# Stater Institute
## Annual Report for Public And Association Libraries - 2022

| | CURRENT YEAR | PREVIOUS YEAR |
|---|---|---|
| Name: Stater Institute | | |
| Address: 1 Library Plaza | | |
| Outlets of Direct Charter | | |
| Please enter the number of permanent/ current outlets using a comma separator. If you have accessed a Co-Lathon or one-time have accessed the All Different Collect, please check the one-time box legend and enter the number of one-time outlets using a comma separator. Do not include the bookmobile in your count. Include branch outlets in your count. Include outlets closed for renovation. | | |
| 1. Number of Outlets (Permanent, Temporary, and Bookmobile) | 1 | 1 |
| Report all information for the 12 months ended on 30 November, 2022.    | | |
| 1.1 Library ID Number | 12001101M | 12001101M |
| 1.2 Library Name | STATER INSTITUTE | STATER INSTITUTE |
| | 1 Library Plaza | 1 Library Plaza |
| 1.3 Name Status (Not-on-site) | 90-day or change from previous year | 90-day or change from previous year |
| 1.4 Revenue Status (Not-on-site) | 90-day or change from previous year | 90-day or change from previous year |
| | 2022 | 2022 |
| 1.5 Community | Blomsbury | Blomsbury |
| Beginning Fiscal Reporting Year | 01/01/2022 | 01/01/2022 |
| 1.7 Ending Fiscal Reporting Year | 12/31/2022 | 12/31/2022 |
| 1.8 Is the library an association? (Select Yes or No) | No | No |
| 1.9 If yes, please indicate the beginning date of library's new reporting year. Enter N/A if the was answered in Question 1.8. | N/A | N/A |
| Please indicate the ending date of library's new reporting year. Enter N/A if the was answered in Question 1.8. | N/A | N/A |
| 1.10 Beginning Fiscal Year | 01/01/2022 | 01/01/2022 |
| 1.11 Ending Fiscal Year | 12/31/2022 | 12/31/2022 |
| 1.12 Address Status | 90-day or change from previous year | |
| 1.13 Street Address | 90-DAY WORKS STREET | 90-DAY WORKS STREET |
| | | 90-DAY WORKS STREET |
| 1.14 City | BOPPEMOUS | BOPPEMOUS |
| 1.15 Zip Code | 12372 | 12372 |
| 1.17 Mailing Address | 90-DAY WORKS STREET | 90-DAY WORKS STREET |
| | | 90-DAY WORKS STREET |
| 1.18 City | BOPPEMOUS | BOPPEMOUS |
| 1.19 Zip Code | 12372 | 12372 |
| 1.20 Telephone Number (enter 10 digits only and dot the hyphen, area code first) | (012) 678-4000 | (012) 678-4000 |
| 1.21 Fax Number (enter 10 digits only and dot the hyphen, area code first) | N/A | (012) 678-4000 |
| 1.22 Main Address's E-mail address (enter the main address's e-mail address) | director@statelibrary.org | director@statelibrary.org |
| 1.23 Library Web Page URL (Enter N/A if not Library URL) | http://statelibrary.org | http://statelibrary.org |
| 1.24 Population Estimate (Enter 0 if unknown) | 7,196 | 7,196 |
| 1.25 Indicate the type of library as noted in the library's charter (select one) | ASSOCIATION | ASSOCIATION |
| 1.26 Indicate the type of library as noted in the library's charter (select one) | N/A | N/A |
| 1.27 Indicate the type of library as noted in the library's charter (select one) | Other | Other |
| 1.28 Indicate the type of library as noted in the library's charter (select one) | | |
| 1.29 Date the library was granted its charter (enter in the date of the provisional charter if the library does not have an absolute charter) | 09/12/2011 | 11/11/2012 |
| 1.30 Date the library was incorporated | 10/04/2011 | 10/04/2012 |
| 1.31 Federal Employer Identification Number | 141749000 | 141749000 |
| 1.32 Fiscal Agent | 141749000 | 141749000 |
| 1.33 Fiscal Agent Address | Blomsbury | Blomsbury |
| 1.34 Tyrsal Co. | Blomsbury | Blomsbury |
| 1.35 Tyrsal Address | Mid-Hudson Library System | Mid-Hudson Library System |
| | | Gilbert Street |
| **THESE QUESTIONS ARE FOR THE LIBRARIES ONLY PLEAD PROCEED TO THE NEXT QUESTION.** | | |
| 1.36a. President/CEO Name | N/A | N/A |
| 1.36b. President/CEO Phone Number | N/A | N/A |
| 1.36c. President/CEO Email Address | N/A | N/A |
| NOTE: For questions 1.37 through 1.39, please enter the number  | | |
| 1.37. Fiscal Agent's Director Name | Jackie | Jackie |
| 1.38. Fiscal Agent's Director Phone | Jacobsmann | Jacobsmann |
| 1.39. Fiscal Agent's Director Email | (012) 678-4000 | (012) 678-4000 |
| Which Co-Lathon Consortium does the Direct Library belong to? | Mohawk Digital | Mohawk Digital |
| 1.40. Is the Direct Library a Branch Library (i.e. a Branch Library in a Joint Schoolhouse System)? | No | No |
| 1.41. Do all staff working in the Direct Library (including the Director) participate in the Public Employees Retirement System (PERS)? | | |
| 1.42. Do all Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.43. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
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| 1.45. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
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| 1.283. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.284. Is-mail address of the Director/Manager | | |
| 1.285. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.286. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.287. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.288. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.289. Is-mail address of the Director/Manager | | |
| 1.290. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.291. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.292. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.293. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.294. Is-mail address of the Director/Manager | | |
| 1.295. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.296. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.297. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.298. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.299. Is-mail address of the Director/Manager | | |
| 1.300. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.301. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.302. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.303. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.304. Is-mail address of the Director/Manager | | |
| 1.305. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.306. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.307. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.308. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.309. Is-mail address of the Director/Manager | | |
| 1.310. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.311. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.312. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.313. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.314. Is-mail address of the Director/Manager | | |
| 1.315. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.316. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.317. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.318. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.319. Is-mail address of the Director/Manager | | |
| 1.320. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.321. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.322. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.323. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.324. Is-mail address of the Director/Manager | | |
| 1.325. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.326. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.327. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.328. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.329. Is-mail address of the Director/Manager | | |
| 1.330. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.331. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.332. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.333. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.334. Is-mail address of the Director/Manager | | |
| 1.335. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.336. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.337. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.338. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.339. Is-mail address of the Director/Manager | | |
| 1.340. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.341. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.342. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.343. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.344. Is-mail address of the Director/Manager | | |
| 1.345. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.346. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.347. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.348. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.349. Is-mail address of the Director/Manager | | |
| 1.350. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.351. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.352. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.353. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.354. Is-mail address of the Director/Manager | | |
| 1.355. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.356. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.357. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.358. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.359. Is-mail address of the Director/Manager | | |
| 1.360. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.361. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.362. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.363. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.364. Is-mail address of the Director/Manager | | |
| 1.365. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.366. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.367. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.368. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.369. Is-mail address of the Director/Manager | | |
| 1.370. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.371. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.372. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.373. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.374. Is-mail address of the Director/Manager | | |
| 1.375. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.376. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.377. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.378. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.379. Is-mail address of the Director/Manager | | |
| 1.380. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.381. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.382. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.383. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.384. Is-mail address of the Director/Manager | | |
| 1.385. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.386. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.387. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.388. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.389. Is-mail address of the Director/Manager | | |
| 1.390. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.391. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.392. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.393. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.394. Is-mail address of the Director/Manager | | |
| 1.395. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.396. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.397. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.398. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.399. Is-mail address of the Director/Manager | | |
| 1.400. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.401. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.402. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.403. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.404. Is-mail address of the Director/Manager | | |
| 1.405. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.406. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.407. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.408. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.409. Is-mail address of the Director/Manager | | |
| 1.410. Is-mail address of the Director/Manager | director@statelibrary.org | director@statelibrary.org |
| 1.411. Do all staff working in the Direct Library participate in a public retirement system? | YES | YES |
| 1.412. Do the Direct Library Trustees participate in all staff medical, vision or dental benefits? | | |
| 1.

