Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

| A F | or the | 2023 calendar year, or tax year beginning and | ending | | | | | |
|--------------------------------|---------------------------------------|---|---------------|------------------------------|-------------------------------|--|--|--|
| B c | heck if | C Name of organization | | D Employer identific | cation number | | | |
| | Addres | S SOUTHERN TIER LIBRARY SYSTEM | | | | | | |
| | Name change | Doing business as | | **-***69 | 35 | | | |
| | Initial return Final return/ | Number and street (or P.O. box if mail is not delivered to street address) 9424 SCOTT ROAD | Room/suite | E Telephone numbe 607-962- | | | | |
| | termin- ated | | | G Gross receipts \$ | 2,901,095. | | | |
| | Ameno | , | | H(a) Is this a group return | | | | |
| | Application | | | for subordinates | | | | |
| | pendin | SAME AS C ABOVE | | H(b) Are all subordinates in | — | | | |
| 1 7 | ax-exe | empt status: $X = 501(c)(3) = 501(c)($) (insert no.) $= 4947(a)(1) c$ | or 527 | 7 ' ' | list. See instructions | | | |
| | Vebsit | | | H(c) Group exemptio | | | | |
| | | organization: X Corporation Trust Association Other | L Year | | A State of legal domicile; NY | | | |
| Pa | art I | Summary | 1 | | | | | |
| | 1 | Briefly describe the organization's mission or most significant activities: SOUTE | HERN I | IER LIBRARY | SYSTEM | | | |
| Governance | | STRENGTHENS AND SUPPORTS EXCELLENT LIBRAR | | | | | | |
| nar | 2 | Check this box if the organization discontinued its operations or dispos | ed of more | than 25% of its net ass | sets. | | | |
| Š | 3 | | | 3 | 14 | | | |
| | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | | 14 | | | |
| ە ق | | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | | 34 | | | |
| ij | | Total number of volunteers (estimate if necessary) | | | 16 | | | |
| Activities | | Total unrelated business revenue from Part VIII, column (C), line 12 | | | 0. | | | |
| ⋖ | | Net unrelated business taxable income from Form 990-T, Part I, line 11 | | | 0. | | | |
| | | | | Prior Year | Current Year | | | |
| Revenue | 8 | Contributions and grants (Part VIII, line 1h) | | 2,449,827. | 1,974,140. | | | |
| | 9 | Program service revenue (Part VIII, line 2g) | | 520,518. | 536,943. | | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | | 537. | 431. | | | |
| | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 398,459. | 389,581. | | | |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 3,369,341. | 2,901,095. | | | |
| | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | 0. | 0. | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | 0. | 0. | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 1,331,060. | 1,378,054. | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | 0. | 0. | | | |
| ğ | b b | Total fundraising expenses (Part IX, column (D), line 25) | 0. | | | | | |
| Ш | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 1,599,584. | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 2,930,644. | 2,869,401. | | | |
| | | Revenue less expenses. Subtract line 18 from line 12 | | 438,697. | 31,694. | | | |
| S OF | | | Ве | eginning of Current Year | End of Year | | | |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | | 3,762,789. | 3,831,081. | | | |
| APE | 21 | Total liabilities (Part X, line 26) | | 781,169. | 817,767. | | | |
| <u> </u> | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 2,981,620. | 3,013,314. | | | |
| | art II | Signature Block | | | | | | |
| | | ties of perjury, I declare that I have examined this return, including accompanying schedules | | | knowledge and belief, it is | | | |
| true, | correc | t, and complete. Declaration of preparer (other than officer) is based on all information of wh | ich preparer | nas any knowledge. | | | | |
| | | Signature of officer | | l Date | | | | |
| Sigi | | | | Date | | | | |
| Her | е | BRIAN HILDRETH, EXECUTIVE DIRECTOR Type or print name and title | | | | | | |
| | | | Т | Date Check | PTIN | | | |
| Daid | | Print/Type preparer's name KATHERINE E. STICKLER, CP KATHERINE E. STI | | if L | | | | |
| Paid Pron | | | Сипъ | | ed P00385238 *-***2347 | | | |
| | arer Only | Firm's name MENGEL, METZGER, BARR & CO. LLP Firm's address 333 EAST WATER ST, STE 200 | | FIIIII S EIN " | <u> </u> | | | |
| J36 | Jilly | ELMIRA, NY 14901 | | Phone no 60 | 7-734-4183 | | | |
| Mar | the IC | S discuss this return with the preparer shown above? See instructions | | T HOUSE NO. O O | X Yes No | | | |
| ivia | ule II | io disease this return with the preparer shown above? See instructions | | | 163 140 | | | |

Other program services (Describe on Schedule O.)

919,728 • including grants of \$

) (Revenue \$

154,510.)

2,280,674.

Form 990 (2023) SOUTHERN TIER LIBRARY SYSTEM Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|--|----------|------|--------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | Х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | <u> </u> | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | Ť | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | X |
| | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | 1 |
| 8 | , , | | | x |
| • | Schedule D, Part III | 8 | | |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | 37 |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | Х | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| - | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | Х | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | <u> </u> | | |
| 124 | Schedule D, Parts XI and XII | 12a | Х | |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | IZa | - 21 | |
| ь | , . | 40h | | x |
| 10 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 12b | | X |
| 13 | Did the appropriation projection of the control of the Heiland Oletes O | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | _V |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | ,, |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | <u> </u> |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| b | | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | Х |
| - | | _ | | _ |

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Form 990 (2023) SOUTHERN TIER LIBRARY SYSTEM
Part IV Checklist of Required Schedules (continued)

| | · (continued) | | Yes | No |
|------|--|------|-----|-------------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 162 | <u> NO</u> |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | Х |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | X | |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | _X_ |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u></u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25 a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | _X_ |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | v |
| | Schedule L, Part I | 25b | | <u>X</u> |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | 0. | | Х |
| 27 | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | 21 | | |
| 20 | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | | | |
| ŭ | "Yes," complete Schedule L, Part IV | 28a | | Х |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i> | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | | Х |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | <u>X</u> |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | <u>X</u> |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | _X_ |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| 20 | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 00 | | v |
| 27 | If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36_ | | <u>X</u> |
| 37 | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | х |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 31 | | |
| 50 | Note: All Form 990 filers are required to complete Schedule O | 38 | х | |
| Par | | _ 55 | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | | |
| | | | Yes | No |
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| | (gambling) winnings to prize winners? | 1c | X | |

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SOUTHERN TIER LIBRARY SYSTEM

