Form	99	0
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Department of the Treasury

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.

Open to Public

OMB No. 1545-0047

2020

Inter	mai Rev	enue Service		► Go to w	www.irs	s.gov/Form9	90 for instru	ictions a	and the	latest in	formatio	n.		map			
Α	For the	he 2020 calen	dar year, c	or tax year be	eginni	ing		, 2	2020, ai	nd ending	3			, 20			
В	Check i	if applicable:	С									D Emplo	yer iden	tification nu	mber		
	Ac	ddress change	MOHAWK	VALLEY	LIB	RARY SY	STEM					14-	1458	888			
	Na	ame change		ANESBURG			-					E Teleph					
		itial return	SCHENE	CTADY, N	IY 12	2306-10)95					518	-355	-2010			
												510	555	2010			
		nal return/terminated												Ċ 1	407		
		mended return	F	<u> </u>								G Gross		,	,427,	37	
	Ap	oplication pending		nd address of prin		fficer:					• •	a group retu			Yes	X No	
				S C ABOV							If "No,"	subordinate " attach a lis	s include t. See in	d? structions	Yes	No	
1	Tax-	exempt status:	X 501(c)(3	B) 501(c)	()◀ (ir	nsert no.)	4947(a))(1) or	527							
J	We	bsite: 🕨 🕅	W.MVLS	.INFO						1	H(c) Group	exemption n	umber I	•			
Κ	Form	n of organization:	X Corporat	tion Trust	A	Association	Other ►		L Yea	ar of formatio	on: 196	0 M	State of	legal domici	le: NY		
Pa	art I	Summar	'Y														
	1	Briefly descri	be the org	anization's m	nissior	n or most s	significant a	ctivities	THE	SYSTEM	1 PROV	IDES S	UPPC	RT SE	RVICF	lS,	
đ				GRANTS TO													
Activities & Governance																	
LD8																	
- No	2	Check this bo	ox ► i	f the organiza	ation	discontinu	ed its opera	itions or	dispos	ed of mo	re than 2	25% of its	net as	ssets.			
Ō		Number of vo											3			11	
രം		Number of in											4			11	
itie		Total number											5			8	
÷		Total number											6			0	
ĕ													7a			0.	
	b	Net unrelated	business	taxable incor	me fro	om Form 9	90-1, Part I	, line 11	1		1		7b			0.	
										1		rior Year			rent Ye		
Ð		Contributions									1	L,294,	672.	1	,011,	324.	
Revenue		Program serv							1.1.								
eve		Investment in					- 11.1	1 1					589.			652.	
ш	11	Other revenu										566,				501.	
		Total revenue					11/					L,863,		1	<u>,427,</u>		
		Grants and s					-	•				207,8	322.		159,	507.	
		Benefits paid															
s	15	Salaries, othe	er compen	sation, emplo	oyee l	benefits (P	art IX, colui	mn (A),	lines 5	-10)		682,3	351.		567,	595.	
Expenses	16a	Professional	fundraising	g fees (Part I	IX, co	lumn (A), l	line 11e)										
bel	b	Total fundrais	sing expen	ses (Part IX,	, colur	nn (D), lin	e 25) 🕨										
ŵ	17	Other expense										918,538.			785,990.		
		Total expens					-					L,808,		1	,513,		
		Revenue less										55,0			1 1	615.	
7 8					10 10							ng of Curre		En	d of Yea		
ots c ance	20	Total assets	(Part X lin	ue 16)								L,088,			,098,		
\ese Bali	21	Total liabilitie									-	1,000,	0.	I		700.	
Net Assets or Fund Balances			-									000		1			
		Net assets or		nces. Subtrac			IIIe 20					L,088,	/54.	1	,003,	139.	
_	art II	Signatur															
Und	er penal plete. D	ties of perjury, I de eclaration of prepa	eclare that I ha arer (other thai	ave examined this n officer) is based	s return d on all	, including acc information o	companying sch f which prepare	edules and r has any k	d stateme knowledge	nts, and to tl e.	he best of m	ny knowledge	e and be	lief, it is true	, correct,	and	
								-	-								
c :		Signatu	ire of officer								Da	ate					
Siq He	jn ro		ר הוא כודי	N NT							EVECI		חדח				
ne	i e		c TRAHA								LALU	UTIVE	DIR.				
		21	preparer's nam			Preparer's sign	nature		ſ	Date				PTIN			
-											01	Check	if		7260		
Pa				TER, CPA			. WINTE		'A	9/01/	21	self-employ	ed	P0028	1362		
	epare	1		M BYXBEE								-		-			
US	e On	Firm's addre					ST STE	101				Firm's EIN		-17671			
					122							Phone no.	518	-458-2			
		IRS discuss th							S					ΧΥ		No	
BA	A For	r Paperwork R	Reduction	Act Notice, s	see the	e separate	instruction	s.		TEE	A0101L 01/	19/21		Fc	rm 990	(2020)	