| | | | |
|---|---|---|---|
| 10b. | equipment, technology, and internet connectivity to address community needs and facilitate access to information. | Y | Y |
| 11. | Provides access to current library information in print and online, facilitating the understanding of library services, operations and governance; information provided online shall include the standards referenced in numbers (1) through (5) above. | Y | Y |
| 12. | Employs a paid director in accordance with the provisions of Commissioner's Regulation 90.8. | Y | Y |
| 13. | Provides library staff with annual technology training, appropriate to their position, to address community needs, as outlined in the library's long-range plan of service. | Y | Y |
| 14. | Establishes and maintains partnerships with other educational, cultural or community organizations which enable the library to address the community's needs, as outlined in the library's long-range plan of service. | Y | Y |

## 8. PUBLIC SERVICE INFORMATION

Report all information as of the end of the fiscal year reported in Questions 1.6 and 1.7 in Part 1. Please click here to read general instructions before completing this section. Questions 8.1-8.4 are pre-filled with prior year answers but not locked to allow updating.

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

| | | | |
|---|---|---|---|
| 8.1 | Main Library | 1 | 1 |
| 8.2 | Branches | 0 | 0 |
| 8.3 | Bookmobiles | 0 | 0 |
| 8.4 | Other Outlets | 0 | 0 |
| 8.5 | TOTAL PUBLIC SERVICE OUTLETS (Total questions 8.1 - 8.4) | 1 | 1 |

PUBLIC SERVICE HOURS - Report hours to two decimal places.

| | | | |
|---|---|---|---|
| 8.6 | Minimum Weekly Total Hours - Main Library | 47.00 | 50.00 |
| 8.7 | Minimum Weekly Total Hours - Branch Libraries | 0.00 | 0.00 |
| 8.8 | Minimum Weekly Total Hours - Bookmobiles | 0.00 | 0.00 |
| 8.9 | Minimum Weekly Total Hours - Total Hours Open (Total questions 8.6 - 8.8) | 47.00 | 50.00 |
| 8.10 | Annual Total Hours - Main Library | 2,367.00 | 2,590.00 |
| 8.11 | Annual Total Hours - Branch Libraries | 0.00 | 0.00 |
| 8.12 | Annual Total Hours - Bookmobiles | 0.00 | 0.00 |
| 8.13 | Annual Hours Open - Total Hours Open (Total questions 8.10 through 8.12) | 2,367.00 | 2,590.00 |

## 9. SERVICE OUTLET INFORMATION

Please Note: last year's answers for repeating groups cannot be displayed.

