

Fishers Island Library Association Annual Report For Public And Association Libraries - 2020

1. GENERAL LIBRARY INFORMATION

Library/Director Information

Please note: Bibliostat CollectConnect is now compatible with major browsers including Google Chrome, Mozilla Firefox, Safari and Internet Explorer.

Please be advised Bibliostat CollectConnect is now using a new interface. If you have accessed or if you believe you may have accessed the old Bibliostat Collect, please click the new link [here](#) and you will be taken to the new interface. Please be sure you exit and close the old Bibliostat Collect before you begin your survey.

To avoid loss of data, only one person at a time should be logged into a member library report. Multiple people logged into the same report will cause data to be lost.

Libraries should not have reports from two different years open at the same time.

Report all information in Part 1 as of December 31, 2020, except for questions related to the current library director/manager (questions 1.37 through 1.44).

1.1	Library ID Number	8000582240
1.2	Library Name	FISHERS ISLAND LIBRARY ASSOCIATION
1.3	Name Status (State use only)	00 (for no change from previous year)
1.4	Structure Status (State use only)	00 (for no change from previous year)
1.5	Community	Fishers Island
1.6	Beginning Fiscal Reporting Year	01/01/2020
1.7	Ending Fiscal Reporting Year	12/31/2020
1.8	Is the library now reporting on a	

1.9	different fiscal year than it reported on in the previous Annual Report? If yes, please indicate the beginning date of library's new reporting year. Enter N/A if No was answered to Question 1.8.	No N/A
1.10	Please indicate the ending date of library's new reporting year. Enter N/A if No was answered to Question 1.8.	N/A
1.11	Beginning <u>Local</u> Fiscal Year	01/01/2020
1.12	Ending <u>Local</u> Fiscal Year	12/30/2020
1.13	Address Status	00 (for no change from previous year)
1.14	Street Address	988 ORIENTAL AVENUE
1.15	City	FISHERS ISLAND
1.16	Zip Code	6390
1.17	Mailing Address	P.O. BOX 366
1.18	City	FISHERS ISLAND
1.19	Zip Code	6390
1.20	Telephone Number (enter 10 digits only and hit the Tab key; enter N/A if no telephone number)	(631) 788-7362
1.21	Fax Number (enter 10 digits only and hit the Tab key; enter N/A if no fax number)	(631) 788-7362
1.22	E-Mail Address to Contact the Library (Enter N/A if no e-mail address)	librarian@filibrary.org
1.23	Library Home Page URL (Enter N/A if no home page URL)	filibrary.org
1.24	Population Chartered to Serve (per 2010 Census)	289
1.25	Indicate the type of library as stated in the library's charter (select one):	ASSOCIATION
1.26	Indicate the area chartered to serve as stated in the library's charter (select one):	Village
1.27	During the reporting year, has there been any change to the library's legal service area boundaries? Changes	N

- must be the result of a Regents charter action. Answer Y for Yes, N for No
- 1.28 Indicate the type of charter the library currently holds (select one): Absolute
- 1.29 Date the library was granted its absolute charter or the date of the provisional charter if the library does not have an absolute charter 04/26/1904
- 1.30 Date the library was last registered 10/17/1907
- 1.31 Federal Employer Identification Number 116003369
- 1.32 County SUFFOLK
- 1.33 School District Fishers Island
- 1.34 Town/City Southold
- 1.35 Library System Suffolk Cooperative Library System

THESE QUESTIONS ARE FOR NYC LIBRARIES ONLY. PLEASE PROCEED TO THE NEXT QUESTION.

- 1.36a President/CEO Name
- 1.36b President/CEO Phone Number
- 1.36c President/CEO Email

NOTE: For questions 1.37 through 1.44, report all information for the current library director/manager.

- 1.37 First Name of Library Director/Manager Ann K.
- 1.38 Last Name of Library Director/Manager Banks
- 1.39 NYS Public Librarian Certification Number N/A
- 1.40 What is the highest education level of the library manager/director? Two or More Years of College/University Study
- 1.41 If the library manager/director holds a Master's Degree, is it a Master's Degree in Library/Information Science? N/A
- 1.42 Do all staff working in the budgeted Librarian (certified) positions reported in 6.4 have an active NYS Public Librarian Certificate? If No, list N/A the name and e-mail address of

- each staff member without an active certificate in a Note.
- 1.43 E-mail Address of the Director/Manager abanks@suffolk.lib.ny.us
- 1.44 Fax Number of the Director/Manager N/A
- 1.45 Does the library charge fees for library cards to people residing outside the system's service area? N

Public Votes/Contracts

- 1.46 Was all or part of the library's funding subject to a public vote(s) held during Calendar Year 2020? (Please respond even if the vote was unsuccessful). Enter Y for Yes, N for No. If Yes, complete one record for the public vote from each funding source. If no, go to question 1.47. Y
1. Name of municipality or district holding the public vote Fishers Island School district
2. Indicate the type of municipality or district holding the public vote School District
3. Date the vote was held (mm/dd/2020) 06/16/2020
4. Was the vote successful? Y/N Y
5. What type of public vote was it? school district ballot proposition (Ed. Law §259(1)(a))
- 6a. Most recent prior year approved appropriation from a public vote: \$51,000
- 6b. Proposed increase in appropriation as a result of the vote held on the date reported in question number 3: N/A
- 6c. Total proposed appropriation (sum of 6a and 6b): \$51,000

This question should only be answered if "No" was answered in Q1.46 OR the library has votes from different municipalities/districts that were held in different years, both current and prior.

- 1.47 Did the library receive funding from an appropriation which was approved by public vote in a prior year? (Prior to Calendar Year 2020) Enter Y for Yes, N for No. If Yes, complete one record for the vote from each funding source. If No, go to question 1.48.
1. Name of municipality or district holding the public vote
 2. Indicate the type of municipality or district holding the public vote
 3. Date the last successful vote was held (mm/dd/yyyy)
 4. What type of public vote was it?
 5. What was the total dollar amount of the appropriation from tax dollars resulting from the last successful vote?

Unusual Circumstances

- 1.48 Does the reporting library have a contractual agreement with a municipality or district to provide library services to residents of an area not served by a chartered library? Enter Y for Yes, N for No. If yes, please complete one record for *each* contract. If no, go to question 1.49.
- | | | |
|----|---|-----|
| 1. | Name of contracting municipality or district | N/A |
| 2. | Is this a written contractual agreement? | N/A |
| 3. | Population of the geographic area served by this contract | N/A |
| 4. | Dollar amount of contract | N/A |
| 5. | Enter the appropriate code for range of services provided (select one): | N/A |

- 1.49 For the reporting year, has the library experienced any unusual circumstance(s) that affected the statistics reported (e.g., natural disaster, fire, closed for renovations, massive weeding of collection, etc.)? N
If yes, please annotate explaining the circumstance(s) and the impact on the library using the Note; if no, please go to Part 2, Library Collection.