	, ,		EY LIBRARY SYSI			14-1458888	Page 2
Par			am Service Accomp	plishments e to any line in this Part II	I		
1		e the organization			L		· · · · · · ·
	THE SYSTE	EM PROVIDES	SUPPORT SERVIC	ES, MATERIALS AND	D GRANTS TO IMPE	ROVE AND ENHAN	<u>CE</u>
	MEMBER LI	BRARY SERVI	I <u>CES</u>				
2	Did the organiz	ation undertake any	y significant program serv	ices during the year which w	vere not listed on the prior		
	Form 990 or 9					Yes	X No
3	,		ces on Schedule O. Jucting, or make signific	ant changes in how it con	ducts any program servi	ces? Yes	X No
3		be these changes o		ant changes in now it con	ducts, any program servi		
4	Describe the c	organization's prog	gram service accomplist	ments for each of its thre	e largest program service	es, as measured by e	xpenses.
	and revenue, i	if any, for each pr	ogram service reported.	red to report the amount o	or grants and anocations	to others, the total ex	penses,
			<u>^</u>			<u>Å</u>	
4 a	A (Code:) (Expenses		including grants of \$ OF SERVICES TO I		/enue \$	
	VALLEY	<u>DERVICES COP</u>	<u>5151 FRIMARILI</u>	<u>OF SERVICES IO I</u>	MEMDER LIDRARIES		
41	(Code:) (Expenses	\$	including grapts of S) (Rev	venue \$)
							/
				MKIT			
				<u>19</u>			
4 0	c (Code:) (Expenses	\$	including grants of \$) (Rev	venue \$)
		·					
1 -		services (Dosorik	be on Schedule O.)				
40	Other program (Expenses	\$	including gran	ts of \$) (Revenue \$)
4 e		service expenses			, , , , , , , , , , , , , , , , , , , ,		,
			·				000 (2020)

1 01	Checkist 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	X	110
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part l</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 Revenue Procedure 98-19? <i>If 'Yes,' complete Schedule C, Part III.</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	8		Х
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? If 'Yes,' complete Schedule D, Part IV.	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V</i>	10		Х
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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a		Х
ł	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.	11 b		Х
C	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
C	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.	11 d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X	11 e	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	11 f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ł	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If 'Yes,' complete Schedule F, Parts I and IV</i> .	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If 'Yes,' complete Schedule F, Parts II and IV</i>	15		Х
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		Х
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		Х
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		Х
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		Х
20a	Did the organization operate one or more hospital facilities? <i>If 'Yes,' complete Schedule H</i>	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	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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Part IV	Chec	klist of R	equired S	Schedules	
Form 990 (2	2020)	MOHAWK	VALLEY	LIBRARY	SYSTEM

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Form 990 (2020) MOHAWK VALLEY LIBRARY SYSTEM
Part IV Checklist of Required Schedules (continued)

ra	rtiv	Checkist of Required Schedules (Continued)			
22	Did t	he organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,		Yes	No
	colur	nn (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
23	and f	ne organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete adule J</i> .	23		Х
24	a Did th the la	ne organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of ast day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and	24-		Х
I		blete Schedule K. If 'No, 'go to line 25a	24a 24b		Λ
		ne organization maintain an escrow account other than a refunding escrow at any time during the year to defease tax-exempt bonds?	24c		
	d Did t	he organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25	a Secti trans	ion 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit saction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
I	that t	e organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete edule L, Part I.	25b		Х
26	form	he organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or er officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity mily member of any of these persons? <i>If 'Yes,' complete Schedule L, Part II</i>	26		Х
27	empl mem	he organization provide a grant or other assistance to any current or former officer, director, trustee, key loyee, creator or founder, substantial contributor or employee thereof, a grant selection committee liber, or to a 35% controlled entity (including an employee thereof) or family member of any of these ons? If 'Yes,' complete Schedule L, Part III.	27		Х
28	Was instru	the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV actions, for applicable filing thresholds, conditions, and exceptions):			
i		rrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If ,' complete Schedule L, Part IV	28a		Х
I	b A far	nily member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b		Х
	c A 35 Yes,	% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28c		Х
29		he organization receive more than \$25,000 in non-cash contributions? If Yes, ' complete Schedule M	29		Х
30	contr	he organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation ibutions? If 'Yes,' complete Schedule M	30		Х
31		he organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did th Sche	ne organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i> edule <i>N, Part II</i>	32		Х
33	Did th 301.7	ne organization own 100% of an entity disregarded as separate from the organization under Regulations sections 7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
	and	the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, Part V, line 1	34		Х
		he organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
l	b If 'Ye entity	es' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled y within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Sect i organ	ion 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related nization? If 'Yes,' complete Schedule R, Part V, line 2	36		Х
37	Did th treate	ne organization conduct more than 5% of its activities through an entity that is not a related organization and that is ed as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	37		Х
38	Note	ne organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? : All Form 990 filers are required to complete Schedule O	38	Х	
Pa		Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	_	_	
				Yes	· No
		r the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	c Did tl	he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	-	37	
BAA		nbling) winnings to prize winners?	1 c Form	X 990 (2020)

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)				
			Yes	No
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a	8			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O		3 b		
4 a 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		Х
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).	-	_		v
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	-	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organiz solicit any contributions that were not tax deductible as charitable contributions?	ation	6 a		Х
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6 b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?	d _	7 a		Х
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7 c		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year		70		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.		7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 f		X
q If the organization received a contribution of qualified intellectual property, did the organization file Form 8899				
as required?		7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?	а 	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring				
organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.	-			
a Did the sponsoring organization make any taxable distributions under section 4966?		9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9 b		
10 Section 501(c)(7) organizations. Enter:				
a 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: a Gross income from members or shareholders.				
b Gross income from other sources (Do not net amounts due or paid to other sources				
against amounts due or received from them.)				
12 a 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 12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
a 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				
c Enter the amount of reserves on hand				V
14a Did the organization receive any payments for indoor tanning services during the tax year?	-	14a		Х
b If 'Yes,' has it filed a Form 720 to report these payments? <i>If 'No,' provide an explanation on Schedule O</i>	· · · · · · · · · · ·	14b		<u> </u>
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15		Х
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	F	16		Х
If Yes,' complete Form 4720, Schedule O.		10		

