# Seneca Falls Library Annual Report For Public And Association Libraries - 2016

## **1. GENERAL LIBRARY INFORMATION**

Report all information in Part 1 as of December 31, 2016, <u>except</u> for questions related to the <u>current</u> library director/manager (questions 1.37 through 1.45).

	br/manager (questions 1.37 through 1.45).	<b>2</b> 400 <b>5</b> 4 40 1 0
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	01/01/2016
1.7	Ending Fiscal Reporting Year	12/31/2016
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.	
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	1/01/2016
1.12	Ending Local Fiscal Year	12/31/2016
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)	http://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. Answer Y for Yes, N for No.	Ν
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
1.30	Date the library was last registered	12/31/1975

1.31	Federal Employer Identification Number	166075457			
1.32	County	SENECA			
1.33	School District	Seneca Falls Central Schools			
1.34	Town/City	Seneca Falls			
1.35	Library System	Finger Lakes Library System			
	SE QUESTIONS ARE FOR NYC LIBRARIES ONLY. PLEASE PRO				
	STION.				
1.36a	President/CEO Name	Martin Toombs			
1.36b	President/CEO Phone Number				
1.36c	President/CEO Email	mtoombs@gmail.com			
NOTE	E: For questions 1.37 through 1.45, report all information for the current l	ibrary director/manager.			
1.37	Title of Library Director/ Manager (select one):	Ms.			
1.38	First Name of Library Director/Manager	Meghan			
1.39	Last Name of Library Director/Manager	Molloy			
1.40	NYS Public Librarian Certification Number	26829			
1.41	What is the highest education level of the library manager/director?	Master's Degree			
1.42	If the library manager/director holds a Master's Degree, is it a Master's Degree in Library/Information Science?	Y			
1.43	Do all staff working in the budgeted Librarian (certified) positions reported in 6.4 have an active NYS Public Librarian Certificate? If No, list the name and e-mail address of each staff member without an active certificate in a Note.	Y			
1.44	E-mail Address of the Director/Manager	myndersl@rochester.rr.com			
1.45	Fax Number of the Director/Manager	(315) 568-1606			
1.46	Is the library a member of the New York State and Local Retirement System?	Ν			
1.47	Does the library charge fees for library cards to people residing outside the system's service area?	Ν			
1.48	Was all or part of the library's funding subject to a public vote(s) held during Calendar Year 2016? (Please respond even if the vote was unsuccessful). Enter Y for Yes, N for No. If Yes, complete one record for the public vote from each funding source. If no, go to question 1.49.	Ν			
1.	Name of municipality or district holding the public vote	N/A			
2.	Indicate the type of municipality or district holding the public vote	N/A			
3.	Date the vote was held $(mm/dd/2016)$	N/A			
4.	Was the vote successful? Y/N	N/A			
5.	What type of public vote was it?	N/A			
6a.	Most recent prior year approved appropriation from a public vote:	N/A			
6b.	Proposed increase in appropriation as a result of the vote held on the date reported in question number 3:	N/A			
6с.	Total proposed appropriation (sum of 6a and 6b):	N/A			
-	This question should only be answered if "No" was answered in Q1.48 OR the library has votes from different municipalities/districts that were held in different years, both current and prior.				
1.49	Did the library receive funding from an appropriation which was approved by public vote in a prior year? (Prior to Calendar Year 2016) Enter Y for Yes, N for No. If Yes, complete one record for the vote from each funding source. If No, go to question 1.50.				
1.	Name of municipality or district holding the public vote	N/A			
	Indicate the type of municipality or district holding the public vote	School District			

Indicate the type of municipality or district holding the public vote 2.

School District

3. 4.	Date the last successful vote was held (mm/dd/yyyy) What type of public vote was it?	N/A school district ballot proposition (Ed. Law §259(1)(a))
5.	What was the total dollar amount of the appropriation from tax dollars resulting from the last successful vote?	N/A
1.50	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 1.51.	Ν
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
1.51	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>Note</u> ; if no, please go to Part 2, Library Collection.	Ν

### 2. LIBRARY COLLECTION

Report holdings, additions, and subscriptions as of the end of the fiscal year reported in Part 1. Please click <u>here</u> to read general instructions before completing this section.

This section of the survey (2.1-2.22) collects data on selected types of materials.

It does not cover all materials (i.e., microforms, loose sheet music, maps, and pictures) for which expenditures are reported under Print Materials Expenditures, Electronic Materials Expenditures, and Other Materials Expenditures (questions 12.6, 12.7 and 12.8). Under this category report only items that have been purchased, leased or licensed by the library, a consortium, the state library, a donor or other person or entity. Included items must only be accessible with a valid library card or at a physical library location; inclusion in the catalog is not required. Do not include items freely available without monetary exchange. Do not include items that are permanently retained by the patron; count only items that have a set circulation period where it is available for their use. Count electronic materials at the administrative entity level; do not duplicate numbers at each branch.

#### PRINT MATERIALS

#### **Cataloged Books**

Cutu			
2.1	Adult Fiction Books	11,903	
2.2	Adult Non-fiction Books	8,651	
2.3	Total Adult Books (Total questions 2.1 & 2.2)	20,554	
2.4	Children's Fiction Books	5,217	
2.5	Children's Non-fiction Books	3,086	
2.6	Total Children's Books (Total questions 2.4 & 2.5)	8,303	
2.7	Total Cataloged Books (Total questions 2.3 & 2.6)	28,857	
Other Print Materials			
2.8	Total Uncataloged Books	322	
2.9	Total Print Serials	342	
2.10	All Other Print Materials	586	
2.11	Total Other Print Materials (Total questions 2.8 through 2.10)	1,250	

### ALL OTHER MATERIALS

#### **Electronic Materials**

2.13	Electronic Books	9,107
2.14	Local Electronic Collections	14
2.15	NOVELNY Electronic Collections	10
2.16	Total Electronic Collections (Total questions 2.14 and 2.15)	24
2.17	Audio - Downloadable Units	6,266
2.18	Video - Downloadable Units	2,144
2.19	Other Electronic Materials (Include items that are not included in the above categories, such as e-serials; electronic files; collections of digital photographs; and electronic government documents, reference tools, scores and maps.)	33
2.20	Total Electronic Materials (Total questions 2.13, 2.16, 2.17, 2.18 and 2.19)	17,574
Non-E	Clectronic Materials	
2.21	Audio - Physical Units	1,053
2.22	Video - Physical Units	1,705
2.23	Other Non-Electronic Materials (includes films, slides, etc.)	122
2.24	Total Other Materials Holdings (Total questions 2.21 through 2.23)	2,880
2.25	<b>GRAND TOTAL HOLDINGS</b> (Total questions 2.12, 2.20 and 2.24)	50,561
CURF	RENT SERIAL SUBSCRIPTIONS	
2.26	Current Print Serial Subscriptions	81
ADDITIONS TO HOLDINGS - Do not subtract withdrawals or discards.		
2.27	Cataloged Books	1,590
2.28	All Other Print Materials	19
2.29	Electronic Materials	14,966
2.30	All Other Materials	480
2.31	Total Additions (Total questions 2.27 through 2.30)	17,055

## 3. LIBRARY PROGRAMS, POLICIES, AND SERVICES

Report all information on questions 3.1 through 3.27 as of the end of the <u>fiscal</u> year reported in Part 1; report information on questions 3.28 through 3.79 for the 2016 <u>calendar</u> year. Please click <u>here</u> to read general instructions before completing this section.