2. LIBRARY COLLECTION

Print/Electronic/Other Holdings

Report holdings, additions, and subscriptions as of the end of the fiscal year reported in Part 1. Please [read](#) general information instructions below before completing this section.

NOTE: This section of the survey (2.1-2.25) collects data on selected types of materials.

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

PRINT MATERIALS

Cataloged Books

2.1	Adult Fiction Books	10,958
2.2	Adult Non-fiction Books	8,010
2.3	Total Adult Books (Total questions 2.1 & 2.2)	18,968
2.4	Children's Fiction Books	7,954

2.5	Children's Non-fiction Books	1,232
2.6	Total Children's Books (Total questions 2.4 & 2.5)	9,186
2.7	Total Cataloged Books (Total questions 2.3 & 2.6)	28,154

Other Print Materials

2.8	Total Uncataloged Books	225
2.9	Total Print Serials	6
2.10	All Other Print Materials	75
2.11	Total Other Print Materials (Total questions 2.8 through 2.10)	306
2.12	Total Print Materials (Total questions 2.7 and 2.11)	28,460

ALL OTHER MATERIALS

Electronic Materials

2.13	Electronic Books	458,456
2.14	Local Electronic Collections	0
2.15	NOVELNY Electronic Collections	15
2.16	Total Electronic Collections (Total questions 2.14 and 2.15)	15
2.17	Audio - Downloadable Units	151,341
2.18	Video - Downloadable Units	907
2.19	Other Electronic Materials (Include items that are not included in the above categories, such as e-series; electronic files; collections of digital photographs; and electronic government documents, reference tools, scores and maps.)	0
2.20	Total Electronic Materials (Total questions 2.13, 2.16, 2.17, 2.18 and 2.19)	610,719

Non-Electronic Materials

2.21	Audio - Physical Units	555
2.22	Video - Physical Units	962
2.23	Other Non-Electronic Materials (includes films, slides, etc.)	0
2.24	Total Other Materials Holdings (Total questions 2.21 through 2.23)	1,517

Grand Total/Additions to Holdings

2.25 **GRAND TOTAL HOLDINGS** (Total questions 2.12, 2.20 and 2.24) 640,696

ADDITIONS TO HOLDINGS - Do not subtract withdrawals or discards.

2.26	Cataloged Books	208
2.27	All Other Print Materials	32
2.28	Electronic Materials	164,699
2.29	All Other Materials	122
2.30	Total Additions (Total questions 2.26 through 2.29)	165,061

3. LIBRARY PROGRAMS, POLICIES, AND SERVICES

Visits/Borrowers/Policies/Accessibility

Report all information on questions 3.1 through 3.29 as of the end of the fiscal year reported in Part 1; report information on questions 3.30 through 3.83 for the 2020 calendar year. Please click [here](#) to read general instructions before completing this section.

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

LIBRARY USE

3.1	Library visits (total annual attendance)	945
3.1a	Regarding the number of Library Visits entered, is this an annual count or an annual estimate based on a typical week or weeks?	ES - Annual Estimate Based on Typical Week(s)
3.2	Registered resident borrowers	142
3.3	Registered non-resident borrowers	752

Please report information on WRITTEN POLICIES as of 12/31/20.

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

3.4	Does the library have an open meeting policy?	N
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- | | | |
|------|---|---|
| 3.5 | Does the library have a policy protecting the confidentiality of library records? | N |
| 3.6 | Does the library have an Internet use policy? | Y |
| 3.7 | Does the library have a disaster plan? | N |
| 3.8 | Does the library have a board-approved conflict of interest policy? | Y |
| 3.9 | Does the library have a board-approved whistle blower policy? | N |
| 3.10 | Does the library have a board-approved sexual harassment prevention policy? | Y |

Please report information on ACCESSIBILITY as of 12/31/20.

ACCESSIBILITY (Answer Y for Yes, N for No)

- | | | |
|---------------------------------|--|----|
| 3.11 | Does the library provide service to persons who cannot visit the library (homebound persons, persons in nursing homes, persons in jail, etc.)? | Y |
| 3.12 | Does the library have assistive devices for persons who are deaf and hearing impaired (TTY/TDD)? | N |
| 3.13 | Does the library have large print books? | N |
| 3.14 | Does the library have assistive technology for people who are visually impaired or blind? | N |
| 3.15 - If so, what do you have? | screen reader, such as JAWS, Windoweyes or NVDA | No |
| | refreshable Braille commonly referred to as a refreshable Braille display | No |
| | screen magnification software, such as Zoomtext | No |
| | electronic scanning and reading software, such as OpenBook | No |
| 3.16 | Is the library registered for services from either the New York State | |

Talking Book and Braille Library
(New York State Library, Albany) or N
the Andrew Heiskell Braille and
Talking Book Library (The New York
Public Library, New York)?

Library Sponsored Programs/Summer Reading Program

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

LIBRARY SPONSORED PROGRAMS

3.17	Adult Program Sessions	43
3.18	Young Adult Program Sessions	0
3.19	Children's Program Sessions	20
3.20	All Other Program Sessions	0
3.21	Total Number of Program Sessions (Total questions 3.17 through 3.20)	63
3.22	One-on-One Program Sessions	0
3.23	Do library staff, trustees and/or volunteers reach outside of the library to promote library programs and services through group presentations, information tables and/or other similar educational activities sponsored by the Library?	Yes
3.24	Adult Program Attendance	265
3.25	Young Adult Program Attendance	0
3.26	Children's Program Attendance	126
3.27	All Other Program Attendance	0
3.28	Total Program Attendance (Total questions 3.24 through 3.27)	391
3.29	One-on-One Program Attendance	0

Please report information on SUMMER READING PROGRAMS for the 2020 calendar year.