 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
1;	a Enter the number of voting members of the governing body at the end of the tax year 1 a 11 If there are material differences in voting rights among members of the governing body delegated broad 1 1			
	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 1b 11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	-		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets	5		X
-	a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more	0		
	members of the governing body?	7 a		Х
I	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
•	the following:			
	a The governing body?	8 a	Х	
I	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		1	· · · · ·
			Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
I	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		
11 :	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O	ma		
	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
(c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12c		х
13	Did the organization have a written whistleblower policy?	13	Х	
	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?			
	a The organization's CEO, Executive Director, or top management official. SEE SCHEDULE. O.	15a	Х	
	• Other officers or key employees of the organization SEE . SCHEDULE . O.	15b	X	
-	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16;	a 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
I	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?	16 b		
Sec	tion C. Disclosure	.00		
-	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 5	01(c)(3)s on	ly)
	available for public inspection. Indicate how you made these available. Check all that apply. 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 financial statements availate the public during the tax year. SEE SCHEDULE O	ble to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►			

ERIC	TRAHAN	858	DUANESBURG	ROAD	SCHENECTADY	NY	12306-1095	518-355-2010

Form 990 (2020) MOHAWK VALLEY LIBRARY SYSTEM	14-1458888	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Contractors	ompensated Employe	es, and
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	l Employees	
 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations) 		:

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, 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 instructions for the order in which to list the persons above.

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

			(C))						
(A) Name and title	(B) Average hours	Pos thar is	s both	an c	officer /truste			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	9	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ERIC_TRAHAN	35									
EXECUTIVE DIR.	0			Х				103,214.	0.	23,152.
_(2)_KATHERINE_HAWKINS TRUSTEE	<u>1</u>	Х		ſ	~	P	5	0.	0.	0.
(3) CHRISTINA KNEE VICE PRESIDENT	<u>1</u> 0	X	D) X		712		0.	0.	0.
(4) JANE BORRELLI PRESIDENT	$-\frac{1}{0}$	$\mathbb{P}_{\mathbf{x}}$	Π	X				0.	0.	0.
(5) CHRISTINE WITKOWSKI TRUSTEE	10	x						0.	0.	0.
(6) ROSEMARY BARGER TRUSTEE	1	х						0.	0.	0.
(7) MARY SALLUZZO TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.
(8) HELEN THOMAS TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.
(9) JOANNE MICKLE SECRETARY	$-\frac{1}{0}$	X		Х				0.	0.	0.
(10) ELEANOR SPENCER TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.
(11) FELICIA SPIVEY TRUSTEE	$-\frac{1}{0}$	X						0.	0.	0.
(12) DEB ESCOBAR TRUSTEE	1	X						0.		
(13) SALLY RAPP				v					0.	0.
TREASURER (14)	0			Х				0.	0.	0.
ΒΔΔ	TEEAO	1071	10/07	7/20						Form 990 (2020)

BAA

Form 990 (2020) MOHAWK VALLEY LIBRARY SYSTEM

Form 990 (2020) MOHAWK VALLEY LIBRARY S		1/	F						14-1458888	
Part VII Section A. Officers, Directors, Tru	Istees, (B)	ney	Em	-	-	es, a	anc	a Hignest Con	ipensated Empl	oyees (continued)
(A) Name and title	Average hours per	box	, unles	heck ss pe	sition more erson	than c is both pr/truste	an	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount
	week (list any hours for related organiza - tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	of other compensation from the organization and related organizations
(15)										
(16)										
	İ									
(18)										
(19)										
(20)										
(21)										
(22)										
(23)							_	71		
(24)					\sum	F				
(25)	4		P	\leq	N	20				
1 b Subtotal	·····	<u> </u>	· · · ·			· · · · •	>	103,214.	0.	
c Total from continuation sheets to Part VII, Secti							<u>-</u>	0.	0.	0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited							ha	103,214.	0.	<u>23,152.</u>
from the organization ► 1		IISIEU	abov	/e) v		eceiv	/eu			
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for successful of the second	tor, truste h individu	ee, ke <i>Jal</i>	ey er	nplo	oyee	, or h	nigh	nest compensated	employee	Yes No 3 X
4 For any individual listed on line 1a, is the sum or the organization and related organizations greate such individual.			mpe 00?	nsa If 'γ	ition <i>'es,'</i>	and <i>com</i>	oth plei	er compensation te Schedule J for	from	4 X
 5 Did any person listed on line 1a receive or accru for services rendered to the organization? If 'Yes 			n fro ched	om a Jule	any <i>J foi</i>	unrel r <i>suci</i>	ate h p	d organization or erson	individual	5 X
Section B. Independent Contractors										· · · ·
 Complete this table for your five highest compen- compensation from the organization. Report compen- 	sated ind	the c	dent alenc	cor dar y	ntrac year	tors endir	tha າg	t received more to with or within the or	han \$100,000 of ganization's tax year	
(A) Name and business add	ress							(B) Description	of services	(C) Compensation
2 Total number of independent contractors (including l \$100,000 of compensation from the organization		nited to	o tho	se l	isted	abov	/e) \	who received more	than	