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

| | | | Yes | No | | | | | |
|------------|---|----------|-----|----------|--|--|--|--|--|
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 34 | | | | | | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | | | | | | |
| 3а | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | _X_ | | | | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | | | | | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | | | | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | <u>X</u> | | | | | |
| b | If "Yes," enter the name of the foreign country | | | | | | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | <u>X</u> | | | | | |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b 5c | | <u> </u> | | | | | |
| | , | | | | | | | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | | | | | | |
| | any contributions that were not tax deductible as charitable contributions? | | | | | | | | |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | | | | | | |
| | were not tax deductible? | 6b | | | | | | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | _ | | 37 | | | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | <u> </u> | | | | | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | <u> </u> | | | | | |
| С | | | | | | | | | |
| | to file Form 8282? | 7c | | X | | | | | |
| | | | | | | | | | |
| e • | Did the constitution device the construction of the three districtions and the construction of the contract of | 7e 7f | | X | | | | | |
| f | g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | | | | | | |
| 9 h | If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? | 7g 7h | | | | | | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | 711 | | | | | | | |
| Ü | sponsoring organization have excess business holdings at any time during the year? | | | | | | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | 8 | | | | | | | |
| | a Did the sponsoring organization make any taxable distributions under section 4966? | | | | | | | | |
| | b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | | | | | | | | |
| 10 | | | | | | | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | | | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | | | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | | | | | | |
| а | Gross income from members or shareholders | | | | | | | | |
| | Gross income from other sources. (Do not net amounts due or paid to other sources against | | | | | | | | |
| | amounts due or received from them.) | | | | | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | | | | | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | | | | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | | | | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | | | | | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | | | | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | | | | |
| | organization is licensed to issue qualified health plans | | | | | | | | |
| | Enter the amount of reserves on hand | | | | | | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | _X_ | | | | | |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | | | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | 15 | | Х | | | | | |
| | excess parachute payment(s) during the year? | | | | | | | | |
| | If "Yes," see the instructions and file Form 4720, Schedule N. | | | | | | | | |
| 16 | , | | | | | | | | |
| 47 | If "Yes," complete Form 4720, Schedule O. Section F01(a)(21) arganizations. Did the trust, or any disqualified or other person engage in any activities. | | | | | | | | |
| 17 | Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities | 4-7 | | | | | | | |
| | that would result in the imposition of an excise tax under section 4951, 4952 or 4953? | 17 | | | | | | | |
| | If "Yes," complete Form 6069. | | | | | | | | |

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

| | Check if Schedule O contains a response or note to any line in this Part VI | | | X | | | | | | | |
|----------|---|--------|---------|-----|--|--|--|--|--|--|--|
| Sec | tion A. Governing Body and Management | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year 14 | | | | | | | | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | | | | | | | | | |
| 2 | | | | | | | | | | | |
| _ | officer, director, trustee, or key employee? | | | | | | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision | 2 | | Х | | | | | | | |
| • | | 3 | | х | | | | | | | |
| 4 | of officers, directors, trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X | | | | | | | |
| 5 | | | | | | | | | | | |
| 6 | | 5 6 | Х | X | | | | | | | |
| | Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or | 0 | 21 | | | | | | | | |
| 7a | | 7- | Х | | | | | | | | |
| | more members of the governing body? | 7a | Λ | | | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or | | Х | | | | | | | | |
| • | persons other than the governing body? | 7b | Λ | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | _ | 37 | | | | | | | | |
| a | The governing body? | 8a | X | | | | | | | | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | | | | | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the | | | | | | | | | | |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | 9 | | X | | | | | | | |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) | | | | | | | | | | |
| | | | Yes | No | | | | | | | |
| | Did the organization have local chapters, branches, or affiliates? | 10a | | X | | | | | | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, | | | | | | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | Х | | | | | | | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | |
| b | | | | | | | | | | | |
| 12a | 2a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | | | | | | | | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe | | | | | | | | | | |
| | on Schedule O how this was done | 12c | X | | | | | | | | |
| 13 | Did the organization have a written whistleblower policy? | 13 | X | | | | | | | | |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | Х | | | | | | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent | | | | | | | | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | X | | | | | | | | |
| b | Other officers or key employees of the organization | 15b | | X | | | | | | | |
| | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a | | | | | | | | | | |
| | taxable entity during the year? | 16a | | Х | | | | | | | |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation | | | | | | | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's | | | | | | | | | | |
| | exempt status with respect to such arrangements? | 16b | | | | | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filedNONE | | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s | only) | availal | ole | | | | | | | |
| | for public inspection. Indicate how you made these available. Check all that apply. | | | | | | | | | | |
| | X Own website Another's website X Upon request Other (explain on Schedule O) | | | | | | | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and | financ | cial | | | | | | | | |
| | statements available to the public during the tax year. | | | | | | | | | | |
| 20 | State the name, address, and telephone number of the person who possesses the organization's books and records | | | | | | | | | | |
| - | BRIAN HILDRETH - 607-962-3141 | | | | | | | | | | |
| | 9424 SCOTT ROAD, PAINTED POST, NY 14870 | | | | | | | | | | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | one n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---------------------------------|--|--|-----------------------|-----------------|--------------|--|-------------|---|---|--|
| | week (list any hours for related organizations below line) | tee or director | Institutional trustee | Officer Officer | Key employee | Highest compensated Smith Smit | ĺ | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) BRIAN HILDRETH | 37.50 | | | | | | | 110 110 | | 60 500 |
| EXECUTIVE DIRECTOR | 1 50 | | | Х | | | | 118,118. | 0. | 60,733. |
| (2) KATHY GREEN | 1.50 | ļ | | l | | | | | | • |
| PRESIDENT | <u> </u> | Х | | Х | | | | 0. | 0. | 0. |
| (3) LYNNETTE DECKER | 1.50 | ļ | | | | | | | • | • |
| VICE PRESIDENT | 1 50 | Х | | Х | | | | 0. | 0. | 0. |
| (4) LOUISE RICHARDSON | 1.50 | ١ | | | | | | | • | • |
| SECRETARY | 1 50 | Х | | Х | | | | 0. | 0. | 0. |
| (5) SISI BARR | 1.50 | ., | | ,, | | | | | | • |
| TREASURER | 1 50 | Х | | Х | | | | 0. | 0. | 0. |
| (6) RICHARD AHOLA | 1.50 | ., | | | | | | | | 0 |
| TRUSTEE | 1 50 | Х | | | | | | 0. | 0. | 0. |
| (7) RACHEL BARBOUR | 1.50 | ., | | | | | | | | 0 |
| TRUSTEE | 1 50 | Х | | | | | | 0. | 0. | 0. |
| (8) BETSY GORMAN | 1.50 | ٠,, | | | | | | | 0 | 0 |
| TRUSTEE (A) PANIE WAGGEROW | 1 50 | Х | | | | | | 0. | 0. | 0. |
| (9) DAVID HAGGSTROM TRUSTEE | 1.50 | ₩. | | | | | | 0. | 0. | 0 |
| | 1.50 | X | | | | | | 0. | 0. | 0. |
| (10) BARBARA HUBBELL TRUSTEE | 1.50 | ₩. | | | | | | 0. | 0. | 0 |
| (11) MARY-CLAIRE KREBS | 1.50 | X | | | | | | 0. | 0. | 0. |
| TRUSTEE | 1.50 | х | | | | | | 0. | 0. | 0. |
| (12) SUSAN MCGILL | 1.50 | ^ | | | | | | 1 | 0. | · · |
| TRUSTEE | 1.50 | Х | | | | | | 0. | 0. | 0. |
| (13) MICHAEL STEFFENS | 1.50 | ^ | | | | | | 1 | 0. | <u> </u> |
| TRUSTEE | 1.30 | Х | | | | | | 0. | 0. | 0. |
| (14) RICHARD URBAN | 1.50 | ^ | | | | | | 1 | 0. | <u> </u> |
| TRUSTEE | 1.50 | Х | | | | | | 0. | 0. | 0. |
| (15) FELICITY WRIGHT | 1.50 | Δ. | | | | | | | 0. | 0. |
| TRUSTEE | 1.50 | x | | | | | | 0. | 0. | 0. |
| (16) DENISE KING - PART YEAR | 1.50 | <u> </u> | | | | | | 0. | 0. | <u></u> |
| TRUSTEE | 1.50 | Х | | | | | | 0. | 0. | 0. |
| (17) PHYLLIS ROGAN - PART YEAR | 1.50 | -22 | | | | | | | 0. | <u></u> |
| TRUSTEE | 1.50 | Х | | | | | | 0. | 0. | 0. |
| | 1 | | | l | L | | <u> </u> | 1 0. | J • | Form 990 (2023) |