SUMMER READING PROGRAM

3.30 - Indicate which of the following apply to the summer reading program(s) offered by the library during the summer of 2020 (check all that apply):

a.	Program(s) for children	No
b.	Program(s) for young adults	No
c.	Program(s) for Adults	No
d.	Summer Reading at New York Libraries name and/or logo used	No
e.	Collaborative Summer Library Program (CSLP Manual, provided through the New York State Library, used)	No
f.	N/A	No
3.31	Library outlets offering the summer reading program	N/A
3.32	Children registered for the library's summer reading program	N/A
3.33	Young adults registered for the library's summer reading program	N/A
3.34	Adults registered for the library's summer reading program	N/A
3.35	Total number registered for the library's summer reading program (total 3.32 + 3.33 + 3.34)	0
3.36	Children's program sessions - Summer 2020	0
3.37	Young adult program sessions - Summer 2020	0
3.38	Adult program sessions - Summer 2020	0
3.39	Total program sessions - Summer 2020 (total 3.36 + 3.37 + 3.38)	0
3.40	Children's program attendance - Summer 2020	N/A
3.41	Young adult program attendance - Summer 2020	N/A
3.42	Adult program attendance - Summer 2020	0
3.43	Total program attendance - Summer 2020 (total 3.40 + 3.41 + 3.42)	0
COLLABORATORS		
3.44	Public school district(s) and/or BOCES	0

3.45	Non-public school(s)	0
3.46	Childcare center(s)	0
3.47	Summer camp(s)	0
3.48	Municipality/Municipalities	0
3.49	Literacy provider(s)	0
3.50	Other (describe using the State note)	0
3.51	Total Collaborators (total 3.44 through 3.50)	0

Early/Adult/English Speaker/Digital Literacy

Please report information on EARLY LITERACY PROGRAMS for the 2020 calendar year.

EARLY LITERACY PROGRAMS

3.52 Did the library offer early literacy programs? (Enter Y for Yes, N for No) N

3.53 - Indicate types of programs offered (check all that apply)

- | | | |
|----|--|----|
| a. | Focus on birth - school entry (kindergarten) | No |
| b. | Focus on parents & caregivers | No |
| c. | Combined audience | No |
| d. | N/A | No |

3.54 - Number of sessions

- | | | |
|----|--|---|
| a. | Focus on birth - school entry (kindergarten) | 0 |
| b. | Focus on parents & caregivers | 0 |
| c. | Combined audience | 0 |
| d. | N/A | 0 |

3.55 **Total Sessions** 0

3.56 - Attendance at sessions

- | | | |
|----|--|---|
| a. | Focus on birth - school entry (kindergarten) | 0 |
| b. | Focus on parents & caregivers | 0 |
| c. | Combined audience | 0 |
| d. | N/A | 0 |

3.57 **Total Attendance** 0

- 3.58 - Collaborators (check all that apply):
- a. Childcare center(s) No
 - b. Public School District(s) and/or BOCES No
 - c. Non-Public School(s) No
 - d. Health care providers/agencies No
 - e. Other (describe using the State note) No

Please report information on ADULT LITERACY for the 2020 calendar year.

ADULT LITERACY

- 3.59 Did the library offer adult literacy programs? No
- 3.60 Total group program sessions 0
- 3.61 Total one-on-one program sessions 0
- 3.62 Total group program attendance 0
- 3.63 Total one-on-one program attendance 0
- 3.64 - Collaborators (check all that apply)
- a. Literacy NY (Literacy Volunteers of America) No
 - b. Public School District(s) and/or BOCES No
 - c. Non-Public Schools No
 - d. Other (see instructions and describe using Note) No

Please report information on PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL) for the 2020 calendar year.

PROGRAMS FOR ENGLISH SPEAKERS OF OTHER LANGUAGES (ESOL)

- 3.65 Did the library offer programs for English Speakers of Other Languages (ESOL)? (Enter Y for Yes, N for No) N
- 3.66 Children's program sessions 0
- 3.67 Young adult program sessions 0
- 3.68 Adult program sessions 0
- 3.69 **Total program sessions (total 3.66 + 3.67 + 3.68)** 0

3.70	One-on-one program sessions	0
3.71	Children's program attendance	0
3.72	Young adult program attendance	0
3.73	Adult program attendance	0
3.74	Total program attendance (total 3.71 + 3.72 + 3.73)	0
3.75	One-on-one program attendance	0
3.76	- Collaborators (check all that apply):	
a.	Literacy NY (Literacy Volunteers of America)	No
b.	Public School District(s) and/or BOCES	No
c.	Non-Public School(s)	No
d.	Other (describe using the Note)	No

Please report information on DIGITAL LITERACY for the 2020 calendar year.

DIGITAL LITERACY

3.77	Did the library offer digital literacy programs?	N
3.78	Total group program sessions	0
3.79	Total one-on-one program sessions	0
3.80	Total group program attendance	0
3.81	Total one-on-one program attendance	0
3.82	Did your library offer teen-led activities during the 2020 calendar year?	N

4. LIBRARY TRANSACTIONS

Circulation/Electronic Use/Reference Transactions

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

CATALOGED BOOK CIRCULATION

4.1	Adult Fiction Books	999
4.2	Adult Non-fiction Books	124
4.3	Total Adult Books (Total questions	

	4.1 & 4.2)	1,123
4.4	Children's Fiction Books	684
4.5	Children's Non-fiction Books	114
4.6	Total Children's Books (Total questions 4.4 & 4.5)	798
4.7	Total Cataloged Book Circulation (Total question 4.3 & 4.6)	1,921

CIRCULATION OF OTHER MATERIALS

4.8	Circulation of Adult Other Materials	105
4.9	Circulation of Children's Other Materials	60
4.10	Total Circulation of Other Materials (Total questions 4.8, 4.9)	165
4.11	Physical Item Circulation (Total questions 4.7 & 4.10)	2,086

ELECTRONIC USE

4.12	Use of Electronic Material	1,200
4.13	Successful Retrieval of Electronic Information	120
4.14	Electronic Content Use (Total questions 4.12 & 4.13)	1,320
4.15	Total Circulation of Materials (Total questions 4.11 & 4.12)	3,286
4.16	Total Collection Use (Total questions 4.13 & 4.15)	3,406
4.17	Grand Total Circulation of Children's Materials (Total questions 4.6 & 4.9)	858

REFERENCE TRANSACTIONS

4.18	Total Reference Transactions	6
4.18a	Regarding the number of Reference Transactions entered, is this an annual count or an annual estimate based on a typical week or weeks?	ES - Annual Estimate Based on Typical Week(s)
4.19	Does the library offer virtual reference?	N

Interlibrary Loan

INTERLIBRARY LOAN - MATERIALS RECEIVED (BORROWED)

4.20 TOTAL MATERIALS RECEIVED 0
INTERLIBRARY LOAN- MATERIALS PROVIDED (LOANED)
 4.21 TOTAL MATERIALS PROVIDED 0

5. TECHNOLOGY AND TELECOMMUNICATIONS

Report all information as of December 31, 2020.