Form 990 (2020) MOHAWK VALLEY LIBRARY SYSTEM

Part VIII Statement of Revenue

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	Check if Schedule O contains	r		(A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
					exempt function revenue	business revenue	excluded from t under section 512-514
1 a	a Federated campaigns	1 a					
b	Membership dues	1 b					
c	Fundraising events	1 c					
c	Related organizations	1 d					
	e Government grants (contributions)	1 e	971,677.				
	All other contributions, gifts, grants, and similar amounts not included above	1 f	39,647.				
ç	g Noncash contributions included in lines 1a-1f.	1 g					
ł	Total. Add lines 1a-1f			1,011,324.			
-		-	Business Code				
2 a							
b)						
C							
C	1						
e	• 						
	All other program service revenu						
ç	g Total. Add lines 2a-2f						
3	Investment income (including divide other similar amounts)	ends, ir	nterest, and · · · · · · · · · ►	2,652.			2,65
4	Income from investment of tax-e	xempt	bond proceeds	,			,
5	Royalties						1
	(i) R	eal	(ii) Personal				
6 a	a Gross rents 6a						
Ł	b Less: rental expenses 6b						
c	c Rental income or (loss) 6c				И		
	Net rental income or (loss)			NEX FOR			
7 2	a Gross amount from (i) Secu	rities	(ii) Other	$M \sim $			
	sales of assets		+				
٢	other than inventory b Less: cost or other basis						
	and sales expenses 7b						
c	c Gain or (loss) 7 c						
c	Net gain or (loss)						
82	a Gross income from fundraising events	Γ					
	(not including \$						
	of contributions reported on line 1c).						
	See Part IV, line 18	8	a				
	Less: direct expenses	8					
c	: Net income or (loss) from fundra	ising e	events ►				
9 a	a Gross income from gaming activities. See Part IV, line 19	9	a				
	b Less: direct expenses	9					
	Net income or (loss) from gamin						
10 a	a Gross sales of inventory, less returns and allowances	10	a				
	Less: cost of goods sold	10		•			
	Net income or (loss) from sales of						
C			Business Code				
11 a				316,054.	316 054		
ه ه ۲					316,054.		1
د د	OVERDRIVE E-BOOKS			92,693.	92,693.		+
	LIBRARY REIMBURSEMEN			3,888.	3,888.		+
- C				866.	866.		
_	e Total. Add lines 11a-11d		► I	413,501.			

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a re				
Do l 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	159,507.	159,507.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	139,307.	139,307.		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	126,367.	94,775.	31,592.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages				0.
-	Ŭ l	286,349.	214,762.	71,587.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	66,129.	49,597.	16,532.	
9	Other employee benefits	57,790.	43,342.	14,448.	
10	Payroll taxes	30,960.	23,220.	7,740.	
11	Fees for services (nonemployees):	50,500.	20,220.	1,140.	
	Management				
	Accounting				
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column				
y	(A) amount, list line 11g expenses on Schedule 0.)	\square			
12	Advertising and promotion	MK	-70		
13	Office expenses	\\)485.	364.	121.	
14	Information technology				
15	Royalties				
16	Occupancy	5,436.	4,077.	1,359.	
17	Travel	3,343.	2,507.	836.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		,		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	9,051.	6,788.	2,263.	
24	Other expenses. Itemize expenses not covered 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.).	·			
ā	CONTRACTURAL FEES	578,737.	578,737.		
	P LIBRARY MATERIALS	125,740.	125,740.		
	GRANT EXPENDITURES	21,680.	21,680.		
	MAINTENANCE	15,012.	11,260.	3,752.	
	All other expenses.	26,506.	21,083.	5,423.	
25	Total functional expenses. Add lines 1 through 24e	1,513,092.	1,357,439.	155,653.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► if following SOP 98-2 (ASC 958-720)	, ,	, ,		
					E 000 (0000)

Form 990 (2020) MOHAWK VALLEY LIBRARY SYSTEM 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	30,082.	1	45,493.
	2	Savings and temporary cash investments	1,058,672.	2	1,053,346.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
Ś	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
As		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation		10 c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,088,754.	16	1,098,839.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
ŝ	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ĩ	22	Secured mortgages and notes payable to unrelated third parties		22	
	23 24	Unsecured notes and loans payable to unrelated third parties		23 24	
	24 25			24	
	_	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	95,700.
	26	Total liabilities. Add lines 17 through 25.	0.	26	95,700.
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions	862,392.	27	764,227.
8	28	Net assets with donor restrictions	226,362.	28	238,912.
Fune		Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SS	31	Retained earnings, endowment, accumulated income, or other funds		31	
ž A	32	Total net assets or fund balances	1,088,754.	32	1,003,139.
ž	33	Total liabilities and net assets/fund balances	1,088,754.	33	1,098,839.
BA	A	TEEA0111L 10/07/20			Form 990 (2020)

