## \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

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

2022 A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, C Name of organization D Employer identification number Check if applicable: CENTRAL NEW YORK LIBRARY RESOURCES Address change COUNCIL Name change 16-0957462 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Final return/ termin-ated 315-446-5446 5710 COMMONS PARK 990,187. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended return EAST SYRACUSE, NY 13057 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: SHAY FOLEY Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. See instructions J Website: ► WWW.CLRC.ORG **H(c)** Group exemption number ▶ Trust X Association Year of formation: 1967 M State of legal domicile: NY K Form of organization: Corporation Other Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER EMBERS Governance RESULTIN PROVIDING SUPPORT, PROGRAMS, AND ADVOCACY, G ¶N STRONGER if the organization discontinued its operations or disposed of thar of its net assets. Number of voting members of the governing body (Part VI, line 1a) 15 3 3 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 6 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T. Part I. line 1 7h **Current Year Prior Year** 686,792. 938,865. Contributions and grants (Part VIII, line 1h) 8 51,116.75,348. Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7 274. 206. 10 3,049. Other revenue (Part VIII, column (A), lines 5, 6d, 8c 0 11 VIII, column (A), line 12) 765,463. 990.187 Total revenue - add lines 8 through 11 (must equal Pan 12 0. 0. Grants and similar amounts paid (Part IX, column ) nes 1-3) Benefits paid to or for members (Part IX, column (A), line 4)

Salaries, other compensation, employed by a set (Part IX, column (A), lines 5-10) 0. 0. 14 411,675. 448,455. 15 Expenses 16a Professional fundraising fees (Part X **b** Total fundraising expenses (Part IX n (D), line 25) 349,233. 637,550. 17 Other expenses (Part IX, coloni (A), ines 11a-11d, 11f-24e) 1,086,005. 760,908. 18 Total expenses. Add lines 7 (must equal Part IX, column (A), line 25) 4,555. -95,818. Revenue less expenses. Subject line 18 from line 12 **Beginning of Current Year End of Year** o 1,419,618. 1,245,806. 20 Total assets (Part X, line 16) 110,406. 103,662. 21 Total liabilities (Part X, line 26) 三年 309. 212. 142,144 22 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign SHAY FOLEY, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature SHANNON T. FORKIN, CPA SHANNON T. FORKIN, C 11/15/22 P00973625 self-employed Paid Firm's EIN ▶ 33-0996661 Firm's name ▶ DANNIBLE & MCKEE, LLP Preparer Firm's address 221 SOUTH WARREN ST. Use Only Phone no. 315-472-9127 SYRACUSE, NY 13202 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Form	1990 (2021) COUNCIL 16-0957462	Page 2
Pa	rt III Statement of Program Service Accomplishments	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part III	Х
1	Briefly describe the organization's mission:  TO EMPOWER ITS MEMBERS BY PROVIDING SUPPORT, PROGRAMS, AND ADVOCACY,	
	RESULTING IN STRONGER LIBRARIES AND COMMUNITIES WITHIN THE REGION.	
	INDUSTRIES IN DIRECTOR DIBITALED IN SCHOOL STATE OF THE SECOND	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		X No
_	If "Yes," describe these new services on Schedule O.	▼
3	· · · · · · · · · · · · · · · · · · ·	X No
4	If "Yes," describe these changes on Schedule O.  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
4	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, a	
	revenue, if any, for each program service reported.	iriu
4a	(Code:) (Expenses \$ 112, 914. including grants of \$) (Revenue \$)	)
	TO PROVIDE SUBSCRIPTIONS TO ELECTRONIC RESOURCES SUCH AS OCLC TO	
	CENTRAL NEW YORK LIBRARIES AT NEGOTIATED PRICES.	
4b	(Code: ) (Expenses \$ 13,694 · including grapts of \$ ) (Revenue \$	١
40	TO TRAIN EMERGING AND PRACTICING ATTRARY, ARCHIVES, MUSEUM, AND	
	NON-PROFIT PROFESSIONALS IN CENTRY NEW YORK.	
	. C.	
	110	
4c		<u>971.</u> )
	TO PROVIDE CONTRACTUAL DELIVERY SERVICES TO MEMBERS AND RESOURCE	
	SHARING AMONG LIBRARIES.	
4d	Other program services (Describe on Schedule O.)	
_	(Expenses \$ 785,505 • including grants of \$ ) (Revenue \$ 48,145 • )	
4e	Total program service expenses ▶ 918,997.	
		990 (2021)

