EA - board members are elected by the library association membership

List Officers and Board Members for the current Calendar Year (January 1 - December 31, 2014). Complete one record for each board member. There must be a record for each voting position, whether filled or vacant.

BOARD PRESIDENT

20111		
10.5	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the State note), or Vacant	Mrs.
10.6	First Name	Karen
10.7	Last Name	McNamara
10.8	Mailing Address	3344 Route 89
10.9	City	Seneca Falls
10.10	Zip Code (5 digits only)	13148
10.11	Phone (enter 10 digits only)	(315) 549-0147
10.12	E-mail Address	Karen.mcnamara59@gmail.com
10.13	Term Begins - Month	June
10.14	Term Begins - Year (yyyy)	2012
10.15	Term Expires - Month	June
10.16	Term Expires - Year (yyyy)	2014
10.17	The date the Oath of Office was taken (mm/dd/yyyy)	N/A
10.18	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
10.19	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mr.
2.	First Name of Board Member	Martin
3.	Last Name of Board Member	Toombs
4.	Mailing Address	84 Bridge Street
5.	City	Seneca Falls

6.	Zip Code (5 digits only)	13148
7.	E-mail address	marty@toombs.info
8.	Office Held or Trustee	Vice-President
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2012
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2015
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
14.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
15.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Deborah
3.	Last Name of Board Member	Jones
4.	Mailing Address	11 Courtney Drive
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	djones33@rochester.rr.com
8.	Office Held or Trustee	Secretary
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2013
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2016
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
1.4	The date the Oath of Office was filed with town or county clerk	
14.	(mm/dd/yyyy)	N/A
14. 15.	·	N/A N
	(mm/dd/yyyy)	
15.	(mm/dd/yyyy) Is this a brand new trustee?	N
15. 1.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one):	N Mr. Robert Kernan
15. 1. 2.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member	N Mr. Robert Kernan 25 Tall Oaks Drive
15. 1. 2. 3.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls
15. 1. 2. 3. 4.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148
15. 1. 2. 3. 4. 5.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com
15. 1. 2. 3. 4. 5. 6. 7.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer
15. 1. 2. 3. 4. 5. 6. 7. 8. 9.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June
15. 1. 2. 3. 4. 5. 6. 7.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee?	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one):	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A N Mrs.
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A N Mrs. Ann
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1. 2. 3.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A N Mrs. Ann Cramer
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1. 2. 3. 4.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A N/A N Mrs. Ann Cramer 101 Cayuga Street
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1. 2. 3.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mr. Robert Kernan 25 Tall Oaks Drive Seneca Falls 13148 rkernan3@rochester.rr.com Treasurer June 2012 June 2015 N/A N/A N Mrs. Ann Cramer

6.	Zip Code (5 digits only)	13148
7.	E-mail address	acramer101@verizon.net
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2012
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2014
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
14.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
15.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mr.
2.	First Name of Board Member	Daniel
3.	Last Name of Board Member	Emmo
4.	Mailing Address	117 Bridge Street
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	uncadan64@aol.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2012
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2015
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
14.	The date the Oath of Office was filed with town or county clerk	N/A
17.	(mm/dd/yyyy)	N/A
15.	(mm/dd/yyyy) Is this a brand new trustee?	N/A
15.	Is this a brand new trustee?	N
15. 1.	Is this a brand new trustee? Title of Board Member (select one):	N Mrs.
15. 1. 2.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member	N Mrs. Gretchen
15. 1. 2. 3.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mrs. Gretchen Koch
15. 1. 2. 3. 4.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address	N Mrs. Gretchen Koch 4051 Route 89
15. 1. 2. 3. 4. 5.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls
15. 1. 2. 3. 4. 5. 6.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only)	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148
15. 1. 2. 3. 4. 5. 6. 7.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com
15. 1. 2. 3. 4. 5. 6. 7.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee
15. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June
15. 1. 2. 3. 4. 5. 6. 7. 8. 9.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year)	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014 N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014 N/A N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee?	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014 N/A N/A N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one):	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014 N/A N/A N/A N Mrs.
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1. 2.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014 N/A N/A N/A N Mrs. Susan
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1. 2. 3.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mrs. Gretchen Koch 4051 Route 89 Seneca Falls 13148 gretchennync@gmail.com Trustee June 2012 June 2014 N/A N/A N/A N Mrs. Susan Porter