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Forn	1 990	(2020)	MOHAWK	VA	LLEY	LIE	BRARY	SY	ST	EM									14	-145	8888		Pa	age 12
Pa	t XI	Reco	nciliatio	n of	Net /	Asset	ts																	
		Check	if Schedule	e O c	ontain	ns a re	sponse o	or no	ote	to any	y line	e in [.]	this F	Part X	KI									
1	Tota	l revenue	e (must eqi	ual P	art VII	I, colu	ımn (A), l	line	e 12])										. 1		1,4	27,4	477.
2	Tota	l expense	es (must e	qual	Part I>	X, colu	ımn (A), I	line	25	j)										. 2		1,5	13,0	092.
3	Reve	enue less	s expenses	. Sut	otract I	line 2	from line	1.												. 3		-	85,6	615.
4	Net a	assets or	r fund bala	nces	at beg	ginning	g of year	(mı	ust	equal	Part	X, I	line 3	82, co	olumr	n (A)).				. 4		1,0	88,	754.
5	Net i	unrealize	ed gains (Ic	sses) on in	nvestm	nents													. 5				
6	Dona	ated serv	vices and u	se of	facilit	ies														. 6				
7	Inve	stment e	xpenses																	. 7				
8	Prior	r period a	adjustment	S				• • • •												. 8				
9	Othe	er change	es in net as	sets	or fun	nd bala	ances (exp	plai	in o	on Sch	edul	e O))							. 9				0.
10	colur	mn (B)) .	fund balanc																	. 10		1,0	03,1	139.
Pa	t XII	Finan	ncial Stat	eme	ents a	and F	Reportir	۱g																
		Check	if Schedule	e O c	contain	ns a re	sponse o	or no	ote	to any	/ line	e in [.]	this F	Part X	XII									🗖
										,	,												Yes	No
1	Acco	ounting m	nethod use	d to j	prepar	e the	Form 990):	Х	Cash		A	Accrua	al		Other	r							
	lf the in So	e organiz chedule (ation chan C.	ged i	its met	thod o	f account	ting	g fro	om a p	rior y	year	r or cl	hecke	ed 'O)ther,'	' expl	ain						
2 a	Were	e the org	anization's	finar	ncial s	tatem	ents com	pile	ed o	or revie	ewed	l by	an in	Idepe	ender	nt acc	ount	ant?				2a	Х	
	lf 'Ye	es,' chec	k a box be is, consolio	low to	o indic	cate w	hether the	e fir	nan	ncial st	aten	nent	ts for	the y	/ear	were	comp	oiled o	r reviev	ved on	а			
	X		te basis		1		d basis			Both c	conso	olida	ated a	and se	epar	ate ba	asis							
ł	Were	e the org	anization's	finar	ncial s	tatem	ents audit	ted	by	an inc	depe	ndei	nt aco	count	tant?	.						2 b		Х
		s, consol	k a box be idated bas te basis	is, or	both:		hether the d basis	e fir	_	ncial st Both c				5				ed on	a sepa	rate				
		•			1																			
(revie	ew, or co	2a or 2b, d mpilation c	of its	financ	ial sta	tements a	and	d se	electior	ר of a	an ir	ndepe	ender	nt ac	count	tant?			It, 		2 c	Х	
	on S	chedule		0			0 1				_	. 1	\bigcap	15		/	2							
3a	As a Audi	result of t Act and	a federal av d OMB Circ	vard, ular	was th A-133	ne orga ?	nization r	equ	ired ۲۰۰۰		dergo) an		}àr∖au	udits	as set	t forth	in the	Single			3a		Х
ł) If 'Ye	es,' did th	e organizati	on ur	ndergo	the real	quired aud	dit o	or au	udits?	If the	e org	aniza	tion d	did no	ot unde	ergo	the req	uired au	udit				
			olain why c																			3 b		
BAA										TEEA	0112L	_ 10/	/19/20									Form	990	(2020)

SCHEDULE A (Form 990 or 990-EZ)

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

_	where the second for the structure and the latest information	

2020
Open to Public

OMB No. 1545-0047

Departr Internal	nent of the Treasury Revenue Service	► (Go to www.irs.gov/Fo	rm990 for instructions	and the	latest i	nformation.	Inspection			
Name o	of the organization	•					Employer identifica	ation number			
MOH	AWK VALLEY						14-145888				
Part							s part.) See instruc	ctions.			
The o	Ě.			For lines 1 through 12,		-					
1				nurches described in sec			(i).				
2				Schedule E (Form 990 o							
3		•		ization described in se							
4	A medical res	-					tion 1 70(b)(1)(A)(iii) . E	inter the hospital's			
5	An organizati	ion operated for		ge or university owned			a governmental unit de	escribed in			
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X An organization in section 17	on that normally r 0(b)(1)(A)(vi). (eceives a substantial p Complete Part II.)	part of its support from a	governm	ental un	it or from the general pul	blic described			
8	A community	trust described	in section 170(b)(1)(A)(vi). (Complete Part	II.)						
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:									
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 organizati	on organized a	nd operated exclusive	ely to test for public saf	ety. See	sectior	n 509(a)(4).				
12 a	or more public lines 12a thro Type I. A supp organization(s	icly supported o ough 12d that de porting organizati	rganizations describe escribes the type of s on operated, supervise gularly appoint or elect	d in section 509(a)(1) of upporting organization d. or controlled by its su	or section and com	in 509(a plete lii roanizat	ictions of, or to carry of (2). See section 509(a) nes 12e, 12f, and 12g. ion(s), typically by giving the supporting organization	(3). Check the box in			
b	Type II. A sup	oporting organiz	zation supervised or c organization vested in	controlled in connection the same persons that c	with its control or	support manage	ed organization(s), by the supported organizat	having control or ion(s). You			
С	Type III function	onally integrated	A supporting organizat	tion operated in connection	n with, a	nd functio	onally integrated with, its	supported			
d	Type III non-fu	unctionally integ	rated. A supporting org		nnection Ition rea		supported organization(sing the second se Second second s				
е	Check this bo	ox if the organiz	ation received a writt	en determination from	the IRS	that it is	s а Туре I, Туре II, Тур	e III functionally			
f				supporting organization							
q	Provide the follo	wing informatio	n about the supported	d organization(s).							
	i) Name of supported of		(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	organizat in your c	s the tion listed joverning ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)			
					Yes	No					
(A)											
(B)											
(C)											
(D)											
<u>(E)</u>											