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Part IV | Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes." complete Schedule D. Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a ustodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt neg Х If "Yes," complete Schedule D, Part IV ..... 9 Did the organization, directly or through a related organization, hold assets in donor-restricted lowi Х 10 or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Scheder, Parts VI, VIII, VIII, IX, or X, Did the organization report an amount for land, buildings, and equipment in Part X in If "Yes," complete Schedule D, Х 11a Part VI Did the organization report an amount for investments - other securities in Part assets reported in Part X, line 16? If "Ves " complete School to D. Bard IIII The 12, that is 5% or more of its total Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D Part XIII Х 11c Did the organization report an amount for other assets in Part 1, 1 5, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Х 11d Х 11e statements for the tax year include a footnote that addresses Did the organization's separate or consolidated finance the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ............... Х 11f 12a Did the organization obtain separate, independent addited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII ..... Х 12a ate I, independent audited financial statements for the tax year? **b** Was the organization included in consolid If "Yes," and if the organization are wred "No" to line 12a, then completing Schedule D, Parts XI and XII is optional
Is the organization a school of school in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 12b 13 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

COUNCIL Page 4 Form 990 (2021) Part IV | Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х 24a Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to a or former officer, director, trustee, key employee, creator or founder, substantial contributor controlled entity or family member of any of these persons? If "Yes," complete Schedule L Part 1 Х 26 Did the organization provide a grant or other assistance to any current or former officer, director trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection commune member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? complete Schedule L, Part III ........ Х 27 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): r substantial contributor? If A current or former officer, director, trustee, key employee, creator or for "Yes." complete Schedule L, Part IV ..... 28a b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c 29 29 30 Did the organization receive contributions of art, histor reasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.

Did the organization liquidate, terminate, or discoverand cease operations? If "Yes," complete Schedule N, Part I 30 Х 31 31 of transfer more than 25% of its net assets? If "Yes." complete Did the organization sell, exchange, disper-Schedule N, Part II Х 32 y disregarded as separate from the organization under Regulations Did the organization own 100% sections 301.7701-2 and 301.7707-3? If "Yes," complete Schedule R, Part I Х 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х <u>3</u>7 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 4 **1a** Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

COUNCIL
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2021) **Part V** Sta

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			1,,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			1,7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<del>                                     </del>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	<b>-</b>		x
	to file Form 8282?	7c		<u> </u>
d	Did the apprinting and the distribution of the	7.		Х
e		7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, and proportion received a contribution of qualified intellectual proportion and proportion file Form 9800 as required?	7 <u>1</u>		<del>  ^</del>
g h	If the organization received a contribution of qualified intellectual property old he organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or the vehicles, did the organization file a Form 1098-C?	7 <u>9</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. India lonor advised fund maintained by the	/11		
Ü		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds	Ů		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included sevart VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
а	Gross income from members or charge of the left services the left services and the left services are the left services and the left services are the left services and the left services are the left			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

COUNCIL Page 6 Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 15 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 15 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, sto Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year Х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who nnot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Sch. du Section B. Policies (This Section B requests information about policies not require the Internal Revenue Code. Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures so wrning the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organisation's exempt purposes? 10b Has the organization provided a complete copy of this Form 920 members of its governing body before filing the form?
Describe on Schedule O the process, if any, used by the organization to review this Form 990. 11a Х Х 12a Did the organization have a written conflict of interest police? If "No," go to line 13 ..... 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently prohitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done

Did the organization have a written whistlestower policy? Х 12c Did the organization have a written whistle X 13 13 Did the organization have a written dozumen retention and destruction policy? 14 Х 14 Did the process for determining armsen ation of the following persons include a review and approval by independent persons, comparability data, and ontemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed > Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website X Upon request Uther (explain on Schedule O) Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION - 315-446-5446 5710 COMMONS PARK DRIVE, SYRACUSE 13057