Outlets should be arranged in alphabetical order if possible.

Report all information as of the end of the fiscal year reported in Questions 1.6 and 1.7 in Part 1. Please click here to read general instructions before completing this section. Questions 1–14, 20–25, and 34–36 are pre–filled with prior year answers but not locked to allow updating.

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

If you have multiple libraries, you may 1) enter the data for the Service Outlet Information section directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into CollectConnect. If you choose to send your data for uploading, you will enter the data into the spreadsheet form available in the survey by clicking a link to an Excel sheet listing prior year outlets is located in section 9. Complete this form and email it to collectconnect@baker-taylor.com and your data will be uploaded into CollectConnect within 24 hours. The data will be loaded in the same order in which it appears in your file, so libraries should be in the correct order on the spreadsheet.

| | | | |
|---|---|---|---|
| 1. | Outlet Name | Starr Library | *STARR LIBRARY* |
| 2. | Outlet Name Status | 00 (for no change) | *00* |
| 3. | Street Address | 68 West Market Street | *68 WEST MARKET STREET* |
| 4. | Outlet Street Address Status | 00 (for no change) | *00* |
| 5. | City | Rhinebeck | *RHINEBECK* |
| 6. | Zip Code | 12572 | *12572* |
| 7. | Phone (enter 10 digits only) | (845) 876-4030 | *(845) 876-4030* |
| 8. | Fax Number (enter 10 digits only) | N/A | *N/A* |
| 9. | E-mail Address | director@starrlibrary.org | *director@starrlibrary.org* |
| 10. | Outlet URL | https://starrlibrary.org | *https://starrlibrary.org* |
| 11. | County | Dutchess | *DUTCHESS* |
| 12. | School District | Rhinebeck | *Rhinebeck* |
| 13. | Library System | Mid-Hudson Library System | *Mid-Hudson Library System* |
| 14. | Outlet Type Code (select one): | CE | *CE* |
| 15. | Public Service Hours Per Year for This Outlet | 2,367 | *2,590* |
| 16. | Number of Weeks This Outlet is Open | 52 | *52* |
| 17. | Does this outlet have meeting space available for public use (non-library sponsored programs, meetings and/or events)? | Y | *Y* |
| 18. | Is the meeting space available for public use even when the outlet is closed? | Y | *Y* |
| 19. | Total number of non-library sponsored programs, meetings and/or events at this outlet | 59 | *120* |
| 20. | Enter the appropriate outlet code (select one): | LO | *LO* |
| 21. | Who owns this outlet building? | Library Board | *Library Board* |
| 22. | Who owns the land on which this outlet is built? | Library Board | *Library Board* |
| 23. | Indicate the year this outlet was initially constructed | 1975 | *1975* |
| 24. | Indicate the year this outlet underwent a major renovation costing $25,000 or more | 2005 | *2005* |
| 25. | Square footage of the outlet | 10,684 | *10,684* |
| 26. | Number of Internet Computers Used by General Public | 12 | *21* |
| 27. | Number of uses (sessions) of public Internet computers per year | 10,500 | *10,500* |
| 27a | Reporting Method for Number of Uses of Public Internet Computers Per Year | ES - Annual Estimate Based on Typical Week(s) | *ES - Annual Estimate Based on Typical Week(s)* |
| 28. | Type of connection on the outlet's public Internet computers | Cable | *Cable* |
| 29. | Maximum download speed of connection on the outlet's public Internet computers | 10 Greater than or equal to 50 mbps and less than 100 mbps | *11 Greater than or equal to 100 mbps and less than 1 gbps* |
| 30. | Maximum upload speed of connection on the outlet's public Internet computers | 7 Greater than or equal to 10 mbps and less than 15 mbps | *6 Greater than or equal to 6 mbps and less than 10 mbps* |
| 31. | Internet Provider | Spectrum/Time Warner Cable | *Spectrum/Time Warner Cable* |
| 32. | WiFi Access | Password required | *No restrictions to access* |
| 33. | Wireless Sessions | 15,000 | *15,000* |
| 33a | Reporting Method for Wireless Sessions | ES - Annual Estimate Based on Typical Week(s) | *ES - Annual Estimate Based on Typical Week(s)* |
| 34. | Does the outlet have a building entrance that is physically accessible to a person in a wheelchair? | Y | *Y* |
| 35. | Is every public part of the outlet accessible to a person in a wheelchair? | Y | *Y* |
| 36. | Does your **outlet** have a Makerspace? | N | *N* |
| 37. | *LIBID* | 3200135540 | *3200135540* |
| 38. | *FSCSID* | NY0234 | *NY0234* |
| 39. | *Number of Bookmobiles in the Bookmobile Outlet Record* | 0 | *0* |
| 40. | *Outlet Structure Status* | 00 (for no change from previous year) | *00* |

## 10. OFFICERS AND TRUSTEES

**Trustees and Terms / Trustee Names**

Report information about trustee meetings as of December 31, 2023. All public and association libraries are required by Education Law to hold at least four meetings a year.