SYSTEMS AND SERVICES

- 5.1 Automated circulation system? Y
- 5.2 Online public access catalog (OPAC)? Y
- 5.3 Electronic access to the OPAC from outside the library? Y
- 5.4 Annual number of visits to the library's web site 5,788
- 5.5 Does the library use Internet filtering software on any computer? N
- 5.6 Does your library use social media? N
- 5.7 Does the library file for E-rate benefits? N
- 5.8 Is the library part of a consortium for E-rate benefits? N
- 5.9 If yes, in which consortium are you participating? N/A
- 5.10 Name of the person responsible for the library's Information Technology (IT) services Gordon Murphy
- 5.11 IT contact's telephone number (enter 10 digits only and hit the Tab key) (860) 389 2277
- 5.12 IT contact's email address gsmurphy@mac.com

6. STAFF INFORMATION

Note: Report figures as of the last day of the fiscal year reported in Part 1. Include the FTE for all positions funded in the library's budget whether those positions are filled or not. This report requires conversion of part-time hours to full-time equivalents (FTE). To compute the FTE of employees in any category, take the total number of hours worked per week for all budgeted positions in that category and divide that total by the number of hours per week the library considers to be full-time. Report the FTE to two decimal places.

FTE (FULL-TIME EQUIVALENT CALCULATION)

- 6.1 The number of hours per workweek used to compute FTE for all paid library personnel in this section. 35

BUDGETED POSITIONS IN FULL-TIME EQUIVALENTS

- | | | |
|------|--|------|
| 6.2 | Library Director (certified) | 0 |
| 6.3 | Vacant Library Director (certified) | 0 |
| 6.4 | Librarian (certified) | 0 |
| 6.5 | Vacant Librarian (certified) | 0 |
| 6.6 | Library Manager (not certified) | .4 |
| 6.7 | Vacant Library Manager (not certified) | 0 |
| 6.8 | Library Specialist/Paraprofessional (not certified) | 0 |
| 6.9 | Vacant Library Specialist/Paraprofessional (not certified) | 0 |
| 6.10 | Other Staff | .2 |
| 6.11 | Vacant Other Staff | 0 |
| 6.12 | TOTAL PAID STAFF (Total questions 6.2, 6.4, 6.6, 6.8 & 6.10) | 0.60 |
| 6.13 | VACANT TOTAL PAID STAFF (Total questions 6.3, 6.5, 6.7, 6.9 & 6.11) | 0.00 |

SALARY INFORMATION

- | | | |
|------|--|----------|
| 6.14 | FTE - Entry Level Librarian (certified) | N/A |
| 6.15 | Salary - Entry Level Librarian (certified) | N/A |
| 6.16 | FTE - Library Director (certified) | N/A |
| 6.17 | Salary - Library Director (certified) | N/A |
| 6.18 | FTE - Library Manager (not certified) | .4 |
| 6.19 | Salary - Library Manager (not certified) | \$50,000 |

7. MINIMUM PUBLIC LIBRARY STANDARDS (CURRENT)

Report all information as of December 31, 2020. Please click [here](#) to read general instructions before completing this section.

- 7.1 1. Is governed by board-approved written bylaws which outline the Y

- responsibilities and procedures of the library board of trustees.
- 7.2 2. Has a board-approved written long range plan of service. Y
- 7.3 3. Presents a board-approved annual report to the community on the library's progress in meeting its goals and objectives. Y
- 7.4 4. Has board-approved written policies for the operation of the library. Y
- 7.5 5. Presents annually to appropriate funding agencies a written board-approved budget which would enable the library to meet or exceed these standards and to carry out its long-range plan of service. Y
- 7.6 6. Periodically evaluates the effectiveness of the library's collection and services in meeting community needs. Y
- 7.7 7. Is open the minimum standard number of public service hours for population served. (see instructions) Y
8. Maintains a facility to meet community needs, including adequate:
- 7.8 8a. space Y
- 7.9 8b. lighting Y
- 7.10 8c. shelving Y
- 7.11 8d. seating Y
- 7.12 8e. restroom (see instructions) Y
9. Provides equipment and connections to meet community needs and provide access to other library catalogs and other electronic information, including but not limited to the following:
- 7.13 9a. telephone Y
- 7.14 9b. photocopier (see instructions) Y
- 7.15 9c. microcomputer or terminal Y
- 7.16 9d. printer Y
- 7.17 9e. Fax capability (see instructions) Y
- 7.18 10. Distributes board-approved printed information listing the library's hours open, borrowing rules, Y

- services, location and phone
number.
- 7.19 11. Employs a paid director in accordance with the provisions of Commissioner's Regulation 90.8. Y

7. MINIMUM PUBLIC LIBRARY STANDARDS (AS OF 2021)

As of January 1, 2021 all public, free association and Indian libraries in New York State will be required to meet the minimum standards listed below. Please indicate which of these standards your library already meets as of **December 31, 2020**. This 2020 data will be helpful in informing statewide and regional efforts to ensure that all of New York's libraries are able to successfully comply with the new minimum standards. Please click [here](#) to read general instructions before completing this section. [Helpful information for meeting minimum public library standards](#) is available on the State Library's website. Questions about the new standards should be directed to your library system.

1. Is governed by written bylaws which define the structure and governing functions of the library board of trustees, and which shall be reviewed and re-approved by the board of trustees at least once every five years or earlier if required by law. Y
2. Has a community-based, board-approved, written long-range plan of service developed by the library board of trustees and staff. Y
3. Provides a board-approved written annual report to the community on the library's progress in meeting its mission, goals and objectives, as outlined in the library's long-range plan of service. N
4. Has board-approved written policies for the operation of the library, which shall be reviewed and updated at least once every five years or earlier if required by law. Y
5. Annually prepares and publishes a board-approved, written budget,

- which enables the library to address the community's needs, as outlined in the library's long-range plan of service. Y
6. Periodically evaluates the effectiveness of the library's programs, services and collections to address community needs, as outlined in the library's long-range plan of service. Y
 7. Is open the minimum standard number of public service hours for population served. (see instructions) N
 8. Maintains a facility that addresses community needs, as outlined in the library's long-range plan of service, including adequate:
 - 8a. space Y
 - 8b. lighting N
 - 8c. shelving N
 - 8d. seating Y
 - 8e. power infrastructure Y
 - 8f. data infrastructure Y
 - 8g. public restroom Y
 9. Provides programming to address community needs, as outlined in the library's long-range plan of service. Y
 10. Provides
 - 10a. a circulation system that facilitates access to the local library collection and other library catalogs Y
 - 10b. equipment, technology, and internet connectivity to address community needs and facilitate access to information. 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

- | | | |
|-----|--|---|
| 12. | Employs a paid director in accordance with the provisions of Commissioner's Regulation 90.8. | 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 |
| 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 |

8. PUBLIC SERVICE INFORMATION

Report all information as of the end of the fiscal year reported in Part 1. Please click [here](#) to read general instructions before completing this section.