## Form 990 (2021) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

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

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

(A)	(B)	d organization compensated any current officer, director, or trustee.							(F)	
Name and title	Average	(C) Position		( <b>D</b> ) Reportable	<b>(E)</b> Reportable	(F) Estimated				
Name and the	hours per	(do not check more box, unless person		erson is both an		n an	compensation	compensation	amount of	
	week	offi	officer and a director/trustee)		from	from related	other			
	(list any	ector						the	brganizations	compensation
	hours for	or dir	96			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		99	ubeus		(W-2/1059-NUSC	1099-NEC)	organization and related
	below	ndividual trustee or director	rtio na	_	nploy	st cor	-			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			9
(1) MARC WILDMAN	40.00							<b>V</b>		
EXECUTIVE DIRECTOR				X		L		86,116.	0.	16,957.
(2) KATHLEEN SALSBURY	1.00							<b>J</b>		
PRESIDENT		Х		X			2	0.	0.	0.
(3) JAMES TELIHA	1.00									
PAST PRESIDENT		Х	1	X				0.	0.	0.
(4) NANCY HOWE	1.00	1	<u>-                                    </u>		1					
TREASURER		X	2	Х				0.	0.	0.
(5) KATHRYN MCCAULEY	1.00	"								
SECRETARY		K		Х		<u> </u>		0.	0.	0.
(6) AMANDA TRAVIS	1.00									_
TRUSTEE		Х				<u> </u>		0.	0.	0.
(7) REBECCA MCGUIRE	1.00									•
TRUSTEE	$\nu$	X						0.	0.	0.
(8) APRIL BLISS (THRU OCT	1.00								_	•
TRUSTEE	1 00	Х				_		0.	0.	0.
(9) FRED BERWOSKI (THRU OCT)	1.00								_	•
TRUSTEE	1 00	Х				_		0.	0.	0.
(10) CHRISTIAN ZABRISKE (THRU OCT)	1.00	.,							0	0
TRUSTEE	1 00	Х				-		0.	0.	0.
(11) ALLISON COMES	1.00	37							_	0
TRUSTEE	1 00	Х				$\vdash$		0.	0.	0.
(12) ABIGAIL SMITH	1.00	Х						0.	0.	0.
TRUSTEE (13) COURTNEY ASZALOS	1.00	Λ				┢		0.	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(14) SARAH SHUTE	1.00	Λ				$\vdash$		1	0.	<u> </u>
TRUSTEE	1.00	Х						0.	0.	0.
(15) SCOTT WARREN	1.00	Λ				<del>                                     </del>			0.	<u></u>
TRUSTEE	1.00	Х						0.	0.	0.
(16) SHAY FOLEY	1.00	-22			$\vdash$	$\vdash$	$\vdash$	1	J •	<u></u>
TRUSTEE	1.00	Х						0.	0.	0.
(17) TRAVIS OLIVERA	1.00					$\vdash$		†		<u>``</u>
TRUSTEE		Х						0.	0.	0.
		~>			Ц		<u> </u>	1 0.	ı	F 000 (2224)

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Part VII   Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)	(C) (D)				(E)			(F)			
Name and title	Average	(do		Pos		<b>າ</b> than ເ	one	Reportable Report			Es	timated
	hours per	box	, unles	ss per	son i	is both or/trus	n an	compensation	compensatio			nount of
	week (list any					T	100)	from	from related	- 1		other
	hours for	Individual trustee or director				L		the organization	organizations (W-2/1099-MIS			pensation om the
	related	e or 0	stee			satec		(W-2/1099-MISC/	1099-NEC)	0/		anization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)		_	d related
	below	idual	Institutional trustee	la e	Key employee	Highest compensated employee	-BI	,			orga	nizations
	line)	Indiv	Instit	Officer	Key e	High	Former					
(18) MATTHEW SMITH	1.00											
TRUSTEE		Х				<u> </u>		0.		0.		0.
(19) INGA BARNELLO	1.00											
TRUSTEE		Х				<u> </u>		0.		0.		0.
						_			1			
									7			
						_			, ,			
						_		.0.				
		-						<b>(O</b>				
						igspace	_					
						C		יע				
				<u> </u>		F	_	06 116		$\overline{}$	1 /	. 0.5.7
1b Subtotal					C	<b>)</b>		86,116.		0.	10	5,957.
c Total from continuation sheets to Part VI				<sub>1</sub>	<b></b> .			0.		0.		0.
d Total (add lines 1b and 1c)	•						<u> </u>	86,116.		0.	10	5,957.
2 Total number of individuals (including but n	ot limited to th	ove	iistr	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	!		_
compensation from the organization		7.	<u> </u>									0
	_ \									ſ		Yes No
3 Did the organization list any former officer,	<b>*</b> • •	ee, k	кеу е	empl	oye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for											3	X
4 For any individual listed on line 1a, is the	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	ne organization			
and related organizations greater than \$15	00? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4	X
5 Did any person listed on line 1a ceive of	ccrue comper	ısati	on fr	om	any	unre	elate	ed organization or individ	dual for services			
	plete Schedule	e J f	or su	ıch ı	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	-							· · · · · · · · · · · · · · · · · · ·	ensat	tion fro	om
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T		ear.			
(A)				_				(B)		_	(C	
Name and business	address	N	ONE	<u> </u>			_	Description of s	ervices		omper	nsation
							$\dashv$					
							$\dashv$					
2 Total number of independent contractors (i	ncluding but no	ot lir	nited	to	thos	se lis	ted	above) who received mo	ore than			
\$100,000 of compensation from the organia	zation 🕨				(	)						
									<del></del>			0001