6.	Zip Code (5 digits only)	13148
7.	E-mail address	scporter1@verizon.net
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2012
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2014
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
14.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
15.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Katherine
3.	Last Name of Board Member	Redder
4.	Mailing Address	3787 Lower Lake Road
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	karrar@rit.edu
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2013
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2016
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
1.4	The date the Oath of Office was filed with town or county clerk	
14.	(mm/dd/yyyy)	N/A
14. 15.	•	N/A N
	(mm/dd/yyyy)	
15.	(mm/dd/yyyy) Is this a brand new trustee?	N
15. 1.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one):	N Mrs.
15. 1. 2.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member	N Mrs. Nancy
15. 1. 2. 3.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mrs. Nancy Sinha
15. 1. 2. 3. 4.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address	N Mrs. Nancy Sinha 201 Ovid Street
15. 1. 2. 3. 4. 5.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls
15. 1. 2. 3. 4. 5. 6.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only)	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148
15. 1. 2. 3. 4. 5. 6. 7.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com
15. 1. 2. 3. 4. 5. 6. 7.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee
15. 1. 2. 3. 4. 5. 6. 7. 8. 9.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June
15. 1. 2. 3. 4. 5. 6. 7. 8. 9.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year)	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13.	Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016 N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016 N/A N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee?	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016 N/A N/A N/A
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one):	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016 N/A N/A N Mrs.
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016 N/A N/A N/A N Mrs. Susan
15. 1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 1. 2. 3.	(mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only) E-mail address Office Held or Trustee Term Begins - Month Term Begins - Year (year) Term Expires Term Expires Term Expires Term Expires - Year (yyyy) The date the Oath of Office (mm/dd/yyyy) was taken The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) Is this a brand new trustee? Title of Board Member (select one): First Name of Board Member Last Name of Board Member	N Mrs. Nancy Sinha 201 Ovid Street Seneca Falls 13148 sinhaped@gmail.com Trustee June 2013 June 2016 N/A N/A N Mrs. Susan Sinicropi

6.	Zip Code (5 digits only)	13148
7.	E-mail address	susan117@rochester.rr.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2012
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2014
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
14.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
15.	Is this a brand new trustee?	N
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Mary
3.	Last Name of Board Member	Sandroni
4.	Mailing Address	98 Troy Street
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	msandro1@me.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2012
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2015
13.	The date the Oath of Office (mm/dd/yyyy) was taken	N/A
14.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
15.	Is this a brand new trustee?	N

11. OPERATING FUNDS RECEIPTS

Report financial data based on the fiscal reporting year reported in Part 1. *ROUND TO THE NEAREST DOLLAR*.

LOCAL PUBLIC FUNDS

Specify by name the municipalities or districts which are the source of funds.

11.1 Does the library receive any local public funds? If yes, complete one record for each funding source; if no, go to question 11.3 (see Y instructions).

1.	Source of Funds	School District
2.	Name of funding County, Municipality or District	Seneca Falls Central School District
3.	Amount	\$177,000
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	Y
5.	Written Contractual Agreement	N
1.	Source of Funds	Town
2.	Name of funding County, Municipality or District	Town of Seneca Falls
3.	Amount	\$15,000
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	N
5.	Written Contractual Agreement	N

1	Source of Funds	County
1.		Seneca County
2.	Name of funding County, Municipality or District	•
3.	Amount	\$10,650
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	N
5.	Written Contractual Agreement	Y
11.2	TOTAL LOCAL PUBLIC FUNDS	\$202,650
SYSTI	EM CASH GRANTS TO MEMBER LIBRARY	
11.3	Local Library Services Aid (LLSA)	\$2,335
11.4	Central Library Aid (CLDA and/or CBA)	\$0
11.5	Additional State Aid received from the System	\$30,000
11.6	Federal Aid received from the System	\$0
11.7	Other Cash Grants	\$188
11.7	TOTAL SYSTEM CASH GRANTS (Add Questions 11.3, 11.4,	
11.0	11.5, 11.6 and 11.7)	\$32,523
OTHE	CR STATE AID	
11.9	State Aid other than LLSA, Central Library Aid (CLDA and/or	
1117	CBA), or other State Aid reported as system cash grants	\$0
FEDE	RAL AID FOR LIBRARY OPERATION	
11.10	LSTA	\$0
11.11	Other Federal Aid	\$0
11.12	TOTAL FEDERAL AID (Add Questions 11.10 and 11.11)	\$0
11.13	CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE	\$0
ОТНЕ	CR RECEIPTS	
	Gifts and Endowments	\$71,517
	Fund Raising	\$785
	Income from Investments	\$625
		\$9,432
	Library Charges	\$4,961
11.18		\$4,901
11.19	TOTAL OTHER RECEIPTS (Add Questions 11.14, 11.15, 11.16, 11.17 and 11.18)	\$87,320
11.20	TOTAL OPERATING FUND RECEIPTS (Add Questions 11.2, 11.8, 11.9, 11.12, 11.13 and 11.19)	\$322,493
11.21	BUDGET LOANS	\$0
	SFERS	•
11.22	From Capital Fund (Same as Question 14.8)	\$0
11.23	From Other Funds	\$40,000
11.24		\$40,000
11.25		\$299,191
11.26	GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS AND BALANCE (Add Questions 11.20, 11.21, 11.24 and 11.25; Same as Question 12.40)	\$661,684