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| Part VII Section A. Officers, Directors, Tru | | JIOY | ees, | | | ynes | ot C | | , | Т | | |
|--|-------------------|--|-----------------------|--------------------|--------------|---------------------------------|-----------|--------------------------------|-------------------------------|--------|-----------------|--------|
| (A) | (B) | | | ((Posi | | 1 | | (D) | (E) | | (F | |
| Name and title | Average hours per | Position (do not check more than one box, unless person is both ar | | | | | | Reportable | Reportable | | Estim | |
| | week | | , unles cer an | | | | | compensation | compensation | | amou | |
| | (list any | or | | | | | Ĺ | from the | from related organizations | | oth compen | |
| | hours for | direct | | | | _ | | organization | (W-2/1099-MISC | | from | |
| | related | 96 OF | stee | | | sate | | (W-2/1099-MISC/ | 1099-NEC) | " | organiz | |
| | organizations | truste | al tru: | | yee | ın pe | | 1099-NEC) | | | and re | |
| | below | Individual trustee or director | Institutional trustee | ъ | Key employee | Highest compensated employee | er | , | | | organiz | ations |
| | line) | Indiv | Instit | Officer | Key e | High | Former | | | | | |
| | | | | | | | | | | | | |
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| | | 1 | | | | | | | | | | |
| 4h Cubintal | | | | | <u> </u> | | <u> </u> | 118,118. | | 0. | 60 | 733. |
| 1b Subtotal | | | | | | | | 0. | | 0. | 00, | 0. |
| c Total from continuation sheets to Part V | | | | | | | | 118,118. | | 0. | 60 | 733. |
| d Total (add lines 1b and 1c) | | | | | | | | | | J • | 00, | 733. |
| 2 Total number of individuals (including but | not limited to th | ose | liste | a ab | ove |) wn | o re | eceived more than \$100, | υυυ of reportable | | | 1 |
| compensation from the organization | | | | | | | | | | | Ye | s No |
| O Diel the conseriention list and format office | | | | | | | 1- 1 | | | | 16 | 5 140 |
| 3 Did the organization list any former office | | | | | | | | | | | | ₩. |
| line 1a? If "Yes," complete Schedule J for | | | | | | | | | | ·· | 3 | X |
| 4 For any individual listed on line 1a, is the s | | | | | | | | | | | . 7 | |
| and related organizations greater than \$15 | | | | | | | | | | | 4 X | |
| 5 Did any person listed on line 1a receive or | • | | | | • | | | • | | | _ | 37 |
| rendered to the organization? If "Yes." cor | mplete Schedul | e J f | or su | ıch r | oers | on . | | | | | 5 | X |
| Section B. Independent Contractors | | | | | | | | | | | | |
| 1 Complete this table for your five highest co | = | - | | | | | | | • | nsatio | n from | |
| the organization. Report compensation for | the calendar ye | ear e | endir | ig w | ith c | or wi | thin T | | ear. | | | |
| (A) Name and busines: | addraga | 37/ | ` | , | | | | (B) Description of s | ontions | Co | (C) | tion |
| Name and busines | s address | N | ONE | 5 | | | | Description of s | ervices | Col | препза | LIOIT |
| | | | | | | | | | | | | |
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| | | | | | | | | | | | | |
| 2 Total number of independent contractors | including but n | ot lir | nited | to t | thos | e lis | ted | above) who received mo | ore than | | | |
| \$100,000 of compensation from the organ | ization | | | | C |) | | | | | | |
| | | | | | | | | | | | orm 99 0 | (2022) |

Form 990 (2023) SOUTHER
Part VIII Statement of Revenue

| | | Check if Schedule O contains a response or | note to any lin | e in this Part VIII | | | |
|--|------|--|-----------------|---------------------|-------------------|------------------|--------------------|
| | | Officer if Schedule O Contains a response of | note to any iin | (A) | (B) | (C) | (D) |
| | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | function revenue | business revenue | from tax under |
| | | | | | | | sections 512 - 514 |
| ts st | 1 : | a Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | ı | b Membership dues1b | | | | | |
| e, E | | c Fundraising events 1c | | | | | |
| ifts Ir A | | d Related organizations 1d | | | | | |
| n G≒ | | | 03,846. | | | | |
| Sir | | f All other contributions, gifts, grants, and | , , | | | | |
| eti je | ' | | 270,294. | | | | |
| ĕ₽ | | | 170,254 | | | | |
| o p | 9 | g Noncash contributions included in lines 1a-1f | | 1 074 140 | | | |
| O E | | h Total. Add lines 1a-1f | | 1,974,140. | | | |
| | | <u> </u> | Business Code | 10-101 | 10-101 | | |
| မွ | 2 8 | a MEMBER LIBRARY COST SH | 519200 | 407,101. | 407,101. | | |
| e Ķ | ı | MEMBER REIMBURSEMENTS | 519200 | 129,842. | 129,842. | | |
| Se | | c | | | | | |
| E S | | d | | | | | |
| Be | | e | | | | | |
| Program Service Revenue | Ì | f All other program service revenue | | | | | |
| | | g Total. Add lines 2a-2f | | 536,943. | | | |
| | 3 | Investment income (including dividends, interest | | 330,343. | | | |
| | 3 | | | 431. | | | 431. |
| | | other similar amounts) | | 431. | | | 431. |
| | 4 | Income from investment of tax-exempt bond pro | oceeds | | | | |
| | 5 | Royalties | | | | | |
| | | (i) Real | (ii) Personal | | | | |
| | 6 8 | a Gross rents 6a | | | | | |
| | ı | b Less: rental expenses 6b | | | | | |
| | | c Rental income or (loss) 6c | | | | | |
| | | d Net rental income or (loss) | | | | | |
| | | a Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | ′ ' | a droop arrivant ir our barboot | (, 5 | | | | |
| | | assets other than inventory 7a | | | | | |
| • | ' | b Less: cost or other basis | | | | | |
| Revenue | | and sales expenses | | | | | |
| ē. | | c Gain or (loss) 7c | | | | | |
| æ | (| d Net gain or (loss) | | | | | |
| her | 8 8 | a Gross income from fundraising events (not | | | | | |
| ᅗ | | including \$ of | | | | | |
| | | contributions reported on line 1c). See | | | | | |
| | | Part IV, line 18 | | | | | |
| | | b Less: direct expenses 8b | | | | | |
| | | c Net income or (loss) from fundraising events | | | | | |
| | | a Gross income from gaming activities. See | | | | | |
| | 9 (| | | | | | |
| | | Part IV, line 19 9a | | | | | |
| | | b Less: direct expenses9b | | | | | |
| | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | a Gross sales of inventory, less returns | | | | | |
| | | and allowances 10a | | | | | |
| | ı | b Less: cost of goods sold10b | | | | | |
| | | Net income or (loss) from sales of inventory | | | | | |
| | | | Business Code | | | | |
| sno | 11 : | a TELEPHONE E-RATE DISCO | 519200 | 326,926. | 326,926. | | |
| Miscellaneous Revenue | | SUNDRY | 519200 | 62,655. | 62,655. | | |
| ila ven | | | J = J = U U | 02,033. | 02,033 | | |
| Sce | (| C | | | | | |
| Ξ̈́ | (| d All other revenue | | 200 E01 | | | |
| | • | e Total. Add lines 11a-11d | | 389,581. | 006 504 | _ | 404 |
| | 12 | Total revenue. See instructions | | 2,901,095. | 926,524. | 0. | 431. |