**BOARD MEETINGS**

| | | | |
|---|---|---|---|
| 10.1 | Total number of board meetings held during calendar year (January 1, 2023 to December 31, 2023) | 12 | *12* |

**NUMBER OF TRUSTEES AND TERMS**

| | | | |
|---|---|---|---|
| 10.2 | If the library's charter documents (incorporation) state a range of trustees, what is it? If a range is not stated, enter N/A. | 9-11 | *11-15* |
| 10.3 | If your library has a range, how many voting positions are stated in the library's current by-laws? If a range is not stated, enter N/A. | 9 | *11* |
| 10.4 | If your library does not have a range, how many voting positions are stated in the library's charter documents (incorporation)? If library does have a range, enter N/A here. | N/A | |
| 10.5 | What is the **trustee term length, as stated in your library's charter documents (incorporation)?** If a term length is not stated, please explain in a Note. | 3 years | *3* |
| 10.6 | I attest that all trustees participated in trustee education in the last calendar year (2023). If entering No, provide explanation in a Note. | Y | *Y* |

**BOARD MEMBER SELECTION**

| | | | |
|---|---|---|---|
| 10.7 | Enter Board Member Selection Code (select one): | EA - board members are elected by the library association membership | *EA - board members are elected by the library association membership* |

Please Note: last year's answers for repeating groups cannot be displayed.

Trustee information has been pre-filled with prior year answers but not locked; please make sure to delete former trustees, add new ones, and update position titles, dates and make any other needed changes. You may 1) enter the data for the Officers and Board Members directly into the survey as usual or 2) send Baker and Taylor the data for this section to be uploaded into CollectConnect. If you choose to send your data for uploading, you must enter the data into the spreadsheet form available here. Please Note: It is customized and contains previously entered data in need of updating. Complete this form and email it to collectconnect@baker-taylor.com.