Total

Schedule A (Form 990 or 990-EZ) 2020 MOHAWK VALLEY LIBRARY SYSTEM

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,857,832.	1,746,927.	1,720,040.	1,861,031.	1,424,825.	8,610,655.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	1,857,832.	1,746,927.	1,720,040.	1,861,031.	1,424,825.	8,610,655.
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)						0.
6	Public support. Subtract line 5 from line 4						8,610,655.
Sec	tion B. Total Support						· · ·
	ndar year (or fiscal year nning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,857,832.	1,746,927.	1,720,040.	1,861,031.	1,424,825.	8,610,655.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,151.	2,760.	2,820	2,689.	2,652.	14,072.
9	Net income from unrelated business activities, whether or not the business is regularly carried on		DR				0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
	Total support. Add lines 7 through 10						8,624,727.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First 5 years. If the Form 990 is organization, check this box and						►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
	Public support percentage for 20						99.84%
15	Public support percentage from	2019 Schedule A,	Part II, line 14				99.83%
16a	33-1/3% support test-2020. If t and stop here. The organization	he organization di qualifies as a pul	id not check the b plicly supported o	ox on line 13, and rganization	d line 14 is 33-1/3	3% or more, check	< this box ► X
b	33-1/3% support test-2019. If the and stop here. The organization	ne organization die n qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a	a, and line 15 is 3	3-1/3% or more, c	check this box · · · · · · · ►
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the facts	meets the facts-a	nd-circumstances	s test. check this I	box and stop here	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-an	meets the facts-a d-circumstances'	nd-circumstances test. The organization	test, check this lation qualifies as	box and stop here a publicly support	e. Explain in Part ed organization.	VI how the
18	Private foundation. If the organi	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see ins	structions ►
BAA					Sc	hedule A (Earm 90	90 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020

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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.)

Sec	tion A. Public Support						
	lar year (or fiscal year beginning in) ► Gifts, grants, contributions, and membership fees	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services						
	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						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)			ET.			
Sec	tion B. Total Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017 C	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6		<u> </u>				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is organization, check this box and	for the organization of the stop here	on's first, second,	third, fourth, or fi	fth tax year as a	section 501(c)(3)	►
Sec	tion C. Computation of Pu	blic Support P	ercentage				
15	Public support percentage for 20)20 (line 8, colum	n (f), divided by li	ine 13, column (f))		15	010
16	Public support percentage from	2019 Schedule A,	Part III, line 15.				olo
Sec	tion D. Computation of Inv					II	
17	Investment income percentage f				imn (f)).		0/0
18	Investment income percentage f			-			00
	33-1/3% support tests –2020. If						
	is not more than 33-1/3%, check	k this box and sto	p here. The orgar	nization qualifies a	s a publicly supp	orted organization	•
	33-1/3% support tests -2019. If i line 18 is not more than 33-1/3%	6, check this box a	and stop here. Th	e organization qua	alifies as a public	ly supported organ	nization 🕨
20	Private foundation. If the organi	zation did not che	CK a box on line	14, 19a, or 19b, cl		see instructions.	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

			Yes	No
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.	1		
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).	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.	3a		
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.	3b		
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.	Зc		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax yea? 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).	5a		
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?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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? <i>If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI.	9b		
c	Did a disqualified person (as defined in 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.	9c		
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.	10a		
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.)	10a		

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Schedule A (F	Form 990 or 990-EZ) 2020	MOHAWK	VALLEY	LIBRARY	SYSTEM

Part iv Supporting Organizations (continued)			
	Ye	es	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below,			
the governing body of a supported organization?	а		
b A family member of a person described in line 11a above?	b		
C A 35% controlled entity of a person described in line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI.	с		
Section P. Type I. Sympositing Organizations			

Section B. Type I Supporting Organizations

- 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in **Part VI** how the supported organization (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*

Section 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 trustees of each of the organization's supported organization(s)? If 'No,' describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).
 1

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization'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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No ' explain in Part VI how			
	organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played			
	in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check 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 instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* 'Yes,' *explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in **Part VI**.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in **Part VI** the role played by the organization in this regard.

2a

2b

3a

3h

Yes

1

2

No



Schedule A (Form 990 or 990-EZ) 2020 MOHAWK VALLEY LIBRARY SYSTEM Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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ect	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		
ect	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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	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 36)	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		
ect	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		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency			

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

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Schedule A (Form 990 or 990-EZ) 2020

Par		ipporting Organiza	ations (continue	d)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	IS,	2		
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - provide		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 organization in Part VI). See instructions.	on is responsive (provide	edetails	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ons	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
1	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	270			
4	Distributions for 2020 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
-	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
-	Excess from 2017				
c	Excess from 2018				
d	Excess from 2019				
	Excess from 2020				

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Schedule A (Form 990 or 990-EZ) 2020

Schedule A (For	rm 990 or 990-EZ) 2020	MOHAWK	VALLEY	LIBRARY	SYSTEM	14-1458888	Page 8
Part VI	Supplemental In	formation.	Provide the	e explanations	required by	Part II, line 10; Part II, line 17a or 17b; Part	
	III, line 12; Part IV, S	ection A, lines	; 1, 2, 3b, 3d	c, 4b, 4c, 5a, 6	ó, 9a, 9b, 9c,	11a, 11b, and 11c; Part IV, Section	
	B, lines 1 and 2; Part	t IV, Section C	, line 1; Par	t IV, Section D), lines 2 and	d 3; Part IV, Section E, lines 1c, 2a, 2b,	
	3a, and 3b; Part V, lin	ne 1; Part V, S	ection B, lir	ne 1e; Part V,	Section D, li	nes 5, 6, and 8; and Part V, Section E,	
	lines 2, 5, and 6, Also	o complete this	s part for ar	nv additional i	nformation.	(See instructions.)	