Form 990 (2023) SOUTHERN TIER LIBRARY SYSTEM Part IX Statement of Functional Expenses

| Sect | Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). | | | | | | | | | | |
|-----------|--|-----------------------------|------------------------------|-------------------------------------|---------------------------------------|--|--|--|--|--|--|
| | Check if Schedule O contains a respon- | se or note to any line in t | | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | | | | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | | |
| 5 | Compensation of current officers, directors, | | | | | | | | | | |
| | trustees, and key employees | 178,851. | 89,426. | 89,425. | | | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | | | | | | | | | | |
| 7 | Other salaries and wages | 835,157. | 681,179. | 153,978. | | | | | | | |
| 8 | Pension plan accruals and contributions (include | 50.01 6 | e. 4-6 | 45 540 | | | | | | | |
| | section 401(k) and 403(b) employer contributions) | 79,916. | 64,173. 53,728. | 15,743. 151,237. | | | | | | | |
| 9 | Other employee benefits | 204,965. | | 151,237. | | | | | | | |
| 10 | Payroll taxes | 79,165. | 54,880. | 24,285. | | | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | | |
| а | | 225 | | 205 | | | | | | | |
| b | Legal | 925. | | 925. | | | | | | | |
| С | Accounting | | | | | | | | | | |
| d | Lobbying | | | | | | | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | | | | | | | |
| f | Investment management fees | | | | | | | | | | |
| g | , | 20 727 | 10 202 | 10 424 | | | | | | | |
| | column (A), amount, list line 11g expenses on Sch O.) | 29,737. | 10,303. 2,215. | 19,434. 11,725. | | | | | | | |
| 12 | Advertising and promotion | 13,940. | 2,213. | 4,507. | | | | | | | |
| 13 | Office expenses | 8,454. 198,423. | 3,947. | 4,507. | | | | | | | |
| 14 | Information technology | 190,443. | 198,423. | | | | | | | | |
| 15 | Royalties | 11,280. | 10,152. | 1,128. | | | | | | | |
| 16 | Occupancy | 11,200. | 10,132. | 1,140. | | | | | | | |
| 17 | Travel | | | | | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | | | | | |
| 40 | for any federal, state, or local public officials | 40,647. | 34,017. | 6,630. | | | | | | | |
| 19 | Conferences, conventions, and meetings | 2,577. | 2,577. | 0,030. | | | | | | | |
| 20 | Interest Payments to effiliates | 596,818. | 596,818. | | | | | | | | |
| 21 | Payments to affiliates Depreciation, depletion, and amortization | 205,445. | 184,901. | 20,544. | | | | | | | |
| 22 | | 14,699. | 13,230. | 1,469. | | | | | | | |
| 23 24 | Insurance Other expenses. Itemize expenses not covered | 14,000 | 13,230• | 1,70). | | | | | | | |
| 24 | above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), | | | | | | | | | | |
| | amount, list line 24e expenses on Schedule O.) | 150 504 | 01 110 | 77 414 | | | | | | | |
| a | | 158,524. | 81,110. | 77,414. | | | | | | | |
| b | REPAIRS & MAINTENANCE | 137,094. | 132,534. | 4,560. | | | | | | | |
| C | VEHICLE EXPENSES LIBRARY MATERIALS & SUP | 31,304. 28,435. | 26,599. | 4,/05. | | | | | | | |
| d | | 13,045. | 28,435. 12,027. | 1,018. | | | | | | | |
| | All other expenses Add lines 1 through 24s | 2,869,401. | 2,280,674. | 588,727. | 0. | | | | | | |
| <u>25</u> | Total functional expenses. Add lines 1 through 24e | 4,009,4U1• | 4,400,074. | 300,141. | U • | | | | | | |
| 26 | Joint costs. Complete this line only if the organization | | | | | | | | | | |
| | reported in column (B) joint costs from a combined | | | | | | | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | | | | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | 5 000 (2000) | | | | | | |

Form 990 (2023) Part X | Balance Sheet

| Part . | X | Balance Sheet | | | | | |
|--------------|-----|--|-----------------|---------------------|---------------------------------|---------|-----------------------------------|
| | | Check if Schedule O contains a response or note to | any | line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 8,555. | 1 | 7,313 |
| | 2 | Savings and temporary cash investments | | | 954,362. | 2 | 936,550 |
| | 3 | Pledges and grants receivable, net | | 3 | | | |
| | 4 | Accounts receivable, net | | 305,523. | 4 | 122,850 | |
| | 5 | Loans and other receivables from any current or form | | | | | |
| | | trustee, key employee, creator or founder, substanti | | | | | |
| | | controlled entity or family member of any of these pe | | 5 | | | |
| | 6 | Loans and other receivables from other disqualified | ons (as defined | | | | |
| | | under section 4958(f)(1)), and persons described in s | secti | on 4958(c)(3)(B) | | 6 | |
| ပ္ | 7 | Notes and loans receivable, net | | | | 7 | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ž | 9 | D '1 | | | 88,657. | 9 | 85,891 |
| 1 | l0a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D10 | Оа | 3,776,900. | | | |
| | b | Less: accumulated depreciation 10 | 0b | 1,965,057. | 1,792,518. | 10c | 1,811,843 |
| 1 | 1 | Investments - publicly traded securities | | | | 11 | |
| 1 | 2 | Investments - other securities. See Part IV, line 11 | | | 12 | | |
| 1 | 3 | Investments - program-related. See Part IV, line 11 | | | 13 | | |
| 1 | 4 | Intangible assets | | 14 | | | |
| 1 | 15 | Other assets. See Part IV, line 11 | | | 613,174. | 15 | 866,634 |
| 1 | 16 | Total assets. Add lines 1 through 15 (must equal lin | | | 3,762,789. | 16 | 3,831,081 |
| 1 | 17 | Accounts payable and accrued expenses | | 164,397. | 17 | 188,956 | |
| 1 | 8 | Grants payable | | 18 | | | |
| 1 | 9 | Deferred revenue | | 19 | | | |
| 2 | 20 | Tax-exempt bond liabilities | | <u> </u> | | 20 | |
| 2 | 21 | Escrow or custodial account liability. Complete Part | IV o | f Schedule D | | 21 | |
| ဖ္က 2 | 22 | Loans and other payables to any current or former of | office | er, director, | | | |
| ≝ | | trustee, key employee, creator or founder, substanti | al co | ontributor, or 35% | | | |
| | | controlled entity or family member of any of these pe | erso | ns | | 22 | 110 1 |
| - 2 | 23 | Secured mortgages and notes payable to unrelated | third | d parties | | 23 | 112,177 |
| 2 | 24 | Unsecured notes and loans payable to unrelated thi | - | | | 24 | |
| 2 | 25 | Other liabilities (including federal income tax, payable | | | | | |
| | | parties, and other liabilities not included on lines 17- | 24). | Complete Part X | 646 550 | | F46 604 |
| | | of Schedule D | | | 616,772. | | 516,634 |
| 2 | 26 | Total liabilities. Add lines 17 through 25 | | | 781,169. | 26 | 817,767 |
| _ω | | Organizations that follow FASB ASC 958, check I | here | X | | | |
| ğ | | and complete lines 27, 28, 32, and 33. | | | 2 702 611 | | 2 060 520 |
| <u> a</u> | 27 | Net assets without donor restrictions | | | 2,792,611. | 27 | 2,868,530 |
| <u>n</u> 2 | 28 | Net assets with donor restrictions | | | 189,009. | 28 | 144,784 |
| <u> </u> | | Organizations that do not follow FASB ASC 958, | ched | ck here | | | |
| <u>-</u> | | and complete lines 29 through 33. | | | | | |
| ဋ္ဌို 2 | 29 | Capital stock or trust principal, or current funds | | | | 29 | |
| 88 3 | 30 | Paid-in or capital surplus, or land, building, or equip | | | | 30 | |
| ا ب | 31 | Retained earnings, endowment, accumulated incom | | | 2 001 622 | 31 | 2 012 214 |
| _ | 32 | Total net assets or fund balances | | | 2,981,620. | 32 | 3,013,314 |
| 3 | 33 | Total liabilities and net assets/fund balances | | | 3,762,789. | 33 | 3,831,081 Form 990 (202 |