| | | | |
|---|---|---|---|
| 1. | Status | Filled | *Filled* |
| 2. | First Name of Board Member | Laura | *Laura* |
| 3. | Last Name of Board Member | Selicaro | *Selicaro* |
| 4. | Mailing Address | 5937 Rte 9 | *5937 Rte 9* |
| 5. | City | Rhinebeck | *Rhinebeck* |
| 6. | Zip Code (5 digits only) | 12572 | *12572* |
| 7. | E-mail address | lselicaro@starrlibrary.org | *lselicaro@starrlibrary.org* |
| 8. | Office Held or Trustee | Vice President | *Vice President* |
| 9. | Term Begins - Month | January | *January* |
| 10. | Term Begins - Year (year) | 2022 | *2022* |
| 11. | Term Expires | December | *December* |
| 12. | Term Expires - Year (yyyy) | 2024 | *2024* |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | *Yes* |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | *N/A* |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | *N/A* |
| 16. | Is this a brand new trustee? | N | *N* |
| 1. | Status | Filled | *Filled* |
| 2. | First Name of Board Member | Eric | *Eric* |
| 3. | Last Name of Board Member | Steinman | *Steinman* |
| 4. | Mailing Address | 78 S. Parsonage | *78 S. Parsonage* |
| 5. | City | Rhinebeck | *Rhinebeck* |
| 6. | Zip Code (5 digits only) | 12572 | *12572* |
| 7. | E-mail address | esteinman@starrlibrary.org | *esteinman@starrlibrary.org* |
| 8. | Office Held or Trustee | Trustee | *Trustee* |
| 9. | Term Begins - Month | January | *January* |
| 10. | Term Begins - Year (year) | 2023 | *2023* |
| 11. | Term Expires | December | *December* |
| 12. | Term Expires - Year (yyyy) | 2025 | *2025* |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | *Yes* |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | *N/A* |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | *N/A* |
| 16. | Is this a brand new trustee? | N | *N* |
| 1. | Status | Filled | *Filled* |
| 2. | First Name of Board Member | Craig | *Craig* |
| 3. | Last Name of Board Member | Oleszewski | *Oleszewski* |
| 4. | Mailing Address | 10 Seymour Dr | *10 Seymour Dr* |
| 5. | City | Rhinebeck | *Rhinebeck* |
| 6. | Zip Code (5 digits only) | 12572 | *12572* |
| 7. | E-mail address | coleszewski@starrlibrary.org | *coleszewski@starrlibrary.org* |
| 8. | Office Held or Trustee | Financial Officer | *Financial Officer* |
| 9. | Term Begins - Month | January | *January* |
| 10. | Term Begins - Year (year) | 2022 | *2022* |
| 11. | Term Expires | December | *December* |
| 12. | Term Expires - Year (yyyy) | 2024 | *2024* |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | *Yes* |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | *N/A* |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | *N/A* |
| 16. | Is this a brand new trustee? | N | *N* |
| 1. | Status | Filled | *Filled* |
| 2. | First Name of Board Member | Andrew | *Andrew* |
| 3. | Last Name of Board Member | Schulkind | *Schulkind* |
| 4. | Mailing Address | 14 Peacock RD | *14 Peacock RD* |
| 5. | City | Rhinebeck | *Rhinebeck* |
| 6. | Zip Code (5 digits only) | 12572 | *12572* |
| 7. | E-mail address | aschulkind@starrlibrary.org | *aschulkind@starrlibrary.org* |
| 8. | Office Held or Trustee | Trustee | *Trustee* |
| 9. | Term Begins - Month | January | *January* |
| 10. | Term Begins - Year (year) | 2023 | *2023* |
| 11. | Term Expires | December | *December* |
| 12. | Term Expires - Year (yyyy) | 2025 | *2025* |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | *Yes* |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | *N/A* |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | *N/A* |
| 16. | Is this a brand new trustee? | N | *N* |
| 1. | Status | Filled | *Filled* |
| 2. | First Name of Board Member | Valerie | *Valerie* |
| 3. | Last Name of Board Member | Jacob | *Jacob* |
| 4. | Mailing Address | 15 Wall St | *15 Wall St* |
| 5. | City | Rhinebeck | *Rhinebeck* |
| 6. | Zip Code (5 digits only) | 12572 | *12572* |
| 7. | E-mail address | vjacob@starrlibrary.org | *vjacob@starrlibrary.org* |
| 8. | Office Held or Trustee | Secretary | *Secretary* |
| 9. | Term Begins - Month | January | *January* |
| 10. | Term Begins - Year (year) | 2023 | *2023* |
| 11. | Term Expires | December | *December* |
| 12. | Term Expires - Year (yyyy) | 2025 | *2025* |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | *Yes* |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | *N/A* |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | *N/A* |
| 16. | Is this a brand new trustee? | Y | *Y* |
| 1. | Status | Filled | *Filled* |
| 2. | First Name of Board Member | Erin | *Erin* |
| 3. | Last Name of Board Member | Humbaugh | *Humbaugh* |
| 4. | Mailing Address | 24 Cove RD | *24 Cove RD* |
| 5. | City | Rhinebeck | *Rhinebeck* |
| 6. | Zip Code (5 digits only) | 12572 | *12572* |
| 7. | E-mail address | ehumbaugh@starrlibrary.org | *ehumbaugh@starrlibrary.org* |
| 8. | Office Held or Trustee | Trustee | *Trustee* |
| 9. | Term Begins - Month | January | *January* |
| 10. | Term Begins - Year (year) | 2023 | *2023* |
| 11. | Term Expires | December | *December* |
| 12. | Term Expires - Year (yyyy) | 2025 | *2025* |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | *Yes* |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | *N/A* |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | *N/A* |
| 16. | Is this a brand new trustee? | Y | *Y* |
| 1. | Status | Filled | *Vacant* |
| 2. | First Name of Board Member | Laura | |
| 3. | Last Name of Board Member | Charles | |
| 4. | Mailing Address | 403 Laurel Ln | |
| 5. | City | Rhinebeck | |
| 6. | Zip Code (5 digits only) | 12572 | |
| 7. | E-mail address | lcharles@starrlibrary.org | |
| 8. | Office Held or Trustee | Trustee | |
| 9. | Term Begins - Month | April | |
| 10. | Term Begins - Year (year) | 2023 | |
| 11. | Term Expires | December | |
| 12. | Term Expires - Year (yyyy) | 2026 | |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | Yes | |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | |
| 16. | Is this a brand new trustee? | Y | |
| 1. | Status | Vacant | *Vacant* |
| 2. | First Name of Board Member | N/A | |
| 3. | Last Name of Board Member | N/A | |
| 4. | Mailing Address | N/A | |
| 5. | City | N/A | |
| 6. | Zip Code (5 digits only) | N/A | |
| 7. | E-mail address | N/A | |
| 8. | Office Held or Trustee | | |
| 9. | Term Begins - Month | | |
| 10. | Term Begins - Year (year) | N/A | |
| 11. | Term Expires | | |
| 12. | Term Expires - Year (yyyy) | N/A | |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | | |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | |
| 16. | Is this a brand new trustee? | | |
| 1. | Status | Vacant | *Vacant* |
| 2. | First Name of Board Member | N/A | |
| 3. | Last Name of Board Member | N/A | |
| 4. | Mailing Address | N/A | |
| 5. | City | N/A | |
| 6. | Zip Code (5 digits only) | N/A | |
| 7. | E-mail address | N/A | |
| 8. | Office Held or Trustee | | |
| 9. | Term Begins - Month | | |
| 10. | Term Begins - Year (year) | N/A | |
| 11. | Term Expires | | |
| 12. | Term Expires - Year (yyyy) | N/A | |
| 13. | Is the trustee serving a full term? If No, add a Note. The Note should identify the previous trustee whose unexpired term is being filled, and should identify the beginning and ending date of the unexpired previous trustee's term. Example: Trustee is filling the remainder of [name]'s term, which was to run from beginning date to ending date. | | |
| 14. | The date the Oath of Office (mm/dd/yyyy) was taken | N/A | |
| 15. | The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy) | N/A | |
| 16. | Is this a brand new trustee? | | |

## 11. OPERATING FUNDS RECEIPTS

**Local Public Funds / System Cash Grants / Other State**

Report financial data based on the fiscal reporting year reported in Part 1. (Q1.6 and Q1.7, or Q1.9 and Q1.10 if the fiscal reporting year has changed since the previous annual report). *ROUND TO THE NEAREST DOLLAR.* Please click here to read general instructions before completing this section.