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

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

PUBLIC SERVICE HOURS - Report hours to two decimal places.

8.6	Minimum Weekly Total Hours - Main Library	23.00
8.7	Minimum Weekly Total Hours - Branch Libraries	0.00
8.8	Minimum Weekly Total Hours - Bookmobiles	0.00
8.9	Minimum Weekly Total Hours - Total Hours Open (Total questions 8.6 - 8.8)	23.00
8.10	Annual Total Hours - Main Library	1,320.00
8.11	Annual Total Hours - Branch Libraries	0.00

8.12	Annual Total Hours - Bookmobiles	0.00
8.13	Annual Hours Open - Total Hours Open (Total questions 8.10 through 8.12)	1,320.00

8A. COVID

NOTE: This section of the survey (8A) collects data on the impact of the COVID-19 pandemic. Report all information in Part 8A from March 7, 2020 to December 31, 2020.

CV1	Were any of the library's outlets physically closed to the public for any period of time due to the Coronavirus (COVID-19) pandemic?	Yes
CV2	Did library staff continue to provide services to the public during any portion of the period when the building was physically closed to the public due to the Coronavirus (COVID-19) pandemic?	Yes
CV3	Did the library add or increase access to electronic collection materials due to the Coronavirus (COVID-19) pandemic?	No
CV4	Did the library allow users to complete registration for library cards online without having to come to the library before the Coronavirus (COVID-19) pandemic?	Yes
CV5	Did the library allow users to complete registration for library cards online without having to come to the library during the Coronavirus (COVID-19) pandemic?	Yes
CV6	Did the library provide reference service via the Internet or telephone when the building was physically closed to the public during the Coronavirus (COVID-19) pandemic?	Yes
CV7	Did the library provide 'outside' service for circulation of physical materials at one or more outlets during the Coronavirus (COVID-19) pandemic?	Yes

- CV8 pandemic?
Did the library provide live, virtual programs via the Internet during the Coronavirus (COVID-19) pandemic? Yes
- CV9 Did the library create and provide recordings of program content via the Internet during the Coronavirus (COVID-19) pandemic? No
- CV10 Report total number of recordings of program content during COVID-19 pandemic. **Optional response. Responses to new questions requiring numerical data may be estimated or left blank the first year.** N/A
- CV11 Did the library provide Wi-Fi Internet access to users outside the building at one or more outlets before the Coronavirus (COVID-19) pandemic? Yes
- CV12 Did the library intentionally provide Wi-Fi Internet access to users outside the building at one or more outlets during COVID-19 pandemic? Yes
- CV13 Did the library increase access to Wi-Fi Internet access to users outside the building at one or more outlets during the Coronavirus (COVID-19) pandemic? No
- CV14 Did library staff work for other government agencies or nonprofit organizations instead of, or in addition to, their normal duties during the Coronavirus (COVID-19) pandemic? Yes

9. SERVICE OUTLET INFORMATION

Report all information as of the end of the fiscal year reported in Part 1. Please click [here](#) to read general instructions before completing this section.

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

bookmobile.

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 must enter the data into the spreadsheet form available in the survey by clicking [here](#). Complete this form and email it to collectconnect@baker-taylor.com

- | | | |
|-----|--|---|
| 1. | Outlet Name | Fishers Island Library Association |
| 2. | Outlet Name Status | 00 (for no change) |
| 3. | Street Address | 988 Oriental Avenue |
| 4. | Outlet Street Address Status | 00 (for no change) |
| 5. | City | Fishers Island |
| 6. | Zip Code | 06390 |
| 7. | Phone (enter 10 digits only) | (631) 788-7362 |
| 8. | Fax Number (enter 10 digits only) | (631) 788-7362 |
| 9. | E-mail Address | librarian@filibrary.org |
| 10. | Outlet URL | http://www.filibrary.org/ |
| 11. | County | Suffolk |
| 12. | School District | Fishers Island Union Free |
| 13. | Library System | Suffolk Cooperative Library System |
| 14. | Outlet Type Code (select one): | CE |
| 15. | Public Service Hours Per Year for This Outlet | 1,320 |
| 16. | Number of Weeks This Outlet is Open | 52 |
| 16a | Number of weeks an outlet closed due to COVID-19 | 14 |
| 16b | Number of weeks an outlet had limited occupancy due to COVID-19 | 41 |
| 17. | Does this outlet have meeting space available for public use (non-library sponsored programs, meetings and/or events)? | Y |
| 18. | Is the meeting space available for public use even when the outlet is closed? | Y |
| 19. | Total number of non-library | |

	sponsored programs, meetings and/or events at this outlet	0
20.	Enter the appropriate outlet code (select one):	LO
21.	Who owns this outlet building?	Library Board
22.	Who owns the land on which this outlet is built?	Library Board
23.	Indicate the year this outlet was initially constructed	1888
24.	Indicate the year this outlet underwent a major renovation costing \$25,000 or more	2016
25.	Square footage of the outlet	1,740
26.	Number of internet computers at this outlet used by general public	2
27.	Number of uses (sessions) of public Internet computers per year	175
28.	Type of connection on the outlet's public Internet computers	DSL
29.	Maximum <u>download</u> speed of connection on the outlet's public Internet computers	9 Greater than or equal to 25 mbps and less than 50 mbps
30.	Maximum <u>upload</u> speed of connection on the outlet's public Internet computers	9 Greater than or equal to 25 mbps and less than 50 mbps
31.	Internet Provider	Fishers Island Telephone
32.	WiFi Access	No restrictions to access
33.	Number of wireless sessions provided by the library wireless service per year	4,100
34.	Does the outlet have a building entrance that is physically accessible to a person in a wheelchair?	Y
35.	Is every public part of the outlet accessible to a person in a wheelchair?	Y
36.	Does your outlet have a Makerspace?	N
37.	<i>LIBID</i>	8000582240
38.	<i>FSCSID</i>	NY0664