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Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a **b** Membership dues 1b c Fundraising events ..... 1c d Related organizations 1d 929,260. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 9,605. similar amounts not included above ... 1f **q** Noncash contributions included in lines 1a-1f 938,865. h Total. Add lines 1a-1f **Business Code** 519100 21,460. 21,460. 2 a MEMBERSHIPS Program Service Revenue **b** MARKETED SERVICES 519100 20,500. 20,500. <u>6,</u>185. c WORKSHOP REGISTRATIONS 519100 6,185 d SERVICE INCOME 519100 2,971. f All other program service revenue ..... 51,116. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 206. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses ...... c Gain or (loss) d Net gain or (loss) ..... 8 a Gross income from fundraising even including \$ contributions reported Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d 990,187. 51,116. 206. Total revenue. See instructions 12

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**) Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, 105,055. 76,285. 28,770. trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 254,050. Other salaries and wages 189,686. 364. 7 Pension plan accruals and contributions (include 15,453. 57 5,880 section 401(k) and 403(b) employer contributions) 48,059. <u> 18,</u>288. Other employee benefits 9 25,838. 9,832. 10 Payroll taxes 11 Fees for services (nonemployees): Management  $5,\overline{400}$ 5,400. Legal 7,100. 7,100. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 30,000. 113. column (A), amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 704. 5,363. 1,341. Office expenses 13 Information technology ...... 14 Royalties 15 38,000. 24,700. 13,300. 16 Occupancy  $4,85\overline{4}$ 3,167. 1,687. 17 Travel Payments of travel or entertaing 18 for any federal, state, or local Conferences, conventions, and n 19 20 Payments to affiliates 21 4,646. 4,182. 464. Depreciation, depletion, and amortization 22 3,143. 3,143. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 3,504. 385,381. 381,877. OUTREACH 112,914. **ELECTRONIC RESOURCES** 112,914. 13,294. 13,294. CONTINUING EDUCATION 8,186. 8,186. d DUES AND SUBSCRIPTIONS 13,993. 17,815. 3,822. e All other expenses 1,086,005. 918,997. 167,008. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720)