30,107

Please report information on LIBRARY USE as of the end of the fiscal year reported in Part 1.

### LIBRARY USE

3.1	Library visits (total annual attendance)	71,223
3.2	Registered resident borrowers	4,183
3.3	Registered non-resident borrowers	1,394
Please report information on WRITTEN POLICIES as of 12/31/16.		

### WRITTEN POLICIES (Answer Y for Yes, N for No)

3.4	Does the library have an open meeting policy?	Y
3.5	Does the library have a policy protecting the confidentiality of library records?	Y
3.6	Does the library have an Internet use policy?	Y
3.7	Does the library have a disaster plan?	Y

3.8	Does the library have a board-approved conflict of interest policy?	Y
3.9	Does the library have a board-approved whistle blower policy?	Y

Please report information on ACCESSIBILITY as of 12/31/16.

#### ACCESSIBILITY (Answer Y for Yes, N for No)/b>

3.10	Does the library provide service to persons who cannot visit the library (homebound persons, persons in nursing homes, persons in jail, etc.)?	Y
3.11	Does the library have assistive devices for persons who are deaf and hearing impaired (TTY/TDD)?	N
3.12	Does the library have large print books?	Y
3.13	Does the library have assistive technology for the blind and visually impaired?	N
3.14 - If so, what do you have?		
	screen reader, such as JAWS or Windoweyes	No
	refreshable Braille keyboard	No
	screen magnification software, such as Zoomtext	No
	electronic scanning and reading software, such as OpenBook	No

Please report information on LIBRARY SPONSORED PROGRAMS as of the end of the fiscal year reported in Part 1.

#### LIBRARY SPONSORED PROGRAMS

3.15	Adult Program Sessions	62
3.16	Young Adult Program Sessions	144
3.17	Children's Program Sessions	302
3.18	All Other Program Sessions	69
3.19	Total Number of Program Sessions (Total questions 3.15 through 3.18)	577
3.20	One-on-One Program Sessions	5
3.21	Do library staff, trustees and/or volunteers reach outside of the library to promote library programs and services through group presentations, information tables and/or other similar educational activities sponsored by the Library?	Yes
3.22	Adult Program Attendance	3,345
3.23	Young Adult Program Attendance	869
3.24	Children's Program Attendance	7,318
3.25	All Other Program Attendance	1,525
3.26	Total Program Attendance (Total questions 3.22 through 3.25)	13,057
3.27	One-on-One Program Attendance	5

Please report information on SUMMER READING PROGRAMS for the 2016 calendar year.

### SUMMER READING PROGRAM

3.28 - Indicate which of the following apply to the summer reading program(s) offered by the library during the summer of 2016 (check all that apply):

a.	Program(s) for children	Yes
b.	Program(s) for young adults	Yes
c.	Program(s) for Adults	Yes
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
3.29	Library outlets offering a summer reading program	1

3.30	Children registered for the library's summer reading program	116
3.31	Young adults registered for the library's summer reading program	15
3.32	Adults registered for the library's summer reading program	N/A
3.33	Total number registered for the library's summer reading program (total $3.30 + 3.31 + 3.32$ )	131
3.34	Children's program sessions - Summer 2016	60
3.35	Young adult program sessions - Summer 2016	21
3.36	Adult program sessions - Summer 2016	1
3.37	Total program sessions - Summer 2016 (total 3.34 + 3.35 + 3.36)	82
3.38	Children's program attendance - Summer 2016	3,311
3.39	Young adult program attendance - Summer 2016	338
3.40	Adult program attendance - Summer 2016	163
3.41	Total program attendance - Summer 2016 (total 3.38 + 3.39 + 3.40)	3,812
COLL	ABORATORS	
3.42	Public school district(s) and/or BOCES	1
3.43	Non-public school(s)	2
3.44	Childcare center(s)	2
3.45	Summer camp(s)	0
3.46	Municipality/Municipalities	0
3.47	Literacy provider(s)	1
3.48	Other (describe using the State note)	1
3.49	Total Collaborators (total 3.42 through 3.48)	7

Please report information on EARLY LITERACY PROGRAMS for the 2016 calendar year.

### EARLY LITERACY PROGRAMS

3.50	Did the library offer early literacy programs? (Enter Y for Yes, N for No)	Y
3.51 -	Indicate types of programs offered (check all that apply)	
a.	Focus on birth - school entry	Yes
b.	Focus on parents & caregivers	Yes
c.	Combined audience	Yes
d.	N/A	No
3.52 -	Number of sessions	
a.	Focus on birth - school entry	74
b.	Focus on parents & caregivers	4
c.	Combined audience	6
d.	N/A	0
3.53	Total Sessions	84
3.54 -	Attendance at sessions	
a.	Focus on birth - school entry	1,669
b.	Focus on parents & caregivers	23
с.	Combined audience	34
d.	N/A	0
3.55	Total Attendance	1,726
3.56 -	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	Yes	
e.	Other (describe using the State note)	No	
Please	e report information on ADULT LITERACY for the 2016 calendar year.		
ADU	LT LITERACY		
3.57	Did the library offer adult literacy programs?	Yes	
3.58	Total group program sessions	0	
3.59	Total one-on-one program sessions	5	
3.60	Total group program attendance	0	
3.61	Total one-on-one program attendance	5	
3.62 -	Collaborators (check all that apply)		
a.	Literacy NY (Literacy Volunteers of America)	Yes	
b.	Public School District(s) and/or BOCES	Yes	
c.	Non-Public Schools	Yes	
d.	Other (see instructions and describe using Note)	No	
Please report information on PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL)			

for the 2016 calendar year.

### PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL)

3.63	Did the library offer programs for English Speakers of Other Languages (ESOL)? (Enter Y for Yes, N for No)	Ν
3.64	Children's program sessions	0
3.65	Young adult program sessions	0
3.66	Adult program sessions	0
3.67	Total program sessions (total $3.64 + 3.65 + 3.66$ )	0
3.68	One-on-one program sessions	0
3.69	Children's program attendance	0
3.70	Young adult program attendance	0
3.71	Adult program attendance	0
3.72	Total program attendance (total $3.69 + 3.70 + 3.71$ )	0
3.73	One-on-one program attendance	0
3.74 -	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 School(s)	No
d.	Other (describe using the Note)	No
Please	e report information on DIGITAL LITERACY for the 2016 calendar year	ar.

### **DIGITAL LITERACY**

3.75	Did the library offer digital literacy programs?	Y
3.76	Total group program sessions	2
3.77	Total one-on-one program sessions	0
3.78	Total group program attendance	6
3.79	Total one-on-one program attendance	0

### 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	14,567
4.2	Adult Non-fiction Books	4,480
4.3	Total Adult Books (Total questions 4.1 & 4.2)	19,047
4.4	Children's Fiction Books	12,631
4.5	Children's Non-fiction Books	3,187
4.6	Total Children's Books (Total questions 4.4 & 4.5)	15,818
4.7	Total Cataloged Book Circulation (Total question 4.3 & 4.6)	34,865
CIRC	ULATION OF OTHER MATERIALS	
4.8	Circulation of Adult Other Materials	10,862
4.9	Circulation of Children's Other Materials	4,120
4.10	Total Circulation of Other Materials (Total questions 4.8, 4.9)	14,982
4.11	Physical Item Circulation (Total questions 4.7 & 4.10)	49,847
ELEC	TRONIC USE	
4.12	Use of Electronic Material	2,270
4.13	Successful Retrieval of Electronic Information	557
4.14	Electronic Content Use (Total questions 4.12 & 4.13)	2,827
4.15	Total Circulation of Materials (Total questions 4.11 & 4.12)	52,117
4.16	Total Collection Use (Total questions 4.13 & 4.15)	52,674
4.17	Grand Total Circulation of Children's Materials (Total questions 4.6 & 4.9)	19,938
REFE	RENCE TRANSACTIONS	
4.18	Total Reference Transactions	3,180
4.19	Does the library offer virtual reference?	Y
INTE	RLIBRARY LOAN - MATERIALS RECEIVED (BORROWED)	
4.20	TOTAL MATERIALS RECEIVED	10,121
INTE	RLIBRARY LOAN - MATERIALS PROVIDED (LOANED)	
4.21	TOTAL MATERIALS PROVIDED	4,220
5. TE	CHNOLOGY AND TELECOMMUNICATIONS	
Report	all information as of December 31, 2016.	
SVSTI	EMS AND SERVICES	
5.1		Y
	Automated circulation system?	Y
5.2	Online public access catalog (OPAC)?	Y
5.3	Electronic access to the OPAC from outside the library?	45,113
5.4	Annual number of visits to the library's web site	45,115 Y
5.5	Does the library use Internet filtering software on any computer?	1
5.6	Name of the person responsible for the library's Information Technology (IT) services	Meghan Molloy
5.7	IT contact's telephone number (enter 10 digits only and hit the Tab key)	(315) 568-8265
5.8	IT contact's email address	myndersl@rochester.rr.com

## 6. STAFF INFORMATION

Note: Report figures as of the last day of the fiscal year reported in Part 1. Include the FTE for all positions

funded in the library's budget whether those positions are filled or not. This report requires conversion of part-time hours to full-time equivalents (FTE). To compute the FTE of employees in any category, take the total number of hours worked per week for all budgeted positions in that category and divide that total by the number of hours per week the library considers to be full-time. Report the FTE to two decimal places.

### 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.	
BUDG	ETED POSITIONS IN FULL-TIME EQUIVALENTS	
6.2	Library Director (certified)	1
6.3	Vacant Library Director (certified)	0
6.4	Librarian (certified)	0
6.5	Vacant Librarian (certified)	0
6.6	Library Manager (not certified)	0
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	1
6.11	Vacant Other Staff	0
6.12	TOTAL PAID STAFF (Total questions 6.2, 6.4, 6.6, 6.8 & 6.10)	2.00
6.13	VACANT TOTAL PAID STAFF (Total questions 6.3, 6.5, 6.7, 6.9 &	0.00
	6.11)	0.00
SALA	RY INFORMATION	
6.14	FTE - Entry Level Librarian (certified)	0
6.15	Salary - Entry Level Librarian (certified)	\$0
6.16	FTE - Library Director (certified)	1
6.17	Salary - Library Director (certified)	\$44,400
6.18	FTE - Library Manager (not certified)	0
6.19	Salary - Library Manager (not certified)	\$0

## 7. MINIMUM PUBLIC LIBRARY STANDARDS

7.9

8b. lighting

Report all information as of December 31, 2016. Please click <u>here</u> to read general instructions before completing this section.

Y

7.1	1. Is governed by board-approved written bylaws which outline the responsibilities and procedures of the library board of trustees.	Y
7.2	2. Has a board-approved written long range plan of service.	Y
7.3	3. Presents a board-approved annual report to the community on the library's progress in meeting its goals and objectives.	Y
7.4	4. Has board-approved written policies for the operation of the library.	Y
7.5	5. Presents annually to appropriate funding agencies a written board-approved budget which would enable the library to meet or exceed these standards and to carry out its long-range plan of service.	Y
7.6	6. Periodically evaluates the effectiveness of the library's collection and services in meeting community needs.	<sup>1</sup> Y
7.7	7. Is open the minimum standard number of public service hours for population served. (see instructions)	Y
8. Ma	intains a facility to meet community needs, including adequate:	
7.8	8a. space	Y

7.10	8c. shelving	Y
7.11	8d. seating	Y
7.12	8e. restroom (see instructions)	Y

9. Provides equipment and connections to meet community needs and provide access to other library catalogs and other electronic information, including but not limited to the following:

	• • •	
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. Fax capability (see instructions)	Y
7.18	10. Distributes board-approved 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 Commissioner's Regulation 90.8.	Y

### 8. PUBLIC SERVICE INFORMATION

Report all information as of the end of the fiscal year reported in Part 1. Please click <u>here</u> to read general instructions before completing this section.

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

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	57.00
8.7	Minimum Weekly Total Hours - Branch Libraries	0.00
8.8	Minimum Weekly Total Hours - Bookmobiles	0.02
8.9	Minimum Weekly Total Hours - Total Hours Open (Total questions 8.6 - 8.8)	57.02
8.10	Annual Total Hours - Main Library	2,979.00
8.11	Annual Total Hours - Branch Libraries	0.00
8.12	Annual Total Hours - Bookmobiles	60.00
8.13	Annual Hours Open - Total Hours Open (Total questions 8.10 through 8.12)	3,039.00

## 9. SERVICE OUTLET INFORMATION

Report all information as of the end of the fiscal year reported in Part 1. Please click <u>here</u> to read general instructions before completing this section.