**LOCAL PUBLIC FUNDS**
Specify by name the municipalities or school districts which are the source of funds.

| | | | |
|---|---|---|---|
| 11.1 | Does the library receive any local public funds? If yes, complete one record for each taxing authority; if no, go to question 11.3. | Y | *Y* |

Please Note: last year's answers for repeating groups cannot be displayed.

| | | | |
|---|---|---|---|
| 1. | Source of Funds | Town | *Town* |
| 2. | Name of funding County, Municipality or School District | Rhinebeck | *N/A* |
| 3. | Amount | $394,800 | *$394,800* |
| 4. | Subject to public vote held in reporting year or in a previous reporting year(s). | Y | *Y* |
| 5. | Written Contractual Agreement | N | *N/A* |
| 11.2 | **TOTAL LOCAL PUBLIC FUNDS** | $394,800 | *$394,800* |

**SYSTEM CASH GRANTS TO MEMBER LIBRARY**

| | | | |
|---|---|---|---|
| 11.3 | Local Library Services Aid (LLSA) | $2,587 | *$2,343* |
| 11.4 | Record all Central Library Services Aid monies received from system headquarters | $0 | *$0* |
| 11.5 | Additional State Aid received from the System | $0 | *$0* |
| 11.6 | Federal Aid received from the System | $0 | *$0* |
| 11.7 | Other Cash Grants | $0 | *$0* |
| 11.8 | **TOTAL SYSTEM CASH GRANTS** (Add Questions 11.3, 11.4, 11.5, 11.6 and 11.7) | $2,587 | *$2,343* |

**OTHER STATE AID**

| | | | |
|---|---|---|---|
| 11.9 | State Aid other than LLSA, Central Library Aid (CLDA and/or CBA), or other State Aid reported as system cash grants | $0 | *$0* |

**Federal Aid / Other Receipts**

**FEDERAL AID FOR LIBRARY OPERATION**

| | | | |
|---|---|---|---|
| 11.10 | LSTA | $0 | *$0* |
| 11.11 | Other Federal Aid | $0 | *$0* |
| 11.12 | **TOTAL FEDERAL AID** (Add Questions 11.10 and 11.11) | $0 | *$0* |
| 11.13 | **CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE** | $0 | *$0* |

**OTHER RECEIPTS**

| | | | |
|---|---|---|---|
| 11.14 | Gifts and Endowments | $122,777 | *$95,925* |
| 11.15 | Fund Raising | $121,480 | *$1,993* |
| 11.16 | Income from Investments | $63,592 | *$64,205* |
| 11.17 | Library Charges | $6,408 | *$1,887* |
| 11.18 | Other | $21,802 | *$0* |
| 11.19 | **TOTAL OTHER RECEIPTS** (Add Questions 11.14, 11.15, 11.16, 11.17 and 11.18) | $336,059 | *$164,010* |
| 11.20 | **TOTAL OPERATING FUND RECEIPTS** (Add Questions 11.2, 11.8, 11.9, 11.12, 11.13 and 11.19) | $733,446 | *$561,153* |
| 11.21 | **BUDGET LOANS** | $0 | *$0* |

**Transfers / Grant Total**

**TRANSFERS**

| | | | |
|---|---|---|---|
| 11.22 | From Capital Fund (Same as Question 14.8) | $0 | *$0* |
| 11.23 | From Other Funds | $0 | *$0* |
| 11.24 | **TOTAL TRANSFERS** (Add Questions 11.22 and 11.23) | $0 | *$0* |
| 11.25 | BALANCE IN OPERATING FUND - Beginning Balance for Fiscal Year Ending 2023 (Same as Question 12.39 of previous year if fiscal year has not changed) | $133,971 | *$256,283* |
| 11.26 | **GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS AND BALANCE** (Add Questions 11.20, 11.21, 11.24 and 11.25; Same as Question 12.40) | $867,417 | *$817,436* |

## 12. OPERATING FUND DISBURSEMENTS

**Staff / Collection / Capital Operation and Maintenance**

**Report financial data based on the fiscal reporting year reported in Part 1. (Q1.6 and Q1.7, or Q1.9 and Q1.10 if the fiscal reporting year has changed since the previous annual report). ROUND TO THE NEAREST DOLLAR. Please click here to read general instructions before completing this section.**

**STAFF EXPENDITURES**

**Salaries & Wages Paid from Library Funds**

| | | | |
|---|---|---|---|
| 12.1 | Certified Librarians | $179,232 | *$222,667* |
| 12.2 | Other Staff | $101,465 | *$140,881* |
| 12.3 | **Total Salaries & Wages Expenditures** (Add Questions 12.1 and 12.2) | $280,697 | *$363,548* |
| 12.4 | **Employee Benefits Expenditures** | $134,546 | *$76,845* |
| 12.5 | **Total Staff Expenditures (Add Questions 12.3 and 12.4)** | $415,243 | *$440,393* |

**COLLECTION EXPENDITURES**

| | | | |
|---|---|---|---|
| 12.6 | Print Materials Expenditures | $39,643 | *$37,656* |
| 12.7 | Electronic Materials Expenditures | $15,193 | *$12,953* |
| 12.8 | Other Materials Expenditures | $2,340 | *$4,623* |
| 12.9 | **Total Collection Expenditures** (Add Questions 12.6, 12.7 and 12.8) | $57,176 | *$55,232* |

**CAPITAL EXPENDITURES FROM OPERATING FUNDS**

| | | | |
|---|---|---|---|
| 12.10 | From Local Public Funds (71PF) | $0 | *$0* |
| 12.11 | From Other Funds (71OF) | $0 | *$0* |
| 12.12 | **Total Capital Expenditures** (Add Questions 12.10 and 12.11) | $0 | *$0* |

**OPERATION AND MAINTENANCE OF BUILDINGS**

**Repairs to Building & Building Equipment**

| | | | |
|---|---|---|---|
| 12.13 | From Local Public Funds (72PF) | $0 | *$0* |
| 12.14 | From Other Funds (72OF) | $10,038 | *$54,891* |
| 12.15 | **Total Repairs** (Add Questions 12.13 and 12.14) | $10,038 | *$54,891* |
| 12.16 | Other Disbursements for Operation & Maintenance of Buildings | $68,475 | *$71,056* |
| 12.17 | **Total Operation & Maintenance of Buildings** (Add Questions 12.15 and 12.16) | $78,513 | *$125,947* |