Form 990 (2021)
Part X Balance Sheet

Assets	1 2	Check if Schedule O contains a response or not	e to an	line in this Part X	(A)		(B)
Assets	2				(A)		(D)
Assets	2				Beginning of year		End of year
Assets		Cash - non-interest-bearing			116,592.	1	86,810.
Assets	_	Savings and temporary cash investments		1,293,372.	2	1,078,311.	
Assets	3	Pledges and grants receivable, net	0.	3	64,706.		
Assets	4	Accounts receivable, net		4	9,685.		
Assets	5	Loans and other receivables from any current or					
Assets		trustee, key employee, creator or founder, subst					
Assets		controlled entity or family member of any of thes		5			
Assets	6	Loans and other receivables from other disqualit	fied per	sons (as defined			
Assets		under section 4958(f)(1)), and persons described				6	
Asse	7	Notes and loans receivable, net				7	
ă I	8	Inventories for sale or use				8	
- I	9	Prepaid expenses and deferred charges			902.	9	810.
	10a	Land, buildings, and equipment: cost or other			_		
		basis. Complete Part VI of Schedule D		37,293.			- 101
	b	Less: accumulated depreciation		31,809.		10c	5,484.
	11	Investments - publicly traded securities	$\sim$ $\sim$ $\sim$	11			
- 1	12	Investments - other securities. See Part IV, line 1	~0`	12			
- 1	13	Investments - program-related. See Part IV, line	()	13			
- 1	14	Intangible assets		14			
- 1	15	Other assets. See Part IV, line 11		4 14	1 410 610	15	1 245 006
	16	Total assets. Add lines 1 through 15 (must equa			1,419,618.	16	1,245,806. 48,196.
- 1	17	Accounts payable and accrued expenses		······································	40,709.	17	40,190.
- 1	18	Grants payable  Deferred revenue			939.	18	939.
- 1					333.	19	333.
- 1	20 21	Tax-exempt bond liabilities		20 21			
١,	21 22	Loans and other payables to any current or form				-21	
Liabilities	22	trustee, key employee, creator or founder, subst					
≣		controlled entity or family member of any of the	$\sim$ 1			22	
Ei .	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unleaded				24	
	25	Other liabilities (including federal income ta La					
		parties, and other liabilities not included an lines					
		- f O - la la la D	,	Complete Cally X	62,758.	25	54,527.
<u></u> !	26	Total liabilities. Add lines 7 brough 25			110,406.	26	103,662.
		Organizations that follow ASB ASC 958, che	ck her	X	•		·
es		and complete lines 27, 28, 32, and 33.		, —			
au	27				1,215,136.	27	1,130,978.
Bal	28	Net assets with donor restrictions			94,076.	28	11,166.
2		Organizations that do not follow FASB ASC 9					
ᇍ		and complete lines 29 through 33.					
S O	29	Capital stock or trust principal, or current funds				29	
set:	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in	come, d	r other funds		31	
et	32	Total net assets or fund balances			1,309,212.	32	1,142,144.
_	33	Total liabilities and net assets/fund balances			1,419,618.	33	1,245,806.

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			),18	
2	Total expenses (must equal Part IX, column (A), line 25)	2			5,00	
3	Revenue less expenses. Subtract line 2 from line 1	3			5,82	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	<u> </u>	<u> 309</u>	9,23	<u>12.</u>
5	Net unrealized gains (losses) on investments	5		<u>-71</u>	1,25	50.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	<u> </u>	<u> 142</u>	2,14	<u>44.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>	<u></u>		X
			_	_	Yes	No
1	Accounting method used to prepare the Form 990:		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Scheol e	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>L</u>	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate asis					
b	Were the organization's financial statements audited by an independent accountant?		<u>L</u>	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year was audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidates and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of all in lependent accountant?		🚅	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		<u> </u> -	3a	$\longrightarrow$	X
b	If "Yes," did the organization undergo the required a dit or sudits? If the organization did not undergo the required	ed audit				1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
	• C1		F	orm	<b>990</b> (	(2021)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.
CENTRAL NEW YORK LIBRARY RESOURCES