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.

<u>If you have multiple libraries</u>, you may 1) enter the data for the Service Outlet Information section directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into Collect. If you choose to send your data for uploading, you must enter the data into the spreadsheet form available in the survey by clicking <u>here</u>. Complete this form and email it to <u>bibliostat@btol.com</u> and your data will be uploaded into Collect within 24 hours. The data will be loaded in the same order in which it appears in your file, so libraries

should be in the correct order on the spreadsheet.

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
а. 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.	Library System	Finger Lakes Library System
14.	Outlet Type Code (select one):	CE
15.	Public Service Hours Per Year for This Outlet	2,979
16.	Number of Weeks This Outlet is Open	52
17.	Does this outlet have meeting space available for public use (non-library sponsored programs, meetings and/or events)?	Y
18.	Is the meeting space available for public use even when the outlet is closed?	Y
19.	Total number of non-library sponsored programs, meetings and/or events at this outlet	
20.	Enter the appropriate outlet code (select one):	LO
21.	Who owns this outlet building?	Library Board
22.	Who owns the land on which this outlet is built?	Library Board
23.	Indicate the year this outlet was initially constructed	2002
24.	Indicate the year this outlet underwent a major renovation costing \$25,000 or more	N/A
25.	Square footage of the outlet	11,900
26.	Total number of Internet terminals at this outlet used by the general public	12
27.	Number of uses (sessions) of public Internet computers per year	2,920
28.	Type of connection on the outlet's public Internet computers	Fiber
29.	Maximum <u>download</u> speed of connection on the outlet's public Internet computers	6 Greater than or equal to 6 mbps and less than 10 mbps
30.	Maximum <u>upload</u> speed of connection on the outlet's public Internet computers	4 Greater than or equal to 1.5 mbps and less than 3 mbps
31.	Internet Provider	Other (specify using the State note)
32.	WiFi Access	No restrictions to access
33.	Number of wireless sessions provided by the library wireless service per year	2,555
34.	Does the outlet have interactive videoconferencing capability for public use?	Y
35.	Does the outlet have a building entrance that is physically accessible to a person in a wheelchair?	Y
36.	Is every public part of the outlet accessible to a person in a wheelchair?	Y

37.	LIBID
38.	FSCSID
39.	Number of Bookmobiles in the Bookmobile Outlet Record
40.	Outlet Structure Status

### **10. OFFICERS AND TRUSTEES**

Report information about trustee meetings as of December 31, 2016. All public and association libraries are required by Education Law to hold at least four meetings a year.

#### **BOARD MEETINGS**

10.1 Total number of board meetings held during calendar year (January 1, 2016 to December 31, 2016)

### NUMBER OF TRUSTEES AND TERMS

10.2	Does your library have a range of trustees stated in the library's charter	Yes
	(incorporation)?	
10.3	If yes, what is the range?	5-15

- 10.4 If your library has a range, how many voting positions are stated in the library's current by-laws?
- 10.5 If your library does not have a range, how many voting positions are stated in the library's charter (incorporation)?
- 10.6 Does your library's charter (incorporation) state a specified term for trustees? If no, please explain in a Note. Yes
- 10.7 If yes, what is the trustee term length, as stated in your library's charter 3 years (incorporation)?

#### **BOARD MEMBER SELECTION**

10.8 Enter Board Member Selection Code (select one):

List Officers and Board Members as of February 1, 2017. Complete one record for each board member. There must be a record for each voting position, whether filled or vacant. Do not include non-voting positions.

#### **BOARD PRESIDENT**

10.9	Title (drop-down): Mr., Mrs., Ms., Miss, Dr., The Honorable, The Reverend, Other (specify using the Note), or Vacant	Mr.
10.10	First Name	Martin
10.11	Last Name	Toombs
10.12	Mailing Address	84 Bridge Street
10.13	City	Seneca Falls
10.14	Zip Code (5 digits only)	13148
10.15	Phone (enter 10 digits only)	(315) 568-9125
10.16	E-mail Address	mtoombs@gmail.com
10.17	Term Begins - Month	June
10.18	Term Begins - Year (yyyy)	2016
10.19	Term Expires - Month	June
10.20	Term Expires - Year (yyyy)	2019
10.21	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
10.22	The date the Oath of Office was taken (mm/dd/yyyy)	
10.23	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
10.24	Is this a brand new trustee?	Ν

2400566010 NY0150 0 00 (for no change from previous year)

1	Title of Doord Member (select one)	Ms.
1. 2.	Title of Board Member (select one): First Name of Board Member	Mary
2. 3.	Last Name of Board Member	Sandroni
		98 Troy Street
4. 5	Mailing Address	Seneca Falls
5. 6	City Zin Code (5 divite only)	13148
6. 7	Zip Code (5 digits only) E-mail address	
7.	Office Held or Trustee	marisan2766@gmail.com Vice President
8. 0		June
9. 10.	Term Begins - Month	2015
10. 11.	Term Begins - Year (year)	May
11.	Term Expires	2018
12. 13.	Term Expires - Year (yyyy) Is this trustee serving a full term? If No, add a Note (for example, this	2018
13.	trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν
1.	Title of Board Member (select one):	Mr.
2.	First Name of Board Member	Robert
3.	Last Name of Board Member	Kernan
4.	Mailing Address	25 Tall Oaks Drive
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	rkernan3@rochester.rr.com
8.	Office Held or Trustee	
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2015
11.	Term Expires	May
12.	Term Expires - Year (yyyy)	2018
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Karen
3.	Last Name of Board Member	McNamara
4.	Mailing Address	3344 Route 89
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	Mcnamara59@gmail.com
8.	Office Held or Trustee	Secretary
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2014
11.	Term Expires	May

		2015
12.	Term Expires - Year (yyyy)	2017
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν
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)	2015
11.	Term Expires	May
12.	Term Expires - Year (yyyy)	2018
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Nancy
3.	Last Name of Board Member	Sinha
4.	Mailing Address	201 Ovid Street
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	sinhaped@gmail.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2013
11.	Term Expires	May
12.	Term Expires - Year (yyyy)	2016
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Susan
3.	Last Name of Board Member	Sinicropi