| Pa | rt XI Reconciliation of Net Assets | | | | | | | |
|------------------|---|------------------|---------------------------|---------------|------------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | | | | | |
| 1 2 3 4 | Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 1 2 3 4 | 2,90 2,86 3 2,98 | 9,4 1,6 | 01. 94. | | | |
| 5 | Net unrealized gains (losses) on investments | 5 | 2,50 | I , 0. | 20. | | | |
| 6 | Donated services and use of facilities | 6 | | | | | | |
| 7 | Investment expenses | 7 | | | | | | |
| 8 | Prior period adjustments | 8 | | | | | | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | | | 0. | | | |
| 10 | o and one get a man access of the access of | | | | | | | |
| Pai | rt XII Financial Statements and Reporting | | • | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | X | | | |
| | | | | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | _ | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | | | |
| 2a | | | 2a | | Х | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis | on a | | | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | |
| | consolidated basis, or both: | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | |
| С | , | | | 7.7 | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | | | | |
| _ | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | edule O. | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | 0- | | х | | | |
| h | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | rod audit | 3a | | | | | |
| D | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | eu auuii | 3b | | | | | |
| | or addito, oxplain why on contoduc o and describe any steps taken to didding such addits | | | 990 | (2023) | | | |

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization **-***6935 SOUTHERN TIER LIBRARY SYSTEM Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | ction A. Public Support | | | | | | |
|------|--|---------------------|---------------------|---|---|-----------|-----------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 1735690. | 2104522. | 2065994. | 2449827. | 1974140. | 10330173. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1735690. | 2104522. | 2065994. | 2449827. | 1974140. | 10330173. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 10330173. |
| | ction B. Total Support | | | | | | |
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 4 | 1735690. | 2104522. | 2065994. | 2449827. | | 10330173. |
| | Gross income from interest, | | | | | | |
| Ŭ | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties, | | | | | | |
| | and income from similar sources | 1,487. | 639. | 620. | 537. | 431. | 3,714. |
| ۵ | Net income from unrelated business | 1,107. | 033. | 020. | 337• | ±3±• | 3,711. |
| 9 | activities, whether or not the | | | | | | |
| | • | | | | | | |
| 40 | business is regularly carried on Other income. Do not include gain | | | | | | |
| 10 | • | | | | | | |
| | or loss from the sale of capital | | | | | | |
| 44 | assets (Explain in Part VI.) Total support. Add lines 7 through 10 | | | | | | 10333887. |
| | | | | | | | ,549,582. |
| | Gross receipts from related activities, First 5 years. If the Form 990 is for the | • | , | iourth or fifth town | | | 1,343,302. |
| 13 | _ | - | | • | | | |
| Sec | organization, check this box and stopetion C. Computation of Publi | | | • | • | | ····· |
| | Public support percentage for 2023 (I | | | volumn (fl) | | 14 | 99.96 % |
| | Public support percentage from 2022 | | | | | 15 | 99.96 % |
| | 33 1/3% support test - 2023. If the o | | | | | | |
| 102 | stop here. The organization qualifies | | | | | | |
| L | 33 1/3% support test - 2022. If the o | | | | | | |
| L | and stop here. The organization qual | | | | | | |
| 176 | 10% -facts-and-circumstances test | | | | | | |
| 1/8 | | | | | | | |
| | and if the organization meets the fact | | • | - | | · · | |
| | meets the facts-and-circumstances te | - | • | * | - | 7 15 15 i | |
| t | 10% -facts-and-circumstances test | · · | | | | • | 1U% Or |
| | more, and if the organization meets the | | | | - | | |
| 40 | organization meets the facts-and-circu | | | | | | H |
| 18 | Private foundation. If the organization | n did not check a l | box on line 13, 16a | a, 16b, 1/a, or 17b | , cneck this box a | | (Form 990) 2023 |

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sed | etion A. Public Support | siow, picase comp | note i art ii.j | | | | |
|----------|--|----------------------|---------------------|----------------------|---------------------|-----------------------|-----------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to | | | | | | |
| _ | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 Sec | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Amounts from line 6 | | , , | | , | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for the | ie organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 501(c)(3) organizatio | on, |
| | check this box and stop here | | - | | | | <u></u> |
| | ction C. Computation of Publi | | <u>-</u> | | | | |
| | Public support percentage for 2023 (I | | | column (f)) | | 15 | <u>%</u> |
| | Public support percentage from 2022 | | • | | | 16 | <u>%</u> |
| | ction D. Computation of Inves | | | ina 10. as l | | 147 | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| | Investment income percentage from 3 | | | on line 14 and line | | 18 | 7 is not |
| ıya | 33 1/3% support tests - 2023. If the | | | | | | |
| b | more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the | organization did r | not check a box or | line 14 or line 19 | a, and line 16 is m | ore than 33 1/3%, a | and |
| 00 | line 18 is not more than 33 1/3%, che | | | | | | |
| /() | Private foundation. If the organization | n did not check a | DOX ON line 14 19 | a or igo check th | us dox and see in: | SITUCHORS | 1 1 |