OMB No. 1545-0047

**Employer identification number** 

Open to Public

COUNCIL 16-0957462 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conju land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the nam te of the college or an An organization that normally receives (1) more than 32 1/3% of its support from gross investing activities related to its exempt functions, subject to certain exceptions; and (2) notice than 33 1/3% of its support from gross investing activities related to its exempt functions, subject to certain exceptions; and (2) notice than 33 1/3% of its support from gross investing activities related to its exempt functions, subject to certain exceptions; and (2) notice than 33 1/3% of its support from gross investing activities related to its exempt functions, subject to certain exceptions; and (2) notice than 33 1/3% of its support from gross investing activities related to its exempt functions, subject to certain exceptions; and (2) notice than 33 1/3% of its support from gross investing activities related to its exempt functions, subject to certain exceptions; and (2) notice than 33 1/3% of its support from gross investing activities acti hs, membership fees, and gross receipts from 10 An organization that normally receives (1) more than 33 1/3% of its support from contriare than 33 1/3% of its support from gross investment See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit rerform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting orga zation and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervise trolled by its supported organization(s), typically by giving the supported organization(s) the power to regular var oil t or elect a majority of the directors or trustees of the supporting Aand B. organization. You must complete Part IV, S ction Type II. A supporting organization supervised of trolled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Pa Sections A and C. Type III functionally integrated porting organization operated in connection with, and functionally integrated with, its supported organization(s) (see uctions). You must complete Part IV, Sections A, D, and E. ed. A supporting organization operated in connection with its supported organization(s) Type III non-functional that is not functionally rated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	752,765.	648,206.	734,956.	686,792.	938,865.	3761584.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						_
4	Total. Add lines 1 through 3	752,765.	648,206.	734,956.	686,792.	938,865.	3761584.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				_ \		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				$\sim O_{Z}$		
	column (f)						
	Public support. Subtract line 5 from line 4.						3761584.
Sec	ction B. Total Support			<b>Q</b> .			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	752,765.	648,206.	734 956.	686,792.	938,865.	3761584.
8	Gross income from interest,						
	dividends, payments received on			<b>?</b>			
	securities loans, rents, royalties,		10	)			
	and income from similar sources	1,141.	1,204	1,046.	274.	206.	3,771.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital		•				
	assets (Explain in Part VI.)		350.	4,497.	3,049.		9,108.
11	<b>Total support.</b> Add lines 7 through 10	10/1					3774463.
12	Gross receipts from related activities,	etc. see instruction	ons)			12	416,050.
13			rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor	here					<b>&gt;</b>
Sec	ction C. Computation of Publi						
14						14	99.66 %
15	Public support percentage from 2020					15	99.48 %
16a	33 1/3% support test - 2021. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the o						. $\Box$
	and <b>stop here.</b> The organization quali	•	• •				
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			-	· ·	VI how the organiz	ation
	meets the facts-and-circumstances te	•	•				
b	10% -facts-and-circumstances test	ū				•	10% or
	more, and if the organization meets th		•		•		
	organization meets the facts-and-circu						<b>&gt;</b>
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	·

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

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

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				<b>\</b>		
5	The value of services or facilities				~7		
_	furnished by a governmental unit to					)	
	the organization without charge				- VX		
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and				igodot		
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received			(			
	from other than disqualified persons that			110			
	exceed the greater of \$5,000 or 1% of the			-/ ),			
	amount on line 13 for the year  Add lines 7a and 7b			5			
			- (				
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2017	(has)	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6	(a) 2011	1,60	(6) 2019	(4) 2020	(6) 2021	(i) iotai
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income	7.0					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	N'					
,	Add lines 10a and 10b	1					
	Net income from unrelated but ness	<u>J.                                    </u>					
•	activities not included on line 10.						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
-	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot occord third	for with or fifth toxy	Look on a continu F	01(0)(2) organizatio	<u> </u>
14	First 5 years. If the Form 990 is for the	-					
Sec	check this box and stop here ction C. Computation of Public				•••••		·····
	Public support percentage for 2021 (lin			column (fl)		15	%
	Public support percentage for 2021 (iii	, ,,,				16	<u>%</u>
	ction D. Computation of Inves		•			10	70
	Investment income percentage for 20			ine 13 column (fl)		17	%
	Investment income percentage from 2					18	——————————————————————————————————————
	33 1/3% support tests - 2021. If the						
196							
Į.	more than 33 1/3%, check this box an 33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, chec	•			•	•	
20	Private foundation. If the organization						
	ate roundation, it the organization	I GIG HOL GITCON A	DUA UII III IC 14, 19	a, or rob, crieck li	DON ALIU SEE ILIS		

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	За		
	3b		
	3c		
	4a		
	Λh		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		000
ule	A (Forn	n 990)	2021