5.CitySencea Falls6.Zip Code (5 digits only)131487.E-mail addresssusual 17@rochester.rr.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a truste who resigned their position).Yes14.The date the Oath of Office (umviddyyyy) was takenYes15.Title of Board Member (select one):Ms.2.First Name of Board MemberMarcy3.Last Name of Board MemberNeumire4.Mailing Address2020 Brewer Road5.CityWaterloo6.Zip Code (5 digits only)131657.E-mail addressmneumire@iesi.com8.Office Held or TrusteeMay10.Term Begins - Year (year)201411.Term Expires - Year (yyyy)201712.Term Begins - Year (year)201413.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a truste who resigned their position).Yes14.The date the Oath of Office (umvidd/yyyy) was takenYes15.Tits thustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a te	4.	Mailing Address	117 Cayuga Street
6.Zip Code (5 digits only)131487.E-mail addresssusan 17@rochester.rr.com8.Office Held or TrusteeTrustee9.Term Begins - Year (year)201410.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was taken''15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)Marcy16.Is this a brand new trustee?N17.Title of Board Member (select one):Marcy18.Last Name of Board MemberMarcy20.Last Name of Board MemberMarcy21.Last Name of Board MemberMarcy22.Errst Name of Board MemberMarcy3.Last Name of Board MemberMarcy4.Mailing Address2202 Brewer Road5.City Code (5 digits only)131657.F-mail addressmneumire@iesi.com8.Office Held or TrusteeTrustee9.Term Begins - Year (year)201411.Term Expires - Year (yeyy)201712.Term Expires - Year (yeyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).14.Tee date the Oath of Office (mm/dd'yyyy) was taken	5.		
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10.Term Begins - Year (year)201411.Term Expires - Year (yyyy)201712.Term Expires - Year (yyyy)201713.Is this trustes exerving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was taken	9.	Term Begins - Month	June
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12.     Term Expires - Year (yyyy)     2017       13.     Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).     Yes       14.     The date the Oath of Office (mm/dd/yyyy) was taken     Yes       15.     The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)     N       16.     Is this a brand new trustee?     N       17.     Title of Board Member (select one):     Marcy       2.     First Name of Board Member     Neumire       3.     Last Name of Board Member     Neumire       4.     Mailing Address     2202 Brewer Road       5.     City     Waterloo       6.     Zip Code (5 digits only)     13165       7.     F-mail address     menumire@iesi.com       8.     Office Held or Trustee     Trustee       9.     Term Begins - Year (year)     2017       13.     Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a truste     Yes       9.     Term Expires - Year (yyyy)     2017       13.     Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a truste     Yes       9.     Term Expires - Year (yyyy)     2017 <td></td> <td></td> <td>May</td>			May
13.       Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).       Yes         14.       The date the Oath of Office (mm/dd/yyyy) was taken       N         15.       The date the Oath of Office (mm/dd/yyyy) was taken       N         16.       Is this a brand new trustee?       N         17.       Title of Board Member (select one):       Ms.         2.       First Name of Board Member       Neumire         3.       Last Name of Board Member       Neumire         4.       Mailing Address       2202 Brewer Road         5.       City       Waterloo         6.       Zip Code (5 digits only)       13165         7.       E-mail address       mneumire@iesi.com         8.       Office Held or Trustee       Trustee         9.       Term Begins - Month       June         10.       Term Expires       May         12.       Term Expires - Year (year)       2014         13.       Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).       Yes         14.       The date the Oath of Office (mm/dd/yyyy) was taken       Isthis trustee serving a full		-	•
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2.First Name of Board MemberMarcy3.Last Name of Board MemberNeumire4.Mailing Address2202 Brewer Road5.CityWaterloo6.Zip Code (5 digits only)131657.E-mail addressmneumire@isi.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)Mr.2.First Name of Board MemberMr.2.First Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - MonthJune11.Title of Board MemberSinicropi12.First Name of Board MemberSinicropi3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.	16.	Is this a brand new trustee?	Ν
3.Last Name of Board MemberNumire4.Mailing Address2202 Brewer Road5.CityWaterloo6.Zip Code (5 digits only)131657.E-mail addressmneumire@iesi.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term Expires - Year (yyyy)201712.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a turstee who resigned their position).Yes14.The date the Oath of Office (mm/d/yyyy) was takenYes15.The date the Oath of Office (mm/d/yyyy) was takenMr.16.Is this a brand new trustee?N17.Title of Board Member (select one):Mr.2.First Name of Board MemberSinicropi3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - MonthJune11.TrusteeJune12.Jifte Held or TrusteeJune13.Jord Held or TrusteeJune14.The Gate Held or TrusteeJune15.CityGoard Member Gate Held Gate <t< td=""><td>1.</td><td>Title of Board Member (select one):</td><td>Ms.</td></t<>	1.	Title of Board Member (select one):	Ms.
<ul> <li>4. Mailing Address</li> <li>202 Brewer Road</li> <li>5. City Waterloo</li> <li>6. Zip Code (5 digits only)</li> <li>13165</li> <li>7. E-mail address mneumire@iesi.com</li> <li>8. Office Held or Trustee</li> <li>9. Term Begins - Year (year)</li> <li>10. Term Expires - Year (yyyy)</li> <li>13. Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).</li> <li>14. The date the Oath of Office (mm/dd/yyyy) was taken</li> <li>15. The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)</li> <li>16. Is this a brand new trustee? N</li> <li>17. Title of Board Member (select one):</li> <li>18. Last Name of Board Member</li> <li>29. Title of Board Member</li> <li>20. Title Of Soard Member</li> <li>20. Stroepi (S digits only)</li> <li>20. Title Of Soard Member</li> <li>20. Stroepi (S digits only)</li> <li>20. Trustee</li> <li>20. Title Of Soard Member</li> <li>20. Stroepi (S digits only)</li> <li>20. Title Of Board Member</li> <li>20. Stroepi (S digits only)</li> <li>20. Trustee</li> <li>20. Stroepi (S digits only)</li> <li>20. Trustee</li> <li>20. Truste</li></ul>	2.	First Name of Board Member	Marcy
<ul> <li>City</li> <li>City</li> <li>City</li> <li>City Code (5 digits only)</li> <li>13165</li> <li>Zip Code (5 digits only)</li> <li>13165</li> <li>E-mail address</li> <li>mneumire@iesi.com</li> <li>Office Held or Trustee</li> <li>Trustee</li> <li>Term Begins - Month</li> <li>June</li> <li>Term Expires - Year (year)</li> <li>2014</li> <li>Term Expires - Year (yyyy)</li> <li>2017</li> <li>Is this trustee serving a full tern? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).</li> <li>The date the Oath of Office (mm/dd/yyyy) was taken</li> <li>The date the Oath of Office (mm/dd/yyyy) was taken</li> <li>The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)</li> <li>Is this a brand new trustee?</li> <li>N</li> <li>Title of Board Member (select one):</li> <li>Kast Name of Board Member</li> <li>Last Name of Board Member</li> <li>Last Name of Board Member</li> <li>City</li> <li>Sencea Falls</li> <li>Zip Code (5 digits only)</li> <li>Is this a brand new trustee</li> <li>City</li> <li>City</li> <li>Sencea Falls</li> <li>Sencea Falls</li> <li>City</li> <li>Gite Held or Trustee</li> <li>Trustee</li> <li>Office Held or Trustee</li> <li>Trustee</li> <li>Trustee</li> <li>Sencea Falls</li> <li>Zip Code (5 digits only)</li> <li>Ister</li> <li>Term Begins - Month</li> <li>June</li> <li>Term Begins - Month</li> <li>June</li> <li>Trustee</li> <li>Term Begins - Month</li> <li>June</li> <li>Trustee</li> <li>Term Begins - Year (year)</li> <li>May</li> </ul>	3.	Last Name of Board Member	Neumire
1131656.Zip Code (5 digits only)131657.E-mail addressmneumire@iesi.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/d/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/d/yyyy)Mr.16.Is this a brand new trustee?N17.Title of Board Member (select one):Mr.2.First Name of Board MemberVincent3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term Begins - Year (year)2014	4.	Mailing Address	2202 Brewer Road
7.E-mail addressmneumire@iesi.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)Mr.16.Is this a brand new trustee?N17.Title of Board Member (select one):Mr.18.Last Name of Board MemberSinicropi14.Mailing Address25 Troy Street15.CitySeneca Falls16.Zip Code (5 digits only)1314817.E-mail addressv.sinicropi@yahoo.com18.Office Held or TrusteeTrustee19.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	5.	City	Waterloo
8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)Mr.16.Is this a brand new trustee?N17.Title of Board Member (select one):Mr.2.First Name of Board MemberSinicropi3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	6.	Zip Code (5 digits only)	13165
9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)Mr.16.Is this a brand new trustee?N17.Title of Board Member (select one):Mr.2.First Name of Board MemberSinicropi3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	7.	E-mail address	mneumire@iesi.com
10.Term Begins - Year (year)201411.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)N16.Is this a brand new trustee?N1.Title of Board Member (select one):Mr.2.First Name of Board MemberSinicropi3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	8.	Office Held or Trustee	Trustee
11.Term ExpiresMay12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)16.Is this a brand new trustee?N1.Title of Board Member (select one):Mr.2.First Name of Board MemberSinicropi3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	9.	Term Begins - Month	June
12.Term Expires - Year (yyyy)201713.Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was takenYes15.The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)N16.Is this a brand new trustee?N1.Title of Board Member (select one):Mr.2.First Name of Board MemberVincent3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Expires201411.Term ExpiresMay	10.	Term Begins - Year (year)	2014
<ol> <li>Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee was appointed to complete the remainder of a term of a trustee?</li> <li>Is this a brand new trustee?</li> <li>N</li> <li>Tite of Board Member (select one):</li> <li>Mailing Address</li> <li>Last Name of Board Member</li> <li>Vincent</li> <li>Last Name of Board Member</li> <li>Sinicropi</li> <li>Mailing Address</li> <li>City</li> <li>Seneca Falls</li> <li>Zip Code (5 digits only)</li> <li>13148</li> <li>E-mail address</li> <li>Vincent</li> <li>Term Begins - Month</li> <li>Term Begins - Month</li> <li>Term Expires</li> <li>May</li> </ol>	11.	Term Expires	May
trustee was appointed to complete the remainder of a term of a trustee who resigned their position).Yes14.The date the Oath of Office (mm/dd/yyyy) was taken	12.	Term Expires - Year (yyyy)	2017
<ol> <li>The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)</li> <li>Is this a brand new trustee?</li> <li>Is this a brand new trustee?</li> <li>Title of Board Member (select one):</li> <li>First Name of Board Member</li> <li>Last Name of Board Member</li> <li>Last Name of Board Member</li> <li>Last Name of Board Member</li> <li>Mailing Address</li> <li>City</li> <li>City</li> <li>Seneca Falls</li> <li>Zip Code (5 digits only)</li> <li>E-mail address</li> <li>Office Held or Trustee</li> <li>Office Held or Trustee</li> <li>Term Begins - Month</li> <li>Term Begins - Year (year)</li> <li>Term Expires</li> <li>May</li> </ol>	13.	trustee was appointed to complete the remainder of a term of a trustee	Yes
(mm/dd/yyyy)16.Is this a brand new trustee?N1.Title of Board Member (select one):Mr.2.First Name of Board MemberVincent3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	14.	The date the Oath of Office (mm/dd/yyyy) was taken	
1.Title of Board Member (select one):Mr.2.First Name of Board MemberVincent3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	15.	•	
2.First Name of Board MemberVincent3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	16.	Is this a brand new trustee?	Ν
3.Last Name of Board MemberSinicropi4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	1.	Title of Board Member (select one):	Mr.
4.Mailing Address25 Troy Street5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	2.	First Name of Board Member	Vincent
5.CitySeneca Falls6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	3.	Last Name of Board Member	Sinicropi
6.Zip Code (5 digits only)131487.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	4.	Mailing Address	25 Troy Street
7.E-mail addressv.sinicropi@yahoo.com8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	5.	City	Seneca Falls
8.Office Held or TrusteeTrustee9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	6.	Zip Code (5 digits only)	13148
9.Term Begins - MonthJune10.Term Begins - Year (year)201411.Term ExpiresMay	7.	E-mail address	v.sinicropi@yahoo.com
10.Term Begins - Year (year)201411.Term ExpiresMay	8.	Office Held or Trustee	Trustee
11. Term Expires May	9.	Term Begins - Month	June
	10.	Term Begins - Year (year)	2014
12.Term Expires - Year (yyyy)2017	11.	Term Expires	May
	12.	Term Expires - Year (yyyy)	2017