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? |f "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes." answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes." provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

| | Yes | No |
|-----|-----|----|
| | | |
| | | |
| 1 | | |
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| 10a | | |
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| Par | t IV | Supporting Organizations (continued) | | | |
|-----|---------|--|-----------|-----|----|
| | | (Community) | | Yes | No |
| 11 | Has th | he organization accepted a gift or contribution from any of the following persons? | | | |
| а | A pers | son who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | | elow, the governing body of a supported organization? | 11a | | |
| b | A fam | illy member of a person described on line 11a above? | 11b | | |
| С | A 35% | 6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail | in Part VI. | 11c | | |
| Sec | tion E | 3. Type I Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | | supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | | ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | | ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | | orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | | ne organization operate for the benefit of any supported organization other than the supported | | | |
| | organ | ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part \ | now providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| _ | super | vised, or controlled the supporting organization. | 2 | | |
| Sec | tion C | C. Type II Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Were | a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trus | stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or ma | nagement of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the su | pported organization(s). | 1 | | |
| Sec | tion L | D. All Type III Supporting Organizations | | | |
| | | | | Yes | No |
| 1 | Did th | ne organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organ | ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (| (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organ | ization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | | any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organ | ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | | ganization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | | ason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | | icant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | | ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | _ | | |
| 800 | suppo | orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| | | | | | |
| 1 | | k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | | |
| a | | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | | The organization is the parent of each of its supported organizations. Complete line 3 below. | | , | |
| C | | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instites Test. Answer lines 2a and 2b below. | struction | | No |
| 2 | | | | Yes | No |
| а | | ubstantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | | upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify e supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | | | | | |
| | | he organization was responsive to those supported organizations, and how the organization determined | 2a | | |
| h | | nese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement, | Ła | | |
| J | | r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | | If the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | | activities but for the organization's involvement. | 2b | | |
| 3 | | activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below. | | | |
| | | ne organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| - | | es of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | За | | |
| b | | ne organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |

| Sche | dule A (Form 990) 2023 SOUTHERN TIER LIBRARY | SYSTEM | | **-***6935 Page 6 |
|------|---|---------------|-----------------------|--------------------------------|
| | t V Type III Non-Functionally Integrated 509(a)(3) Supporti | | zations | . <u></u> |
| 1 | Check here if the organization satisfied the Integral Part Test as a qualifying | | | in Part VI). See instructions. |
| | All other Type III non-functionally integrated supporting organizations must | st complete S | Sections A through E. | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Net short-term capital gain | 1 | | |
| 2 | Recoveries of prior-year distributions | 2 | | |
| _3_ | Other gross income (see instructions) | 3 | | |
| 4 | Add lines 1 through 3. | 4 | | |
| 5 | Depreciation and depletion | 5 | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | |
| | collection of gross income or for management, conservation, or | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | |
| 7 | Other expenses (see instructions) | 7 | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | |
| | instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | | |
| b | Average monthly cash balances | 1b | | |
| c | Fair market value of other non-exempt-use assets | 1c | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | |
| е | Discount claimed for blockage or other factors | | | |
| | (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| _3_ | Subtract line 2 from line 1d. | 3 | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | |
| | see instructions). | 4 | | |
| _5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| _6 | Multiply line 5 by 0.035. | 6 | | |
| _7 | Recoveries of prior-year distributions | 7 | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| Sect | ion C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | |
| 2 | Enter 0.85 of line 1. | 2 | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | |

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

5

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

| Par | t V Type III Non-Functionally Integrated 509(| (a)(3) Supporting Orga | inizations _{(continued} | d) | |
|-----------|---|-------------------------------|--|----|---|
| Secti | on D - Distributions | | • | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | ot purposes of supported | | | |
| | organizations, in excess of income from activity | | 2 | 2 | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | s : | 3 | |
| _4_ | Amounts paid to acquire exempt-use assets | | 4 | 4 | |
| _5_ | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| _6_ | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| _7_ | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | • | | |
| | (provide details in Part VI). See instructions. | | 8 | 8 | |
| _9_ | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | T | 10 | 0 | |
| Secti | on E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2023 | | (iii) Distributable Amount for 2023 |
| _1_ | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| <u>a</u> | From 2018 | | | | |
| b | From 2019 | | | | |
| c | From 2020 | | | | |
| d | From 2021 | | _ | | |
| <u>e</u> | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| <u>g</u> | Applied to underdistributions of prior years | | | _ | |
| <u>h</u> | Applied to 2023 distributable amount | | | | |
| <u>i</u> | Carryover from 2018 not applied (see instructions) | | | | |
| <u>j_</u> | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | _ | |
| | Applied to 2023 distributable amount | | | | |
| | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | _ | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| d | Excess from 2022 | | | | |

Schedule A (Form 990) 2023

e Excess from 2023

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

SOUTHERN TIER LIBRARY SYSTEM

Employer identification number

-*6935

Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

SOUTHERN TIER LIBRARY SYSTEM

-*6935

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | space is needed. | |
|------------|---|----------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | NYS DEPT OF EDUCATION 89 WASHINGTON AVENUE ALBANY, NY 12234 | \$ <u>1,573,434</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | STEUBEN COUNTY 3 EAST PULTENEY SQUARE BATH, NY 14810 | \$\$ | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | APPALACHIAN REGIONAL COMMISSION 1666 CONNECTICUT AVENUE, NW, SUITE 700 WASHINGTON, DC 20009 | \$ | Person X Payroll |
| (a) | (b) | (c) | (d) |
| No4_ | Name, address, and ZIP + 4 USDA RURAL DEVELOPMENT 415 W MORRIS ST BATH, NY 14810 | * 41,750. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | EMPIRE STATE DEVELOPMENT CORPORATION 633 THIRD AVENUE NEW YORK, NY 10017 | \$ 43,845. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Oncash (Complete Part II for noncash contributions.) |

Schedule B (Form 990) (2023)

Name of organization Employer identification number

SOUTHERN TIER LIBRARY SYSTEM

-*6935

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is needed. | |
|------------------------------|---|---|--------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \ \ \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. om art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. rom art I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| - | | | |
| | | ^Ψ | Schedule B (Form 990) (2 |

Schedule B (Form 990) (2023) Page 4 Name of organization **Employer identification number** **-***6935 SOUTHERN TIER LIBRARY SYSTEM Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Inspection

Name of the organization SOUTHERN TIER LIBRARY SYSTEM **Employer identification number** **-***6935

| Pa | organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line | | unds or Ac | COUNTS. Complete if the |
|-----|--|---------------------------------------|-------------------|---------------------------------|
| | | (a) Donor advised funds | (| b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate value of contributions to (during year) | | | |
| 3 | Aggregate value of grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors in w | riting that the assets held in done | or advised fund | s |
| | are the organization's property, subject to the organization's e | exclusive legal control? | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor ac | | | |
| | for charitable purposes and not for the benefit of the donor or | | | |
| | impermissible private benefit? | | | Yes No |
| Pai | rt II Conservation Easements. Complete if the org | anization answered "Yes" on Forr | m 990, Part IV, | line 7. |
| 1 | Purpose(s) of conservation easements held by the organizatio | n (check all that apply). | | |
| | Preservation of land for public use (for example, recreat | | ation of a histo | rically important land area |
| | Protection of natural habitat | Preserv | ation of a certif | fied historic structure |
| | Preservation of open space | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualifie | ed conservation contribution in th | e form of a cor | nservation easement on the last |
| | day of the tax year. | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | 2a |
| b | | | | 2b |
| С | Number of conservation easements on a certified historic stru | | | 2c |
| d | Number of conservation easements included on line 2c acquir | | | |
| | on a historic structure listed in the National Register | • | | 2d |
| 3 | Number of conservation easements modified, transferred, rele | | | zation during the tax |
| | year | | | · · |
| 4 | Number of states where property subject to conservation ease | ement is located | | |
| 5 | Does the organization have a written policy regarding the period | | ling of | |
| | violations, and enforcement of the conservation easements it | holds? | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, h | | | |
| | | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, handl | ing of violations, and enforcing co | onservation eas | ements during the year |
| | | | | |
| 8 | Does each conservation easement reported on line 2d above | satisfy the requirements of sectio | n 170(h)(4)(B)(i) | |
| | and section 170(h)(4)(B)(ii)? | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservatio | n easements in its revenue and e | xpense statem | ent and |
| | balance sheet, and include, if applicable, the text of the footnote | ote to the organization's financial | statements tha | t describes the |
| | organization's accounting for conservation easements. | | | |
| Pai | rt III Organizations Maintaining Collections of | Art, Historical Treasures, | or Other Si | milar Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | |
| 1a | If the organization elected, as permitted under FASB ASC 958 | 3, not to report in its revenue state | ement and bala | nce sheet works |
| | of art, historical treasures, or other similar assets held for publ | lic exhibition, education, or resear | ch in furtheran | ce of public |
| | service, provide in Part XIII the text of the footnote to its finance | cial statements that describes the | ese items. | |
| b | If the organization elected, as permitted under FASB ASC 958 | 3, to report in its revenue stateme | nt and balance | sheet works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, or research | in furtherance | of public service, |
| | provide the following amounts relating to these items. | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | \$ |
| | | | | |
| 2 | If the organization received or held works of art, historical trea | | | provide |
| | the following amounts required to be reported under FASB AS | | - ,. | |
| а | | | | \$ |
| | Assets included in Form 990, Part X | | | |
| | For Paperwork Reduction Act Notice, see the Instructions | | | Schedule D (Form 990) 2023 |