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	- OY		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part How control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and anount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the cote of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of profile tion, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a sulported organization? If "No," explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s).  By reason of the relationship described on line 2 above, did the organization's supported organizations have a	2		
3	significant voice in the organization's investment, excises and in directing the use of the organization's			
	income or assets at all times during the transless? If "Yes," describe in <b>Part VI</b> the role the organization's			
		3		
Sec	supported organizations played in this securion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the metror that the organization used to satisfy the Integral Part Test during the year (see instructions)	)-		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
_	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2h		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
ა a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Part V	Type III Non-Functionally Integrated 509(a)(3) Suppor	ting Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a quali	ying trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations m	ust complete S	Sections A through E.	
Section A	- Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net s	hort-term capital gain	1		
2 Reco	veries of prior-year distributions	2		
3 Other	r gross income (see instructions)	3		
<b>4</b> Add I	ines 1 through 3.	4		
5 Depre	eciation and depletion	5		
6 Portio	on of operating expenses paid or incurred for production or			
collec	ction of gross income or for management, conservation, or			
	tenance of property held for production of income (see instructions)	6		
	r expenses (see instructions)	7		
	sted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	- Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggre	egate fair market value of all non-exempt-use assets (see		. 1	
instru	uctions for short tax year or assets held for part of year):			
<b>a</b> Avera	age monthly value of securities	1a	<u> </u>	
<b>b</b> Avera	age monthly cash balances	1b	-07	
	narket value of other non-exempt-use assets	1c	10	
d Total	(add lines 1a, 1b, and 1c)	1d		
e Disco	punt claimed for blockage or other factors	0		
	ain in detail in <b>Part VI</b> ):	30		
	isition indebtedness applicable to non-exempt-use assets	2		
	and the Oferen the Add	3		
	deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	2		
	nstructions).	4		
	alue of non-exempt-use assets (subtract line 4 from line 3)	5		
	ply line 5 by 0.035.	6		
	veries of prior-year distributions	7		
	mum Asset Amount (add line 7 to line 6)	8		
	- Distributable Amount			Current Year
1 Adjus	sted net income for prior year (from Sextica Whe 8, column A)	1		
	0.85 of line 1.	2		
3 Minin	num asset amount for prior year (from Section B, line 8, column A)	3		
	greater of line 2 or line 3.	4		
	ne tax imposed in prior y ar	5		
	ibutable Amount. Subtract line 5 from line 4, unless subject to			
	gency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function		Type III supporting orga	nization (see

Schedule A (Form 990) 2021

instructions).

Sect	ion D - Distributions	Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported		
	organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions.	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive		
	(provide details in Part VI). See instructions.		
9	Distributable amount for 2021 from Section C, line 6		
10	Line 8 amount divided by line 9 amount	10	

<u>10</u>	Line 8 amount divided by line 9 amount		10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.		$  C_{ij}$	
3	Excess distributions carryover, if any, to 2021		201	
а	From 2016			
b	From 2017			
С	From 2018	0		
d	From 2019	く		
e	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years	~5		
h	Applied to 2021 distributable amount	10		
i_	Carryover from 2016 not applied (see instructions)			
<u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$	<b>\</b>		
a	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
c	Remainder. Subtract lines 4a and 4b from the V.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. Secrips ructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2017			
<u>b</u>	Excess from 2018			
c	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C,
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL

**Employer identification number** 16-0957462

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advi	ised funds
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
_	for charitable purposes and not for the benefit of the donor or		
Pa			
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreat		of a historically important land area
	Protection of natural habitat		f a vertified historic structure
	Preservation of open space		d a Continea motorio strastare
2	Complete lines 2a through 2d if the organization held a qualific	ed conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ca conscivation contribution in a form	Held at the End of the Tax Year
а	Total number of conservation easements	. (C)	2a
b	<del>-</del>		2b
c	Number of conservation easements on a certified historic stru	cture included in N	2c
	Number of conservation easements on a certified instolic structure of conservation easements included in (c) acquired at		
u	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	assa sovinguished or terminated by th	
3	year	asid, exhiguished, or terminated by the	le organization during the tax
4	Number of states where property subject to conservation east	most is located	
5	Does the organization have a written policy regarding the part	dia manitaring inspection handling of	<del>-</del>
5	violations, and enforcement of the conservation easen into it	sald normaling, inspection, naming or	
6	Staff and volunteer hours devoted to monitoring inspecting, h		
O	Starr and volunteer flours devoted to morniofing inspecting, i	landing of violations, and emorcing cor	iservation easements during the year
7	Amount of expanses incurred in monitories in proting bandle	ing of violations, and enforcing concern	ation accompate during the year
7	Amount of expenses incurred in monitoring, in pecting, handl	ing of violations, and emorcing conserva	ation easements during the year
		action the requirements of acction 170	D/b\/4\/D\/;\
8	Does each conservation easement moorled on line 2(d) above and section 170(h)(4)(B)(ii)?		
^			
9	In Part XIII, describe how the organization reports conservation	-	
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's financial staten	nents that describes the
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
ıu	Complete if the organization answered "Yes" on Form		And Assets.
4.			and belongs about works
ıa	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for public	·	•
	service, provide in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical trea		al gain, provide
	the following amounts required to be reported under FASB AS	_	
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
	Assets included in Form 990 Part X		<b>▶</b> \$