13.	Is this trustee serving a full term? If No, add a Note (for example, this	
	trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
14. 15.	The date the Oath of Office was filed with town or county clerk	
	(mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν
1.	Title of Board Member (select one):	Mrs.
2.	First Name of Board Member	Joan
3.	Last Name of Board Member	Lynch
4.	Mailing Address	32 Boston Ave
5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	glynch@rochester.rr.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2014
11.	Term Expires	May
12.	Term Expires - Year (yyyy)	2017
13.	Is this trustee serving a full term? If No, add a Note (for example, this	
	trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk	
	(mm/dd/yyyy)	
16	Is this a brand new trustee?	Ν
16.		
10. 1.	Title of Board Member (select one):	Mr.
	Title of Board Member (select one): First Name of Board Member	Mr. Richard
1.		Mr. Richard Giovanni
1. 2.	First Name of Board Member	Mr. Richard Giovanni 3777 Gusty Lane
1. 2. 3.	First Name of Board Member Last Name of Board Member	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls
1. 2. 3. 4.	First Name of Board Member Last Name of Board Member Mailing Address	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148
1. 2. 3. 4. 5.	First Name of Board Member Last Name of Board Member Mailing Address City	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com
1. 2. 3. 4. 5. 6.	First Name of Board Member Last Name of Board Member Mailing Address City Zip Code (5 digits only)	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> </ol>	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	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> </ol>	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	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> </ol>	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	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> </ol>	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)	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> </ol>	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	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> </ol>	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) Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> </ol>	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 Strustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> </ol>	<ul> <li>First Name of Board Member</li> <li>Last Name of Board Member</li> <li>Mailing Address</li> <li>City</li> <li>Zip Code (5 digits only)</li> <li>E-mail address</li> <li>Office Held or Trustee</li> <li>Term Begins - Month</li> <li>Term Begins - Year (year)</li> <li>Term Expires</li> <li>Term Expires - Year (yyyy)</li> <li>Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).</li> <li>The date the Oath of Office (mm/dd/yyyy) was taken</li> <li>The date the Oath of Office was filed with town or county clerk</li> </ul>	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> </ol>	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) Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). 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)	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May 2017
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> <li>16.</li> </ol>	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) Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). 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?	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May 2017
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> <li>16.</li> <li>1.</li> </ol>	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) Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). 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):	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May 2017
<ol> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> <li>7.</li> <li>8.</li> <li>9.</li> <li>10.</li> <li>11.</li> <li>12.</li> <li>13.</li> <li>14.</li> <li>15.</li> <li>16.</li> <li>1.</li> <li>2.</li> </ol>	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) Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position). 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	Mr. Richard Giovanni 3777 Gusty Lane Seneca Falls 13148 rgiovanni@rochester.rr.com Trustee June 2014 May 2017