DRAFT

OMB No 1545-0047 Supplemental Financial Statements SCHEDULE D ► 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. (Form 990) **Open to Public** Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number 14-1458888 MOHAWK VALLEY LIBRARY SYSTEM Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year..... 1 Aggregate value of contributions to (during year). 2 3 Aggregate value of grants from (during year). Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control?.... No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring 6 impermissible private benefit?..... No Yes Part II **Conservation Easements.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a gualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements..... 2 a **b** Total acreage restricted by conservation easements...... 2 b c Number of conservation easements on a certified historic structure included in ta). 2 c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic 3 tax year ► Number of states where property subject to conservation easement is located ► 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, 5 and enforcement of the conservation easements it holds?..... Yes No Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 ►\$

- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?....
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

No

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

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. TEEA3301L 08/18/20	Schedule D (Form 990) 2020
b Assets included in Form 990, Part X	►\$
a Revenue included on Form 990, Part VIII, line 1.	►\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provamounts required to be reported under FASB ASC 958 relating to these items:	vide the following
(ii) Assets included in Form 990, Part X	►\$
(i) Revenue included on Form 990, Part VIII, line 1	►\$
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and bala historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public following amounts relating to these items:	lance sheet works of art, lic service, provide the
1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and historical treasures, or other similar assets held for public exhibition, education, or research in furtherance Part XIII the text of the footnote to its financial statements that describes these items.	l balance sheet works of art, e of public service, provide in

Schedule D (Form 990) 2020 MOHAN	VK VALLEY	LIBRARY	Y SYSTEM		14-145	8888	Page 2
Part III Organizations Mainta	ining Colle	ctions of A	Art, Histori	cal Treasures, or	r Other Similar Ass	ets (continu	ued)
3 Using the organization's acquisition items (check all that apply):	, accession, a	nd other reco	rds, check any	of the following that m	nake significant use of its	collection	
a Public exhibition		C	Loan or	exchange program			
b Scholarly research		e	e Other				
 c Preservation for future gener 4 Provide a description of the organiz 		ons and expl	ain how they fu	urther the organization'	s exempt purpose in		
Part XIII.			-	-			
5 During the year, did the organiza to be sold to raise funds rather the sold to raise funds the sold to raise funds rather the sold to rather the sold	tion solicit or han to be mai	receive dona ntained as p	ations of art, art of the org	historical treasures, c anization's collection	or other similar assets	Yes	No
Part IV Escrow and Custodia line 9, or reported an	l Arrangen	nents. Con	nplete if the	e organization an		rm 990, Pa	rt IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodia	n or other in	termediary fo	r contributions or oth	er assets not included	Yes	No
b If 'Yes,' explain the arrangement						les	
						Amount	
c Beginning balance					1c		
d Additions during the year					1d		
e Distributions during the year							
f Ending balance							
2 a Did the organization include an a					-	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII.	Sheck here i	t the explana	tion has been provide	ed on Part XIII	· · · · · · · · · · · · · · [
Part V Endowment Funds. C	omnlete if	the organi	zation ans	wered 'Yes' on Fo	orm 990 Part IV li	ne 10	
	(a) Current		(b) Prior year	(c) Two years back		(e) Four yea	rs back
1 a Beginning of year balance		,					
b Contributions							
c Net investment earnings, gains, and losses							
d Grants or scholarships				1755			
e Other expenditures for facilities				MP 1			
and programs f Administrative expenses		TF					
q End of year balance			\mathcal{H}				
2 Provide the estimated percentag	e of the curre	nt year end	balance (line	1g, column (a)) held	as:		
a Board designated or quasi-endowm		5	90 V				
b Permanent endowment ►	00		-				
c Term endowment ►	010						
The percentages on lines 2a, 2b, a	nd 2c should e	qual 100%.					
3a Are there endowment funds not in t	he possession	of the organi	zation that are	held and administered	d for the		
organization by:						Yes	No
(i) Unrelated organizations(ii) Related organizations						3a(i) 3a(ii)	
b If 'Yes' on line 3a(ii), are the rela						· 3b	
4 Describe in Part XIII the intended	-						
Part VI Land, Buildings, and		-					
Complete if the organi			s' on Form	990, Part IV, line	e 11a. See Form 99	0, Part X, I	ine 10.
Description of property		(a) Cost or c (investr	ther basis nent)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book v	alue
1 a Land							
b Buildings							
c Leasehold improvements							
d Equipment							
e Other					•		
Total. Add lines 1a through 1e. (Colum BAA	ırı (a) must ed	juai Form 95	iu, Part X, co	umn (B), line IUC.)		ule D (Form 99	0.
					Scried	uie 🖬 (FUIII 33	UZUZU