| | t III Organizations Maintaining Col | | | | | r Other | Similar | Assets | S (contin | | ige 🗲 |
|------------|---|---------------------|--------------|---------------|---------------------------------------|---------------|--------------|------------|-----------|---------|--------------|
| | | | - | | · · · · · · · · · · · · · · · · · · · | | | | (contin | uea) | |
| 3 | Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its | | | | | | | | | | |
| | collection items (check all that apply). | | | | | | | | | | |
| a | | | | | | | | | | | |
| b | Scholarly research | е | | Other | | | | | | | |
| С | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's colle | | | | | | | in Part | XIII. | | |
| 5 | During the year, did the organization solicit or r | | | | | | | | _ | | 1 |
| D : | to be sold to raise funds rather than to be main | | | | | | | | _ Yes | | No |
| Par | t IV Escrow and Custodial Arrange | | te if the (| organizatior | n answered " | Yes" on Fo | orm 990, F | Part IV, I | ne 9, or | | |
| | reported an amount on Form 990, Part | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custodian | | | | | | | | _ | | |
| | on Form 990, Part X? | | | | | | | L | _ Yes | | No |
| b | If "Yes," explain the arrangement in Part XIII an | d complete the foll | lowing ta | able: | | | | | | | |
| | | | | | | | | | Amount | | |
| С | Beginning balance | | | | | | 1c | | | | |
| d | Additions during the year | | | | | | 1d | | | | |
| е | Distributions during the year | | | | | | 1e | | | | |
| f | Ending balance | | | | | | 1f | | _ | | |
| 2 a | Did the organization include an amount on For | m 990, Part X, line | 21, for e | scrow or cu | ustodial acco | unt liability | /? | L | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. C | | | | | | | | | | |
| Par | | | | | | | | | 1 | | |
| | - | (a) Current year | (b) P | rior year | (c) Two yea | rs back (| d) Three yea | ars back | (e) Four | years t | ack |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the currer | nt year end balance | e (line 1g | , column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| С | Term endowment% | | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | d equal 100%. | | | | | | | | | |
| За | Are there endowment funds not in the possess | ion of the organiza | tion that | are held ar | nd administer | red for the | | | _ | | |
| | organization by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations? | | | | | | | | 3a(i) | | |
| | | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organization | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the or | rganization's endov | vment fu | unds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | | | | | | | | | | |
| | Complete if the organization answered ' | 'Yes" on Form 990 | , Part IV | , line 11a. S | See Form 990 | , Part X, lir | ne 10. | | | | |
| | Description of property | (a) Cost or of | ther | (b) Cost | t or other | (c) Acc | cumulated | | (d) Bool | value | , |
| | | basis (investm | nent) | basis | (other) | depr | eciation | | | | |
| 1a | Land | | | | | | | | | | |
| b | Buildings | 2,107,4 | 488. | | | 7 | 63,74 | 1. | 1,343 | 3,74 | .7 . |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | 1,515,3 | | | | | 13,24 | | | .,87 | |
| <u>e</u> | Other | 154,2 | 288. | | | | 88,07 | | | 5,21 | |
| | . Add lines 1a through 1e. <i>(Column (d) must equ</i> | ial Form 990. Part | X. line 10 | Oc. column | (B)) | | | | 1,811 | .,84 | . 3 . |

Schedule D (Form 990) 2023

| Part VII | Investn | nents - | Other | Secu | ırities |
|----------|---------|---------|-------|------|---------|

| Part VII Investments - Other Securities | 5 000 B + N/ II | 0 5 000 5 |
|--|----------------------------|---|
| Complete if the organization answered "Yes" | | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial derivatives | | |
| (2) Closely held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | | |
| Part VIII Investments - Program Related. | | |
| Complete if the organization answered "Yes" | on Form 990, Part IV, line | 11c. See Form 990, Part X, line 13. |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |

Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets

(8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|--|----------------|
| (1) OPERATING LEASE RIGHT-OF-USE ASSETS | 516,634. |
| (2) CERTIFICATE OF DEPOSIT | 350,000. |
| (3) | |
| | |
| (5) | |
| <u>(6)</u> | |
| | |
| (8) | |
| <u>(9)</u> | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | 866,634. |

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITIES | 516,634. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| | |
| (9) | |
| Total, (Column (b) must equal Form 900, Part Y, line 25, col. (R)) | 516.634. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2023

| Sche | edule D (Form 990) 2023 SOU | **_ | **-***6935 Page | | | |
|------|---------------------------------------|--|---------------------|----------------|-----------|--|
| Par | rt XI Reconciliation of Reve | enue per Audited Financial Stat | tements With Revenu | ıe per Return | <u> </u> | |
| | Complete if the organization | answered "Yes" on Form 990, Part IV, lir | ne 12a. | | | |
| 1 | Total revenue, gains, and other supp | port per audited financial statements | | 1 | 2,901,095 | |
| 2 | Amounts included on line 1 but not | on Form 990, Part VIII, line 12: | | | | |
| а | Net unrealized gains (losses) on inve | estments | 2a | | | |
| b | Donated services and use of facilitie | s | 2b | | | |
| С | | | | | | |
| d | Other (Describe in Part XIII.) | | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,901,095 | |
| | Amounts included on Form 990, Par | | | | | |
| а | Investment expenses not included o | n Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0 | |
| 5 | Total revenue. Add lines 3 and 4c. | This must equal Form 990. Part I. line 12. |) | 5 | 2,901,095 | |
| Par | rt XII Reconciliation of Expe | enses per Audited Financial Sta | atements With Expen | ses per Returi | n | |
| | Complete if the organization | answered "Yes" on Form 990, Part IV, lir | ne 12a. | | | |
| 1 | Total expenses and losses per audit | ed financial statements | | 1 | 2,869,401 | |
| 2 | Amounts included on line 1 but not | on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilitie | s | 2a | | | |
| b | Prior year adjustments | | 2b | | | |
| С | Other losses | | 2c | | | |
| d | Other (Describe in Part XIII.) | | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | 0 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 2,869,401 | |
| | Amounts included on Form 990, Par | | 1 1 | | | |
| а | Investment expenses not included o | n Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | | 4b | | | |
| С | Add lines 4a and 4b | | | 4c | 0 | |
| 5 | Total expenses Add lines 3 and 4c | (This must equal Form 000 Port I line 1 | 0 1 | 5 | 2.869.401 | |