12. OPERATING FUND DISBURSEMENTS STAFF EXPENDITURES

Salari	es & Wages Paid from Library Funds	
12.1	Certified Librarians	\$0
12.2	Other Staff	\$154,208
12.3	Total Salaries & Wages Expenditures (Add Questions 12.1 and 12.2)	\$154,208
12.4	Employee Benefits Expenditures	\$23,411
12.5	Total Staff Expenditures (Add Questions 12.3 and 12.4)	\$177,619
COLI	LECTION EXPENDITURES	
12.6	Print Materials Expenditures	\$25,985
12.7	Electronic Materials Expenditures	\$1,066
12.8	Other Materials Expenditures	\$12,634
12.9	Total Collection Expenditures (Add Questions 12.6, 12.7 and 12.8)	\$39,685
CAPI	TAL EXPENDITURES FROM OPERATING FUNDS	
12.10	From Local Public Funds (71PF)	\$0
12.11	From Other Funds (710F)	\$17,962
12.12	Total Capital Expenditures (Add Questions 12.10 and 12.11)	\$17,962
OPER	RATION AND MAINTENANCE OF BUILDINGS	
-	rs to Building & Building Equipment	Φ.0.
	From Local Public Funds (72PF)	\$0
	From Other Funds (720F)	\$37,546
	Total Repairs (Add Questions 12.13 and 12.14)	\$37,546
	Other Disbursements for Operation & Maintenance of Buildings	\$27,400
12.17	12.15 and 12.16)	\$64,946
MISC	ELLANEOUS EXPENSES	
12.18	Office and Library Supplies	\$8,734
12.19	Telecommunications	\$4,659
12.20	Binding Expenses	\$0
12.21	Postage and Freight	\$4,998
12.22	Professional & Consultant Fees	\$14,735
12.23	Other Miscellaneous	\$15,122
12.24	Total Miscellaneous Expenses (Add Questions 12.18, 12.19, 12.20, 12.21, 12.22 and 12.23)	\$48,248
12.25	CONTRACTS WITH PUBLIC LIBRARIES AND/OR	\$6,534
	PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE	Φ0,554
DEBT	SERVICE	
Capita	al Purposes Loans (Principal and Interest)	
12.26	· /	\$0
12.27	From Other Funds (73OF)	\$0
12.28	Total (Add Questions 12.26 and 12.27)	\$0
12.29	Budget Loans (Principal and Interest)	\$0
12.30		\$0
12.31	Total Debt Service (Add Questions 12.28, 12.29 and 12.30)	\$0
12.32	TOTAL OPERATING FUND DISBURSEMENTS (Add Questions 12.5, 12.9, 12.12, 12.17, 12.24, 12.25 and 12.31)	\$354,994