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Part VII		 Other Securities. 		N/A	
		e organization answered	(b) Book value	D, Part IV, line 11b. See Form S (c) Method of valuation: Cost or end-(
			(D) BOOK Value	(C) Method of Valuation. Cost of end-t	n-year market value
		sts			
(2) Olosely (3) Other	field equity interes				
(A)					· · · · · · · · · · · · · · · · · · ·
<u>(B)</u>					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
()					
		990, Part X, column (B) line 12.) 🕨		27./2	
Part VIII	Complete if th	 Program Related. organization answered 	'Yes' on Form 990	N/A), Part IV, line 11c. See Form 9	90 Part X line 13
	(a) Description of		(b) Book value	(c) Method of valuation: Cost or end	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10) Total (Colum	n (h) must equal Form (990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets				
	Complete if th		'Yes' on Form 990	, Part IV, line 11d. See Form 9	
(1)		(a) Des	scription		(b) Book value
(1) (2)			12		
(3)					
(4)					
(5)					
(6)					
(7) (8)					
(9)					
(10)					
Total. (Col	lumn (b) must equa	al Form 990, Part X, column (l	B) line 15.)	••••••	•
Part X	Other Liabiliti	es.			
_	Complete if the or			1e or 11f. See Form 990, Part X, line 25	
1.	ral income taxes	(a) Descr	iption of liability		(b) Book value
	PPP LOAN				95,700.
(3)					55,700.
(4)					
(5)					
(6)					
(7)					
(8) (9)					
(10)					
(11)					
Total. (Colum				•	55,100.
0 1 1 1 1 1 1 1 1	1 1 1 11	In Deat VIII, and did the test of the fe	atuata ta tha avaaujaatianla fi	nancial statements that reports the organization's	

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.

Schedule D (Form 990) 2020 MOHAWK VALLEY LIBRARY SYSTEM	14-1458888	Page 4
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	er Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.	2e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return. N/A	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	•	
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990. Part IX. line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments		
c Other losses.		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d	2e	
3 Subtract line 2e from line 1.		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part 1, line 18.)	5	
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 - FASB ASC 740 FOOTNOTE

THE SYSTEM FILES FORM 990 RETURN OF ORGANIZATIONS EXEMPT FROM INCOME TAX. THE SYSTEM HAS ADOPTED THE PROVISIONS OF FASB ASC 740-10 AND AS A RESULT HAS IDENTIFIED ITS EXEMPTION FROM INCOME TAX UNDER SECTION 501(C)(3) AS A TAX POSITION WHICH FALLS WITHIN THE SCOPE OF THIS FASB ASC SECTION. THE SYSTEM DOES NOT BELIEVE THIS TAX POSITION WILL RESULT IN ANY CHANGE TO ITS FINANCIAL POSITION. THESE RETURNS ARE SUBJECT TO EXAMINATION BY TAX JURISDICTIONS (GENERALLY FOR THREE YEARS FROM THE FILING DATE), AND AS A RESULT, RETURNS FOR THE YEARS SUBSEQUENT TO THE YEAR ENDED BAA

Page 5

PART X - FASB ASC 740 FOOTNOTE (CONTINUED)

DECEMBER 31, 2017 REMAIN SUBJECT TO EXAMINATION. NO INTEREST OR PENALTIES RELATED TO INCOME TAXES HAVE BEEN RECOGNIZED IN THE STATEMENT OF FINANCIAL POSITION OR STATEMENT OF ACTIVITIES.

DRAFT

SCHEDULE I (Form 990)	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. Attach to Form 990.								
Department of the Treasury Internal Revenue Service			► Go to www.i	rs.gov/Form990 for the				Open to Public Inspection	
Name of the organization MOHAWK VALLEY L	TBRARY SYSTE	ΞM					Employer identifi		
Part I General Infe			nce						
				assistance, the grantees				X Yes No	
2 Describe in Part IV t	he organization's pr	ocedures for monitoring	the use of grant fu	nds in the United States.					
Part II Grants and Form 990, F				and Domestic Gov nore than \$5,000. I					
1 (a) Name and address or govern	ss of organization ment	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	
(1) AMSTERDAM FREE L 28 CHURCH ST		14 1264460		5 475					
AMSTERDAM, NY 12 (2) SCHENECTADY COUN 99 CLINTON ST		14-1364469		5,475.	0.			LIBRARY FUNDING	
SCHENECTADY, NY		14-6002431		122,264.	0.			LIBRARY FUNDING	
(3) THE COMMUNITY LI PO BOX 219 COBLESKILL, NY 1		14-1827832		5.507	0.			LIBRARY FUNDING	
(4)		14-1627832		DRUXI	0.			LIBRARI FUNDING	
	·								
(6)	·								
(7)	·								
	·								
2 Enter total number	of section 501(c)(3) and government or	ganizations listed	in the line 1 table				-	
3 Enter total number BAA For Paperwork Re							Scher	- () dule I (Form 990) 2020	

Schedule I (Form 990) 2020 MOHAWK VALLEY LIBRARY SYSTEM

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. P	Provide the information	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

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SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MOHAWK VALLEY LIBRARY SYSTEM

Employer identification number

14-1458888

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

A DRAFT COPY IS PROVIDED TO BOARD MEMBERS FOR THEIR REVIEW

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

THE PERSONNEL COMMITTEE CONDUCTS AN ANNUAL EVALUATION AND DELIBERATION, AND MAKES A

RECOMMENDATION TO THE BOARD FOR APPROVAL. THIS DELIBERATION INCLUDES AT TIMES, THE

USE OF COMPARABILITY DATA FROM OTHER PUBLIC LIBRARY SYSTEMS IN THE REGION.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

SALARIES ARE GOVERNED BY UNION CONTRACT

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

UPON REQUEST AND ON OWN WEBSITE

DRAFT