- | | | |
|-----|---|---------------------------------------|
| 39. | <i>Number of Bookmobiles in the</i> | 0 |
| 40. | Bookmobile Outlet Record
Outlet Structure Status | 00 (for no change from previous year) |

10. OFFICERS AND TRUSTEES

Trustees and Terms/Board President/Trustee Names

Report information about trustee meetings as of December 31, 2020. 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, 2020 to December 31, 2020) 4

NUMBER OF TRUSTEES AND TERMS

- 10.2 Does your library have a range of trustees stated in the library's charter documents (incorporation)? Yes
- 10.3 If yes, what is the range? 5-25
- 10.4 If your library has a range, how many voting positions are stated in the library's current by-laws? 25
- 10.6 Does your library's charter documents (incorporation) state a specified term for trustees? If no, please explain in a Note. Yes
- 10.7 If yes, what is the trustee term length, as stated in your library's charter documents (incorporation)? 3 years

BOARD MEMBER SELECTION

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

List Officers and Board Members as of February 1, 2021. Complete one record for each board member. There must be a record for each voting position, whether filled or vacant. Do not include non-voting positions.

BOARD PRESIDENT

10.9	First Name	Jonathan
10.10	Last Name	Britt
10.11	Mailing Address	PO Box 366
10.12	City	Fishers Island
10.13	Zip Code (5 digits only)	06390
10.14	Phone (enter 10 digits only)	(631) 788 7362
10.15	E-mail Address	librarian@filibrary.org
10.16	Term Begins - Month	January
10.17	Term Begins - Year (yyyy)	2021
10.18	Term Expires - Month	December
10.19	Term Expires - Year (yyyy)	2023
10.20	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
10.21	The date the Oath of Office was taken (mm/dd/yyyy)	N/A
10.22	The date the Oath of Office was filed with town or county clerk (mm/dd/yyyy)	N/A
10.23	Is this a brand new trustee?	N

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 (**but do not include the Board President—this information should still be entered directly into the survey**). If you choose to send your data for uploading, you must enter the data into the spreadsheet form available [here](#). Complete this form and email it to collectconnect@baker-taylor.com.

1.	Status	Filled
2.	First Name of Board Member	Gordon
3.	Last Name of Board Member	Murphy
4.	Mailing Address	POBox 454
5.	City	Fishers Island
6.	Zip Code (5 digits only)	06390
7.	E-mail address	gsmurphy@mac.com

- | | | |
|-----|---|-------------------------|
| 8. | Office Held or Trustee | Vice President |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2021 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2023 |
| 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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Dorsey |
| 3. | Last Name of Board Member | Miller |
| 4. | Mailing Address | PO Box 366 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | harris.dorsey@gmail.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2021 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2023 |
| 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 | Yes |

- 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? Y
-
1. Status Filled
 2. First Name of Board Member Bruce
 3. Last Name of Board Member Kinlin
 4. Mailing Address PO Box 188
 5. City Fishers Island
 6. Zip Code (5 digits only) 06390
 7. E-mail address bruce@kinlinrutherford.com
 8. Office Held or Trustee Other (Add State Note)
 9. Term Begins - Month January
 10. Term Begins - Year (year) 2021
 11. Term Expires December
 12. Term Expires - Year (yyyy) 2923
 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 Filled

- | | | |
|-----|---|------------------------|
| 2. | First Name of Board Member | Brian |
| 3. | Last Name of Board Member | Leuchtenburg |
| 4. | Mailing Address | PO Box 109 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | leuchtenburg@gmail.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2019 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2021 |
| 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? | N |

- | | | |
|-----|----------------------------|-------------------------|
| 1. | Status | Filled |
| 2. | First Name of Board Member | Alexandra |
| 3. | Last Name of Board Member | Andrews |
| 4. | Mailing Address | PO Box 207 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | alexandraparsons@me.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2021 |
| 11. | Term Expires | December |

- | | | |
|-----|---|-------------------------|
| 12. | Term Expires - Year (yyyy) | 2023 |
| 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. | No |
| 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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Beth |
| 3. | Last Name of Board Member | Arsenault |
| 4. | Mailing Address | PO Box 303 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | mccusker.beth@gmail.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2021 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2023 |
| 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 | |

- | | | |
|-----|--|---------------------|
| 15. | (mm/dd/yyyy) was taken
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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Anne |
| 3. | Last Name of Board Member | Borland |
| 4. | Mailing Address | PO Box 717 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | ajborland@gmail.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2020 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2022 |
| 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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Tom |
| 3. | Last Name of Board Member | Cashel |
| 4. | Mailing Address | PO Box 205 |

- | | | |
|-----|---|-----------------------|
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | tomcasheljr@gmail.com |
| 8. | Office Held or Trustee | Financial Officer |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2020 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2022 |
| 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 | Filled |
| 2. | First Name of Board Member | Mary Beth |
| 3. | Last Name of Board Member | Guimaraes |
| 4. | Mailing Address | PO Box 264 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | megui544@gmail.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2021 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2023 |
| 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 Yes
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? N
1. Status Filled
2. First Name of Board Member Christian
3. Last Name of Board Member Arsenault
4. Mailing Address PO Box 303
5. City Fishers Island
6. Zip Code (5 digits only) 06390
7. E-mail address c.arsenault@fischool.com
8. Office Held or Trustee Ex-Officio (Voting)
9. Term Begins - Month January
10. Term Begins - Year (year) 2020
11. Term Expires December
12. Term Expires - Year (yyyy) 2022
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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Jennifer |
| 3. | Last Name of Board Member | Mancusi-Ungaro |
| 4. | Mailing Address | PO Box 366 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | jennmu@yahoo.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2019 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2021 |
| 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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Jamie |
| 3. | Last Name of Board Member | Collingham |
| 4. | Mailing Address | PO Box 366 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | jcdups@gmail.com |
| 8. | Office Held or Trustee | Trustee |

- | | | |
|-----|---|-------------------|
| 10. | Term Begins - Month | January |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2022 |
| 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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Fran |
| 3. | Last Name of Board Member | Roethgen |
| 4. | Mailing Address | PO Box 476 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | froethgen@aol.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2020 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2022 |
| 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 | Yes |

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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Becky |
| 3. | Last Name of Board Member | Walters |
| 4. | Mailing Address | PO Box 242 |
| 5. | City | Fishers Island |
| 6. | Zip Code (5 digits only) | 06390 |
| 7. | E-mail address | rebekahdoolittle@gmail.com |
| 8. | Office Held or Trustee | Trustee |
| 9. | Term Begins - Month | January |
| 10. | Term Begins - Year (year) | 2020 |
| 11. | Term Expires | December |
| 12. | Term Expires - Year (yyyy) | 2022 |
| 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? | N |
| 1. | Status | Filled |
| 2. | First Name of Board Member | Annie |