**MISCELLANEOUS EXPENSES**

| | | | |
|---|---|---|---|
| 12.18 | Office and Library Supplies | $3,129 | *$5,758* |
| 12.19 | Telecommunications | $5,920 | *$4,831* |
| 12.21 | Professional & Consultant Fees | $20,826 | *$22,455* |
| 12.22 | Equipment | $4,016 | *$6,822* |
| 12.23 | Other Miscellaneous | $40,391 | *$7,346* |
| 12.24 | **Total Miscellaneous Expenses** (Add Questions 12.18, 12.19, 12.21, 12.22 and 12.23) | $74,282 | *$47,497* |

**Contracts / Debt Service / Transfers / Grand Total**

| | | | |
|---|---|---|---|
| 12.25 | **CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE** | $9,504 | *$9,396* |

**DEBT SERVICE**

**Capital Purposes Loans (Principal and Interest)**

| | | | |
|---|---|---|---|
| 12.26 | From Local Public Funds (73PF) | $0 | *$0* |
| 12.27 | From Other Funds (73OF) | $0 | *$0* |
| 12.28 | **Total** (Add Questions 12.26 and 12.27) | $0 | *$0* |

Other Loans

| | | | |
|---|---|---|---|
| 12.29 | Budget Loans (Principal and Interest) | $0 | *$0* |
| 12.30 | Short-Term Loans | $0 | *$0* |
| 12.31 | **Total Debt Service** (Add Questions 12.28, 12.29 and 12.30) | $0 | *$0* |
| 12.32 | **TOTAL OPERATING FUND DISBURSEMENTS** (Add Questions 12.5, 12.9, 12.12, 12.17, 12.24, 12.25 and 12.31) | $634,718 | *$678,465* |

**TRANSFERS**

**Transfers to Capital Fund**

| | | | |
|---|---|---|---|
| 12.33 | From Local Public Funds (76PF) | $0 | *$0* |
| 12.34 | From Other Funds (76OF) | $0 | *$0* |
| 12.35 | **Total Transfers to Capital Fund** (Add Questions 12.33 and 12.34; same as Question 13.8) | $0 | *$0* |
| 12.36 | **Transfer to Other Funds** | $55,862 | *$5,000* |
| 12.37 | **TOTAL TRANSFERS** (Add Questions 12.35 and 12.36) | $55,862 | *$5,000* |
| 12.38 | **TOTAL DISBURSEMENTS AND TRANSFERS** (Add Questions 12.32 and 12.37) | $690,580 | *$683,465* |
| 12.39 | BALANCE IN OPERATING FUND - Ending Balance for the Fiscal Year Ending 2023 | $176,837 | *$133,971* |
| 12.40 | **GRAND TOTAL DISBURSEMENTS, TRANSFERS & BALANCE** (Add Questions 12.38 and 12.39; same as Question 11.26) | $867,417 | *$817,436* |

**ASSURANCE**

| | | | |
|---|---|---|---|
| 12.41 | The Library operated in accordance with all provisions of Education Law and the Regulations of the Commissioner, and assures that the "Annual Report" was reviewed and accepted by the Library Board on (date - mm/dd/yyyy). | 02/22/2024 | *02/23/2023* |

**FISCAL AUDIT**

| | | | |
|---|---|---|---|
| 12.42 | Last audit performed (mm/dd/yyyy) | 10/09/2023 | *12/01/2021* |
| 12.43 | Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) | 01/01/2022-12/31/2022 | *01/01/2020-12/31/2021* |
| 12.44 | Indicate type of audit (select one): | Private Accounting Firm | *Private Accounting Firm* |

**CAPITAL FUND**

| | | | |
|---|---|---|---|
| 12.45 | Does the library have a Capital Fund? Enter Y for Yes, N for No. If No, stop here. If Yes, complete the Capital Fund Report. | N | *N* |

## 13. CAPITAL FUND RECEIPTS

Report financial data based on the fiscal year reported in Questions 1.6 and 1.7 in Part 1. *ROUND TO THE NEAREST DOLLAR.* Please click here to read general instructions before completing this section.

**REVENUES FROM LOCAL SOURCES**

| | | | |
|---|---|---|---|
| 13.1 | Revenues from Local Government Sources | $0 | *$0* |
| 13.2 | All Other Revenues from Local Sources | $0 | *$0* |
| 13.3 | **Total Revenues from Local Sources** (Add Questions 13.1 and 13.2) | $0 | *$0* |

**STATE AID FOR CAPITAL PROJECTS**

| | | | |
|---|---|---|---|
| 13.4 | State Aid Received for Construction | $0 | *$0* |
| 13.5 | Other State Aid | $0 | *$0* |
| 13.6 | **Total State Aid** (Add Questions 13.4 and 13.5) | $0 | *$0* |