5.	City	Seneca Falls
6.	Zip Code (5 digits only)	13148
7.	E-mail address	djones33@rochester.rr.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	June
10.	Term Begins - Year (year)	2016
11.	Term Expires	June
12.	Term Expires - Year (yyyy)	2019
13.	Is this trustee serving a full term? If No, add a Note (for example, this trustee was appointed to complete the remainder of a term of a trustee who resigned their position).	Yes
14.	The date the Oath of Office (mm/dd/yyyy) was taken	
15.	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	
16.	Is this a brand new trustee?	Ν

### **11. OPERATING FUNDS RECEIPTS**

Report financial data based on the fiscal reporting year reported in Part 1. *ROUND TO THE NEAREST DOLLAR*. Please click <u>here</u> to read general instructions before completing this section.

#### 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.	Y
1.	Source of Funds	School District
2.	Name of funding County, Municipality or District	Seneca Falls Central School District
3.	Amount	\$227,000
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	Y
5.	Written Contractual Agreement	Ν
1.	Source of Funds	County
2.	Name of funding County, Municipality or District	Seneca County
3.	Amount	\$12,300
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	Ν
5.	Written Contractual Agreement	Ν
1.	Source of Funds	Town
2.	Name of funding County, Municipality or District	Town of Seneca Falls
3.	Amount	\$10,000
4.	Subject to public vote held in reporting year or in a previous reporting year(s).	Ν
5.	Written Contractual Agreement	Ν
11.2	TOTAL LOCAL PUBLIC FUNDS	\$249,300
SYST	EM CASH GRANTS TO MEMBER LIBRARY	
11.3	Local Library Services Aid (LLSA)	\$3,568
11.4	Central Library Aid (CLDA and/or CBA)	\$0
11.5	Additional State Aid received from the System	\$20,000
11.6	Federal Aid received from the System	\$0

117	Other Cash Crants	\$1,000
11.7 11.8	Other Cash Grants TOTAL SYSTEM CASH GRANTS (Add Questions 11.3, 11.4,	\$1,000
11.0	11.5, 11.6 and 11.7)	\$24,568
OTH	ER STATE AID	
11.9	State Aid other than LLSA, Central Library Aid (CLDA and/or CBA), or other State Aid reported as system cash grants	\$66,735
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
OTH	ER RECEIPTS	
11.14	Gifts and Endowments	\$57,430
11.15	Fund Raising	\$3,598
11.16	Income from Investments	\$62
11.17	Library Charges	\$8,883
11.18	Other	\$3,592
11.19	<b>TOTAL OTHER RECEIPTS</b> (Add Questions 11.14, 11.15, 11.16, 11.17 and 11.18)	\$73,565
11.20	<b>TOTAL OPERATING FUND RECEIPTS</b> (Add Questions 11.2, 11.8, 11.9, 11.12, 11.13 and 11.19)	\$414,168
11.21	BUDGET LOANS	\$0
TRAN	ISFERS	
11.22	From Capital Fund (Same as Question 14.8)	
11.23	From Other Funds	\$40,000
11.24	TOTAL TRANSFERS (Add Questions 11.22 and 11.23)	\$40,000
11.25	BALANCE IN OPERATING FUND - Beginning Balance for Fiscal Year Ending 2016 (Same as Question 12.40 of previous year if fiscal year has not changed)	\$96,829
11.26	<b>GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS</b> <b>AND BALANCE</b> (Add Questions 11.20, 11.21, 11.24 and 11.25; Same as Question 12.41)	\$550,997

## **12. OPERATING FUND DISBURSEMENTS**

Report financial data based on the fiscal reporting year reported in Part 1. ROUND TO THE NEAREST DOLLAR. Please click <u>here</u> to read general instructions before completing this section.

#### **STAFF EXPENDITURES**

### Salaries & Wages Paid from Library Funds

12.1	Certified Librarians	\$45,319
12.2	Other Staff	\$93,217
12.3	Total Salaries & Wages Expenditures (Add Questions 12.1 and 12.2	) \$138,536
12.4	Employee Benefits Expenditures	\$14,362
12.5	Total Staff Expenditures (Add Questions 12.3 and 12.4)	\$152,898
COLLECTION EXPENDITURES		
12.6	Print Materials Expenditures	\$19,890