3.	Last Name of Board Member	Douthit
4.	Mailing Address	PO Box 668
5.	City	Fishers Island
6.	Zip Code (5 digits only)	06390
7.	E-mail address	annie.p.taylor@gmail.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2020
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2022
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	Filled
2.	First Name of Board Member	Elizabeth
3.	Last Name of Board Member	Wooten
4.	Mailing Address	PO Box 166
5.	City	Fishers Island
6.	Zip Code (5 digits only)	06390
7.	E-mail address	elizsmart@gmail.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2019
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2021
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?	N
1.	Status	Filled
2.	First Name of Board Member	Phoebe
3.	Last Name of Board Member	Hunt
4.	Mailing Address	PO Box 694
5.	City	Fishers Island
6.	Zip Code (5 digits only)	06390
7.	E-mail address	phoebe.davison@gmail.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2019
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2021
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?	N
1.	Status	Filled
2.	First Name of Board Member	Stephanie
3.	Last Name of Board Member	Braun
4.	Mailing Address	PO Box 103
5.	City	Fishers Island
6.	Zip Code (5 digits only)	06390
7.	E-mail address	stephanie.r.braun@gmail.com
8.	Office Held or Trustee	Trustee
9.	Term Begins - Month	January
10.	Term Begins - Year (year)	2019
11.	Term Expires	December
12.	Term Expires - Year (yyyy)	2021
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?	N

Trustee Education

Complete one record for each person serving as a trustee as of December 31, 2020. These trustees will not be exactly the same as the trustees listed in the section above.

1.	Trustee Name	Jonathon Britt
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2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Gordon Murphy

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Dorsey Miller

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Bruce Kinlin

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Brian Leuchtenburg

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Alexandra Andrews

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Beth Arsenault

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Anne Borland

2. Has the trustee participated in trustee education in the last calendar year (2020)?^N

1. Trustee Name Tom Cashel

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Marybeth Guimaraes

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Christian Arsenault

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Jennifer Mancusi-Ungaro

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Jamie Collingham

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Fran Roethgen

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Becky Walters

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Annie Douthit

2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Elizabeth Wooten
 2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Phoebe Hunt
 2. Has the trustee participated in trustee education in the last calendar N year (2020)?

1. Trustee Name Stephanie Braun
 2. Has the trustee participated in trustee education in the last calendar N year (2020)?

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. **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

1. Source of Funds School District
 2. Name of funding County, Municipality or School District Fishers Island UFSD
 3. Amount \$51,000
 4. Subject to public vote held in reporting year or in a previous reporting year(s). Y
 5. Written Contractual Agreement N

11.2 **TOTAL LOCAL PUBLIC FUNDS** \$51,000

SYSTEM CASH GRANTS TO MEMBER LIBRARY

11.3	Local Library Services Aid (LLSA)	\$995
11.4	Central Library Aid (CLDA and/or CBA)	\$0
11.5	Additional State Aid received from the System	\$0
11.6	Federal Aid received from the System	\$0
11.7	Other Cash Grants	\$0
11.8	TOTAL SYSTEM CASH GRANTS (Add Questions 11.3, 11.4, 11.5, 11.6 and 11.7)	\$995

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
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Federal Aid/Other Receipts

FEDERAL AID FOR LIBRARY OPERATION

11.10	LSTA	\$0
11.11	Other Federal Aid	\$0
11.12	TOTAL FEDERAL AID (Add Questions 11.10 and 11.11)	\$0

11.13	CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE	\$0
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OTHER RECEIPTS

11.14	Gifts and Endowments	\$123,861
11.15	Fund Raising	\$0
11.16	Income from Investments	\$16,344
11.17	Library Charges	\$26
11.18	Other	\$930
11.19	TOTAL OTHER RECEIPTS (Add Questions 11.14, 11.15, 11.16, 11.17 and 11.18)	\$141,161

11.20	TOTAL OPERATING FUND RECEIPTS (Add Questions 11.2, 11.8, 11.9, 11.12, 11.13 and 11.19)	\$193,156
11.21	BUDGET LOANS	\$0

Transfers/Grant Total

TRANSFERS

11.22	From Capital Fund (Same as Question 14.8)	\$0
11.23	From Other Funds	\$0
11.24	TOTAL TRANSFERS (Add Questions 11.22 and 11.23)	\$0
11.25	BALANCE IN OPERATING FUND - Beginning Balance for Fiscal Year Ending 2020 (Same as Question 12.40 of previous year if fiscal year has not changed)	\$224,274
11.26	GRAND TOTAL RECEIPTS, BUDGET LOANS, TRANSFERS AND BALANCE (Add Questions 11.20, 11.21, 11.24 and 11.25; Same as Question 12.41)	\$417,430

12. OPERATING FUND DISBURSEMENTS

Staff/Collection/Capital/Operation and Maintenance

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.

STAFF EXPENDITURES

Salaries & Wages Paid from Library Funds

12.1	Certified Librarians	\$0
12.2	Other Staff	\$61,040
12.3	Total Salaries & Wages	

	Expenditures (Add Questions 12.1 and 12.2)	\$61,040
12.4	Employee Benefits Expenditures	\$19,721
12.5	Total Staff Expenditures (Add Questions 12.3 and 12.4)	\$80,761

COLLECTION EXPENDITURES

12.6	Print Materials Expenditures	\$3,030
12.7	Electronic Materials Expenditures	\$0
12.8	Other Materials Expenditures	\$253
12.9	Total Collection Expenditures (Add Questions 12.6, 12.7 and 12.8)	\$3,283

CAPITAL EXPENDITURES FROM OPERATING FUNDS

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

OPERATION AND MAINTENANCE OF BUILDINGS

Repairs to Building & Building Equipment

12.13	From Local Public Funds (72PF)	\$0
12.14	From Other Funds (72OF)	\$0
12.15	Total Repairs (Add Questions 12.13 and 12.14)	\$0
12.16	Other Disbursements for Operation & Maintenance of Buildings	\$15,327
12.17	Total Operation & Maintenance of Buildings (Add Questions 12.15 and 12.16)	\$15,327

MISCELLANEOUS EXPENSES

12.18	Office and Library Supplies	\$5,073
12.19	Telecommunications	\$2,938
12.20	Binding Expenses	\$0
12.21	Postage and Freight	\$0
12.22	Professional & Consultant Fees	\$16,683
12.23	Equipment	\$0
12.24	Other Miscellaneous	\$5,399
12.25	Total Miscellaneous Expenses (Add Questions 12.18, 12.19, 12.20, 12.21, 12.22, 12.23 and 12.24)	\$30,093