**FEDERAL AID FOR CAPITAL PROJECTS**

| | | | |
|---|---|---|---|
| 13.7 | **TOTAL FEDERAL AID** | $0 | *$0* |

**INTERFUND REVENUE**

| | | | |
|---|---|---|---|
| 13.8 | Transfer from Operating Fund (Same as Question 12.35) | $0 | *$0* |
| 13.9 | **TOTAL REVENUES** (Add Questions 13.3, 13.6, 13.7 and 13.8) | $0 | *$0* |
| 13.10 | **NON-REVENUE RECEIPTS** | $0 | *$0* |
| 13.11 | **TOTAL CASH RECEIPTS** (Add Questions 13.9 and 13.10) | $0 | *$0* |
| 13.12 | BALANCE IN CAPITAL FUND - Beginning Balance for Fiscal Year Ending 2023 (Same as Question 14.11 of previous year, if fiscal year has not changed) | $0 | *$0* |
| 13.13 | **TOTAL CASH RECEIPTS AND BALANCE**(Add Questions 13.11 and 13.12; same as Question 14.12) | $0 | *$0* |

## 14. CAPITAL FUND DISBURSEMENTS

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

**PROJECT EXPENDITURES**

| | | | |
|---|---|---|---|
| 14.1 | Construction | $0 | *$0* |
| 14.2 | Incidental Construction | $0 | *$0* |

**Other Disbursements**

| | | | |
|---|---|---|---|
| 14.3 | Purchase of Buildings | $0 | *$0* |
| 14.4 | Interest | $0 | *$0* |
| 14.5 | Collection Expenditures | $0 | *$0* |
| 14.6 | Total Other Disbursements (Add Questions 14.3, 14.4 and 14.5) | $0 | *$0* |
| 14.7 | **TOTAL PROJECT EXPENDITURES** (Add Questions 14.1, 14.2 and 14.6) | $0 | *$0* |
| 14.8 | **TRANSFER TO OPERATING FUND** (Same as Question 11.22) | $0 | *$0* |
| 14.9 | **NON-PROJECT EXPENDITURES** | $0 | *$0* |
| 14.10 | **TOTAL CASH DISBURSEMENTS AND TRANSFERS** (Add Questions 14.7, 14.8 and 14.9) | $0 | *$0* |
| 14.11 | **BALANCE IN CAPITAL FUND** - Ending Balance for the Fiscal Year Ending 2023 | $0 | *$0* |
| 14.12 | **TOTAL CASH DISBURSEMENTS AND BALANCE** (Add Questions 14.10 and 14.11; same as Question 13.13) | $0 | *$0* |

## 15. CENTRAL LIBRARIES

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

## 16. FEDERAL TOTALS

All questions in Part 16 are calculated, locked fields.
*Note:* See instructions for definitions and calculations of each of these Federal Totals.

| | | | |
|---|---|---|---|
| 16.1 | Total ALA-MLS | 2.81 | *2.81* |
| 16.2 | Total Librarians | 2.81 | *2.81* |
| 16.3 | All Other Paid Staff | 2.48 | *2.43* |
| 16.4 | Total Paid Employees | 5.29 | *5.24* |
| 16.5 | State Government Revenue | $2,587 | *$2,343* |
| 16.6 | Federal Government Revenue | $0 | *$0* |
| 16.7 | Other Operating Revenue | $336,059 | *$164,010* |

| | | | |
|---|---|---|---|
| 16.8 | Total Operating Revenue | $733,446 | *$561,153* |
| 16.9 | Other Operating Expenditures | $162,299 | *$182,840* |
| 16.10 | Total Operating Expenditures | $634,718 | *$678,465* |
| 16.11 | Total Capital Expenditures | $0 | *$0* |
| 16.12 | Print Materials | 40,360 | *39,456* |
| 16.12a | Total Physical Items in Collection | 43,869 | *42,954* |
| 16.13 | Total Registered Borrowers | 5,971 | *5,637* |
| 16.14 | Other Capital Revenue and Receipts | $0 | *$0* |
| 16.15 | Number of Internet Computers Used by General Public | 12 | *21* |
| 16.16 | Total Uses (sessions) of Public Internet Computers Per Year | 10,500 | *10,500* |
| 16.17 | Wireless Sessions | 15,000 | *15,000* |
| 16.18 | Total Capital Revenue | $0 | *$0* |

## 17. FOR NEW YORK STATE LIBRARY USE ONLY

| | | | |
|---|---|---|---|
| 17.1 | *LIB ID* | 3200135540 | *3200135540* |
| 17.2 | *Interlibrary Relationship Code* | ME | *ME* |
| 17.3 | *Legal Basis Code* | NP | *NP* |
| 17.4 | *Administrative Structure Code* | SO | *SO* |
| 17.5 | *FSCS Public Library Definition* | Y | *Y* |
| 17.6 | *Geographic Code* | CD1 | *CD1* |
| 17.7 | *FSCS ID* | NY0234 | *NY0234* |
| 17.8 | *SED CODE* | 131801700003 | *131801700003* |
| 17.9 | *INSTITUTION ID* | 800000053186 | *800000053186* |

## SUGGESTED IMPROVEMENTS

| | | |
|---|---|---|
| Library Name: | STARR INSTITUTE | *STARR INSTITUTE* |
| Library System: | Mid-Hudson Library System | *Mid-Hudson Library System* |
| Name of Person Completing Form: | Jaclyn Savolainen | *Jaclyn Savolainen* |
| Phone Number: | (845) 876-4030 | *(845) 876-4030* |
| I am satisfied that this resource (Collect) is meeting library needs: | Agree | *Agree* |
| Applying this resource (Collect) will help improve library services to the public: | Agree | *Agree* |

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