10.7		¢0
12.7	Electronic Materials Expenditures	\$0 \$0.012
12.8	Other Materials Expenditures	\$9,912 \$20,802
12.9	<b>Total Collection Expenditures</b> (Add Questions 12.6, 12.7 and 12.8) <b>FAL EXPENDITURES FROM OPERATING FUNDS</b>	\$29,802
-		
	From Local Public Funds (71PF)	\$116,836
	From Other Funds (71OF) <b>Total Capital Expenditures</b> (Add Questions 12.10 and 12.11)	\$116,836
	ATION AND MAINTENANCE OF BUILDINGS	\$110,830
OI EN	A HON AND MAINTENANCE OF DUILDINGS	
Repair	rs to Building & Building Equipment	
12.13	From Local Public Funds (72PF)	\$0
12.14	From Other Funds (72OF)	\$15,023
12.15	Total Repairs (Add Questions 12.13 and 12.14)	\$15,023
12.16	Other Disbursements for Operation & Maintenance of Buildings	\$79,805
12.17	<b>Total Operation &amp; Maintenance of Buildings</b> (Add Questions 12.15 and 12.16)	\$94,828
MISC	ELLANEOUS EXPENSES	
	Office and Library Supplies	\$7,078
	Telecommunications	\$6,479
	Binding Expenses	\$0,475 \$0
	Postage and Freight	\$1,853
	Professional & Consultant Fees	\$8,704
	Equipment	\$2,964
	Other Miscellaneous	\$2,904 \$29,074
	<b>Total Miscellaneous Expenses</b> (Add Questions 12.18, 12.19, 12.20,	
12.23	12.21, 12.22, 12.23 and 12.24)	\$56,152
12.26	CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC	\$6,860
	LIBRARY SYSTEMS IN NEW YORK STATE	φ0,000
DEBT	SERVICE	
Capita	al Purposes Loans (Principal and Interest)	
12.27	From Local Public Funds (73PF)	\$0
12.28	From Other Funds (73OF)	\$0
12.29	Total (Add Questions 12.27 and 12.28)	\$0
12.30	Budget Loans (Principal and Interest)	\$0
12.31	Short-Term Loans	\$0
12.32	Total Debt Service (Add Questions 12.29, 12.30 and 12.31)	\$0
12.33	<b>TOTAL OPERATING FUND DISBURSEMENTS</b> (Add Questions	\$457,376
TRAN	12.5, 12.9, 12.12, 12.17, 12.25, 12.26 and 12.32) ISFERS	
-		
	fers to Capital Fund	<b>\$</b> 0
	From Local Public Funds (76PF)	\$0
	From Other Funds (76OF)	\$0
12.36	<b>Total Transfers to Capital Fund</b> (Add Questions 12.34 and 12.35; same as Question 13.8)	\$0
12.37	Transfer to Other Funds	\$0
12.38	TOTAL TRANSFERS (Add Questions 12.36 and 12.37)	\$0
	TOTAL DISBURSEMENTS AND TRANSFERS	

	12.39	(Add Questions	\$457,376		
		12.33 and 12.38)	¢ 107,070		
	12.40	BALANCE IN OPERATING FUND - Ending Balance for the Fiscal Year Ending 2016	\$93,621		
	12.41	<b>GRAND TOTAL DISBURSEMENTS, TRANSFERS &amp;</b> <b>BALANCE</b> (Add Questions 12.39 and 12.40; same as Question 11.26)	\$550,997		
	ASSURANCE				
	12.42	The Library operated in accordance with all 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).			
	FISCAL AUDIT				
	12.43	Last audit performed (mm/dd/yyyy)			
	12.44	Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy)			
	12.45	Indicate type of audit (select one):			
CAPITAL FUND					
	10.10				

12.46 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.

### **13. CAPITAL FUND RECEIPTS**

Report financial data based on the fiscal year reported in Part 1. *ROUND TO THE NEAREST DOLLAR*. Please click <u>here</u> to read general instructions before completing this section.

### **REVENUES FROM LOCAL SOURCES**

13.1	Revenues from Local Government Sources	\$0		
13.2	All Other Revenues from Local Sources	\$0		
13.3	<b>Total Revenues from Local Sources</b> (Add Questions 13.1 and 13.2)	\$0		
STATE 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		
INTERFUND REVENUE				
13.8	Transfer from Operating Fund (Same as Question 12.36)	\$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 2016 (Same as Question 14.11 of previous year, if fiscal year has not changed)	\$50,000		
13.13	<b>TOTAL CASH RECEIPTS AND BALANCE</b> (Add Questions 13.11 and 13.12; same as Question 14.12)	\$50,000		

### **14. CAPITAL FUND DISBURSEMENTS**

**Report financial data based on the fiscal reporting year reported in Part 1. ROUND TO THE NEAREST DOLLAR. Please click <u>here</u> to read general instructions before completing this section.** 

#### **PROJECT EXPENDITURES**

14.1	Construction	\$49,999		
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	<b>TOTAL PROJECT EXPENDITURES</b> (Add Questions 14.1, 14.2 and 14.6)	\$49,999		
14.8	TRANSFER TO OPERATING FUND (Same as Question 11.22)	\$0		
14.9	NON-PROJECT EXPENDITURES	\$0		
14.10	<b>TOTAL CASH DISBURSEMENTS AND TRANSFERS</b> (Add Questions 14.7, 14.8 and 14.9)	\$49,999		
14.11	<b>BALANCE IN CAPITAL FUND</b> - Ending Balance for the Fiscal Year Ending 2016	\$1		
14.12	<b>TOTAL CASH DISBURSEMENTS AND BALANCE</b> (Add Questions 14.10 and 14.11; same as Question 13.13)	\$50,000		

## **15. CENTRAL LIBRARIES**

PART 15 EXISTS FOR THE CENTRAL/CO-CENTRAL LIBRARIES ONLY. PLEASE PROCEED TO SECTION 16. FEDERAL TOTALS AND CONTINUE ON WITH YOUR SURVEY

## **16. FEDERAL TOTALS**

All questions in Part 16 are calculated, locked fields.

Note: See instructions for definitions and calculations of each of these Federal Totals.

16.1	Total ALA-MLS	1.00
16.2	Total Librarians	1.00
16.3	All Other Paid Staff	1.00
16.4	Total Paid Employees	2.00
16.5	State Government Revenue	\$90,303
16.6	Federal Government Revenue	\$0
16.7	Other Operating Revenue	\$74,565
16.8	Total Operating Revenue	\$414,168
16.9	Other Operating Expenditures	\$157,840
16.10	Total Operating Expenditures	\$340,540
16.11	Total Capital Expenditures	\$166,835
16.12	Print Materials	29,521
16.13	Total Registered Borrowers	5,577
16.14	Other Capital Revenue and Receipts	\$0
16.15	Total Number of Internet Terminals Used by the General Public	12

## 17. FOR NEW YORK STATE LIBRARY USE ONLY

17.1	LIB ID	2400566010
17.2	Interlibrary Relationship Code	ME
17.3	Legal Basis Code	NP
17.4	Administrative Structure Code	SO
17.5	FSCS Public Library Definition	Y
17.6	Geographic Code	OTH

17.7 FSCS ID17.8 SED CODE

### SUGGESTED IMPROVEMENTS

Library Name: Library System: Name of Person Completing Form: Phone Number:

I am satisfied that this resource (Collect) is meeting library needs:

Applying this resource (Collect) will help improve library services to the public:

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!

NY0150 80000056307

SENECA FALLS LIBRARY Finger Lakes Library System