Part XIII Supplemental Information

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

PART X, LINE 2:

THE SYSTEM IS A NON-PROFIT ORGANIZATION EXEMPT FROM FEDERAL AND STATE INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

THE SYSTEM HAS FILED FOR AND RECEIVED INCOME TAX EXEMPTIONS IN THE VARIOUS JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. THE SYSTEM FILES A FORM 990 TAX RETURN IN THE U.S. FEDERAL JURISDICTION AND IS NOT REQUIRED TO FILE IN NEW YORK STATE. WITH FEW EXCEPTIONS, AS OF DECEMBER 31, 2023, THE SYSTEM WOULD NOT BE SUBJECT TO U.S. FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS ENDED PRIOR TO DECEMBER 31, 2020. THE TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2020 THROUGH DECEMBER 31, 2023 ARE STILL SUBJECT TO POTENTIAL AUDIT BY THE IRS. MANAGEMENT OF THE SYSTEM BELIEVES

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

SOUTHERN TIER LIBRARY SYSTEM

Employer identification number **-**6935

| | | | Yes | No |
|------------|--|----|-----|-----------|
| 1 a | Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, | | | |
| | Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | | |
| | First-class or charter travel Housing allowance or residence for personal use | | | |
| | Travel for companions Payments for business use of personal residence | | | |
| | Tax indemnification and gross-up payments Health or social club dues or initiation fees | | | |
| | Discretionary spending account Personal services (such as maid, chauffeur, chef) | | | |
| | | | | |
| b | If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or | | | |
| | reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain | 1b | | |
| 2 | Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, | | | |
| | trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? | 2 | | |
| | | | | |
| 3 | Indicate which, if any, of the following the organization used to establish the compensation of the organization's | | | |
| | CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to | | | |
| | establish compensation of the CEO/Executive Director, but explain in Part III. | | | |
| | Compensation committee Written employment contract | | | |
| | Independent compensation consultant Compensation survey or study | | | |
| | Form 990 of other organizations X Approval by the board or compensation committee | | | |
| | | | | |
| 4 | During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing | | | |
| | organization or a related organization: | | | |
| а | Receive a severance payment or change-of-control payment? | 4a | | X |
| b | Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | |
| С | Participate in or receive payment from an equity-based compensation arrangement? | | | X |
| | If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | | |
| | | | | |
| | Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | | |
| 5 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the revenues of: | | | |
| а | The organization? | 5a | | <u>X</u> |
| b | Any related organization? | 5b | | X |
| | If "Yes" on line 5a or 5b, describe in Part III. | | | |
| 6 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation | | | |
| | contingent on the net earnings of: | | | |
| | The organization? | 6a | | <u>X</u> |
| b | Any related organization? | 6b | | Х |
| | If "Yes" on line 6a or 6b, describe in Part III. | | | |
| 7 | For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | | |
| | not described on lines 5 and 6? If "Yes," describe in Part III | 7 | | <u> X</u> |
| 8 | Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the | | | |
| | initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III | 8 | | <u>X</u> |
| 9 | If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in | | | |
| | Regulations section 53.4958-6(c)? | 9 | | |

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

| | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | other deferred | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | in column (B) |
|--------------------|-------------|--|-------------------------------------|-------------------------------------|----------------|-------------------------|------------------------------------|---|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | compensation | | | reported as deferred on prior Form 990 |
| (1) BRIAN HILDRETH | (i) | 118,118. | 0. | 0. | 18,992. | 41,741. | 178,851. | 0. |
| EXECUTIVE DIRECTOR | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | _ |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
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| | (ii) | | | | | | | _ |
| | (i) | | | | | | | |
| _ | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | <u> </u> |
| | (ii) | | | | | | | |

| Part III Supplemental Information |
|--|
| Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. |
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SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2023
Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service

Name of the organization

SOUTHERN TIER LIBRARY SYSTEM

Employer identification number **-**6935

FORM 990, PART LINE 1, DESCRIPTION OF ORGANIZATION MISSION: REGION. DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, INDIVIDUALS IN THE FIVE COUNTY REGION TO HAVE EQUAL ACCESS TO EXCELLENT LIBRARY SERVICES. FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE CHARTERED LIBRARIES WHO HAVE ADOPTED A RESOLUTION REQUESTING MEMBERSHIP IN THE LIBRARY SYSTEM. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT LIBRARY SYSTEM TRUSTEES AND VOTE ON CHANGES TO THE BY-LAWS. FORM 990, PART VI, SECTION A, LINE 7B: AN ANNUAL MEMBERSHIP MEETING OF THE SYSTEM SHALL BE HELD EACH YEAR PREFERABLY IN OCTOBER. THE EXECUTIVE DIRECTOR OF THE SYSTEM SHALL BE RESPONSIBLE FOR NOTIFYING THE MEMBER LIBRARIES OF THE TIME AND PLACE OF THE ANNUAL MEMBERSHIP MEETING. EACH MEMBER LIBRARY SHALL BE REPRESENTED AT THE ANNUAL MEMBERSHIP MEETING BY AN INDIVIDUAL SELECTED BY THE BOARD OF TRUSTEES OF THAT LIBRARY. THAT INDIVIDUAL SHALL CAST ONE VOTE IN ALL ACTIONS TAKEN AT THE ANNUAL MEMBERSHIP MEETING. AN AGENDA FOR THE ANNUAL MEETING SHALL BE FORWARDED TO EACH MEMBER LIBRARY AT LEAST THIRTY DAYS IN ADVANCE OF THE ANNUAL MEETING. A MINIMUM OF THREE ELECTION OF ITEMS SHALL BE PLACED ON THE ANNUAL MEETING AGENDA (1) For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page **2**

Name of the organization **Employer identification number** SOUTHERN TIER LIBRARY SYSTEM **-***6935 TRUSTEES, AS NEEDED, TO THE BOARD OF TRUSTEES OF THE SYSTEM -- THIS ELECTION SHALL BE MADE BY THE REPRESENTATIVES OF THE MEMBER LIBRARIES PRESENT AT THE MEETING; (2) A BRIEF REPORT BY THE EXECUTIVE DIRECTOR OF THE SYSTEM ON THE PERFORMANCE OF THE SYSTEM DURING THE PREVIOUS 12 MONTHS AND PLANS FOR THE YEAR AHEAD; (3) A REPORT BY THE EXECUTIVE DIRECTOR REGARDING THE AUDITED FINANCES OF THE SYSTEM FOR THE PREVIOUS FINANCIAL YEAR. FORM 990, PART VI, SECTION B, LINE 11B: COMPLETED FORM 990 WAS PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY, OFFICERS AND DIRECTORS ARE REQUIRED TO COMPLETE AND SIGN A CONFLICT OF INTEREST FORM. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD EXECUTIVE COMMITTEE AS PART OF THE ANNUAL EVALUATION PROCESS. FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON REQUEST. FORM 990, PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.