Contracts/Debt Service/Transfers/Grand Total

12.26 **CONTRACTS WITH PUBLIC LIBRARIES AND/OR PUBLIC LIBRARY SYSTEMS IN NEW YORK STATE** \$0

DEBT SERVICE

Capital Purposes Loans (Principal and Interest)

12.27 From Local Public Funds (73PF) \$0

12.28 From Other Funds (73OF) \$0

12.29 **Total** (Add Questions 12.27 and 12.28) \$0

Other Loans

12.30 Budget Loans (Principal and Interest) \$0

12.31 Short-Term Loans \$0

12.32 **Total Debt Service** (Add Questions 12.29, 12.30 and 12.31) \$0

12.33 **TOTAL OPERATING FUND DISBURSEMENTS** (Add Questions 12.5, 12.9, 12.12, 12.17, 12.25, 12.26 and 12.32) \$129,464

TRANSFERS

Transfers to Capital Fund

12.34 From Local Public Funds (76PF) \$0

12.35 From Other Funds (76OF) \$0

12.36 **Total Transfers to Capital Fund** (Add Questions 12.34 and 12.35; same as Question 13.8) \$0

12.37 **Transfer to Other Funds** \$103,511

12.38 **TOTAL TRANSFERS** (Add Questions 12.36 and 12.37) \$103,511

12.39 **TOTAL DISBURSEMENTS AND TRANSFERS** (Add Questions 12.33 and 12.38) \$232,975

12.40 **BALANCE IN OPERATING FUND -**

Ending Balance for the Fiscal Year Ending 2020 \$184,455
12.41 **GRAND TOTAL**
DISBURSEMENTS, TRANSFERS
& BALANCE (Add Questions 12.39 \$417,430
and 12.40; same as Question 11.26)

ASSURANCE

12.42 The Library operated in accordance with all provisions of Education Law and the Regulations of the Commissioner, and assures that the "Annual Report" was reviewed and accepted by the Library Board on (date - mm/dd/yyyy). 07/03/2021

FISCAL AUDIT

12.43 Last audit performed (mm/dd/yyyy) 06/23/2021
12.44 Time period covered by this audit (mm/dd/yyyy) - (mm/dd/yyyy) 01/01/2020-12/31/2020
12.45 Indicate type of audit (select one): Private Accounting Firm

CAPITAL FUND

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

13. CAPITAL FUND RECEIPTS

Report financial data based on the fiscal year reported 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
13.2 All Other Revenues from Local Sources \$0
13.3 **Total Revenues from Local Sources** (Add Questions 13.1 and 13.2) \$0

STATE AID FOR CAPITAL PROJECTS

13.4 State Aid Received for Construction \$0

13.5	Other State Aid	\$0
13.6	Total State Aid (Add Questions 13.4 and 13.5)	\$0

FEDERAL AID FOR CAPITAL PROJECTS

13.7	TOTAL FEDERAL AID	\$0
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INTERFUND REVENUE

13.8	Transfer from Operating Fund (Same as Question 12.36)	\$0
13.9	TOTAL REVENUES (Add Questions 13.3, 13.6, 13.7 and 13.8)	\$0
13.10	NON-REVENUE RECEIPTS	\$0
13.11	TOTAL CASH RECEIPTS (Add Questions 13.9 and 13.10)	\$0
13.12	BALANCE IN CAPITAL FUND - Beginning Balance for Fiscal Year Ending 2020 (Same as Question 14.11 of previous year, if fiscal year has not changed)	\$0
13.13	TOTAL CASH RECEIPTS AND BALANCE (Add Questions 13.11 and 13.12; same as Question 14.12)	\$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
14.2	Incidental Construction	\$0
Other Disbursements		
14.3	Purchase of Buildings	\$0
14.4	Interest	\$0
14.5	Collection Expenditures	\$0
14.6	Total Other Disbursements (Add Questions 14.3, 14.4 and 14.5)	\$0
14.7	TOTAL PROJECT EXPENDITURES (Add Questions	\$0

	14.1, 14.2 and 14.6)	
14.8	TRANSFER TO OPERATING FUND (Same as Question 11.22)	\$0
14.9	NON-PROJECT EXPENDITURES	\$0
14.10	TOTAL CASH DISBURSEMENTS AND TRANSFERS (Add Questions 14.7, 14.8 and 14.9)	\$0
14.11	BALANCE IN CAPITAL FUND - Ending Balance for the Fiscal Year Ending 2020	\$0
14.12	TOTAL CASH DISBURSEMENTS AND BALANCE (Add Questions 14.10 and 14.11; same as Question 13.13)	\$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	0.00
16.2	Total Librarians	0.35
16.3	All Other Paid Staff	0.18
16.4	Total Paid Employees	0.53
16.5	State Government Revenue	\$995
16.6	Federal Government Revenue	\$0
16.7	Other Operating Revenue	\$141,161
16.8	Total Operating Revenue	\$193,156
16.9	Other Operating Expenditures	\$45,420
16.10	Total Operating Expenditures	\$129,464
16.11	Total Capital Expenditures	\$0
16.12	Print Materials	28,385
16.13	Total Registered Borrowers	894
16.14	Other Capital Revenue and Receipts	\$0

16.15	Total Number of Internet Terminals	2
16.16	Used by the General Public Total Uses (sessions) of Public Internet Computers Per Year	175
16.17	Total Wireless Sessions Provided by the Library Wireless Service Per Year	4,100
16.18	Total Capital Revenue	\$0

17. FOR NEW YORK STATE LIBRARY USE ONLY

17.1	<i>LIB ID</i>	8000582240
17.2	<i>Interlibrary Relationship Code</i>	ME
17.3	<i>Legal Basis Code</i>	NP
17.4	<i>Administrative Structure Code</i>	SO
17.5	<i>FSCS Public Library Definition</i>	Y
17.6	<i>Geographic Code</i>	OTH
17.7	<i>FSCS ID</i>	NY0664
17.8	<i>SED CODE</i>	800000056261
17.9	<i>INSTITUTION ID</i>	800000056261

SUGGESTED IMPROVEMENTS

Library Name: FISHERS ISLAND LIBRARY
ASSOCIATION

Library System: Suffolk Cooperative Library
System

Name of Person Completing Form: Ann Banks

Phone Number: 631-788-7632

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

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