TRANSFERS

Transfers to Capital Fund			
	-	\$0	
	From Local Public Funds (76PF) From Other Funds (76OF)	\$0 \$0	
12.34	Total Transfers to Capital Fund (Add Questions 12.33 and 12.34; same as Question 13.8)	\$0	
12.36	Transfer to Other Funds	\$158,765	
12.37		\$158,765	
12.38	TOTAL DISBURSEMENTS AND TRANSFERS (Add Questions 12.32 and 12.37)	\$513,759	
12.39	BALANCE IN OPERATING FUND - Ending Balance for the Fiscal Year Ending 2013	\$147,925	
12.40	GRAND TOTAL DISBURSEMENTS, TRANSFERS & BALANCE (Add Questions 12.38 and 12.39; same as Question 11.26)	\$661,684	
ASSU	RANCE		
12.41	The Library operated under its plan of service in accordance with the provisions of Education Law and the Regulations of the Commissioner, and assures that the "Annual Report" was reviewed and accepted by the Library Board on (date - mm/dd/yyyy).	03/10/2014	
FISCA	AL AUDIT		
10.40		NT/A	
	Last audit performed (mm/dd/yyyy)	N/A	
12.43	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy)	N/A	
12.44 CAPI'	Indicate type of audit (select one): TAL FUND	N/A	
	Does the library have a Capital Fund? Enter Y for Yes, N for No. If No, stop here. If Yes, complete the Capital Fund Report.	N	
13 (APITAL FUND RECEIPTS		
	t financial data based on the fiscal year reported in Part 1. <i>ROUND</i>	TO THE NEAREST DOLLAR	
перы	i imanetal data based on the fiscal year reported in Fart 1. No office	TO THE IVERINE OF DOLLAR.	
REVE	ENUES FROM LOCAL SOURCES		
13.1	Revenues from Local Government Sources	\$0	
13.2	All Other Revenues from Local Sources	\$0	
13.3	Total Revenues from Local Sources (Add Questions 13.1 and 13.2)	\$0	
STAT	E AID FOR CAPITAL PROJECTS		
13.4	State Aid Received for Construction	\$0	
13.5	Other State Aid	\$0	
13.6	Total State Aid (Add Questions 13.4 and 13.5)	\$0	
FEDERAL AID FOR CAPITAL PROJECTS			
13.7	TOTAL FEDERAL AID	\$0	
	RFUND REVENUE	Φ0.	
13.8	Transfer from Operating Fund (Same as Question 12.35)	\$0	
13.9	TOTAL REVENUES (Add Questions 13.3, 13.6, 13.7 and 13.8)	\$0	
13.10	NON-REVENUE RECEIPTS	\$0	

13.11 **TOTAL CASH RECEIPTS** (Add Questions 13.9 and 13.10)

\$0

13.12	BALANCE IN CAPITAL FUND - Beginning Balance for Fiscal	
	Year Ending 2013 (Same as Question 14.11 of previous year, if	\$0
12 12	fiscal year has not changed) TOTAL CASH RECEIPTS AND BALANCE (Add Questions	
15.15	13.11 and 13.12; same as Question 14.12)	\$0
14. C	APITAL FUND DISBURSEMENTS	
PROJ	ECT EXPENDITURES	
14.1	Construction	\$0
14.2	Incidental Construction	\$0
Other	Disbursements	
14.3	Purchase of Buildings	\$0
14.4	Interest	\$0
14.5	Collection Expenditures	\$0
14.6	Total Other Disbursements (Add Questions 14.3, 14.4 and 14.5)	\$0
14.7	TOTAL PROJECT EXPENDITURES (Add Questions 14.1,	\$0
	14.2 and 14.6)	\$ 0
14.8	TRANSFER TO OPERATING FUND (Same as Question	\$0
	11.22)	ΦU
14.9	NON-PROJECT EXPENDITURES	\$0
14.10	TOTAL CASH DISBURSEMENTS AND TRANSFERS (Add	\$0
	Questions 14.7, 14.8 and 14.9)	40
14.11	BALANCE IN CAPITAL FUND - Ending Balance for the	\$0
14.12	Fiscal Year Ending 2013 TOTAL CASH DISBURSEMENTS AND BALANCE (Add	
14.12	Questions 14.10 and 14.11; same as Question 13.13)	\$0
	(
15. F	EDERAL TOTALS	
All qu	estions in Part 15 are calculated, locked fields.	
	See instructions for definitions and calculations of each of these Fed	leral Totals.
15.1	Total ALA-MLS	0.00
15.2	Total Librarians	1.00
15.3	All Other Paid Staff	4.50
15.4	Total Paid Employees	5.50
15.5	State Government Revenue	\$32,335
15.6	Federal Government Revenue	\$0
15.7	Other Operating Revenue	\$87,508
15.8	Total Operating Revenue	\$322,493
15.9	Other Operating Expenditures	\$119,728
15.10	Total Operating Expenditures	\$337,032
15.11	Total Capital Expenditures	\$17,962
15.12	Print Materials	29,124
15.13	Total Registered Borrowers	5,813
15.14	Other Capital Revenue and Receipts	\$0
15.15	Total Number of Internet Terminals Used by the General Public	13

16. FOR NEW YORK STATE LIBRARY USE ONLY

16.1	LIB ID	2400566010
16.2	Interlibrary Relationship Code	ME

NP 16.3 Legal Basis Code Administrative Structure Code SO 16.4 Y FSCS Public Library Definition 16.5 OTH Geographic Code 16.6 NY0150 16.7 FSCS ID

SUGGESTED IMPROVEMENTS

Library Name:

Finger Lakes Library System

SENECA FALLS LIBRARY

Library System: Name of Person Completing Form:

Phone Number:

Please share with us your suggestions for improving the Annual Report. When providing feedback, if applicable please indicate the question number each comment/suggestion refers to. Thank you!