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Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tı	reasures, o	r Other S	imilar Asset	S (contil	nued)
3	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change progra	am			
b	Scholarly research	е						
С	Preservation for future generations							
4	Provide a description of the organization's col	llections and explain	how they further	the organization	n's exempt	purpose in Par	t XIII.	
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be mai		*	*		_	Yes	☐ No
Par	t IV Escrow and Custodial Arrang						, line 9, or	
	reported an amount on Form 990, Part	X, line 21.	· ·					
1a	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributio	ns or other ass	ets not incl	uded		
	on Form 990, Part X?					_	Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					
							Amoun	t
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo				unt labi ty?	)	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	lanation has bee	n provided on	Pari XIII			
Par								
	·	(a) Current year	(b) Prior year			Three years back	(e) Fou	r years back
1a	Beginning of year balance			<b>Q</b> .				
b	Contributions		4					
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities		260					
	and programs		$\mathbf{C}$					
f	Administrative expenses		-/-					
g	End of year balance		<u>J.                                      </u>					
2	Provide the estimated percentage of the curre	ent vear end balance	(line 1a. column	(a)) held as:				
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%						
С	Term endowment	<u>√6</u>						
	The percentages on lines 2a, 2b, and 2c should	New 1 100%.						
За	Are there endowment funds not in the posses		ion that are held	and administer	ed for the o	rganization		
	by:	•				· 9		Yes No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						0-(::)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require						
4	Describe in Part XIII the intended uses of the							
Par	t VI   Land, Buildings, and Equipme							
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a.	See Form 990	, Part X, line	e 10.		
	Description of property	(a) Cost or ot basis (investm	her (b) Co	st or other s (other)	(c) Accı	umulated ciation	(d) Boo	k value
	Lond	,	Siriy Dasi	5 (Oti 101)	Gepie	S.ACIOTI		
_	Land							
b	Buildings					+		
c C	Leasehold improvements	<b>I</b>		27,397.	າ	1,946.		5,451.
d	Equipment			9,896.		9,863.		33.
	Other		Cooking (D) Here					5,484.
· otal		iuai i Uiiii 330. Päil X	. colultii (B). Iine	100.1				-,

Part VII Investments - Other Securities.		10 030,101 Tage
Complete if the organization answered "Yes" o		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		<b>—</b>
(2)		<b>30</b> ,
(3)		
(4)		
(5)		
(6)		
(7)		10
(8)		
(9)		<b>O</b>
Part IX Other Assets.  Complete if the organization answered "Yes" o  (a) D	n Form 990 Pai V, line	11d. See Form 990, Part X, line 15.  (b) Book value
(1)	-100	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 996. Part X, col. (B) line	15.)	<b>&gt;</b>
Part X Other Liabilities.  Complete if the organization answered "Yes" o		11e or 11f See Form 990 Part X line 25
1. (a) Description of liability		(b) Book value
(1) Federal income taxes		(b) Book value
(2) FUND PAYABLE		54,527.
· · · · · · · · · · · · · · · · · · ·		54,521
(4)		
(5)		
<u>(7)</u>		
(9)	05.)	▶ 54,527.
Total. (Column (b) must equal Form 990, Part X, col. (B) line:  Liability for uncertain tax positions. In Part XIII, provide t	•	· •

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

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Par	rt XI Reconciliation of Revenue per Audited Financial Sta		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			215 266
1	Total revenue, gains, and other support per audited financial statements			1	915,966.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	_,		
а	<b>5</b>		-71,250 <b>.</b>	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	<u>-71,250.</u>
3	Subtract line 2e from line 1			3	987,216.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIII.)	4b	2,971.		
С	Add lines 4a and 4b			4c	2,971.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12 rt XII   Reconciliation of Expenses per Audited Financial Sta	_)		5	990,187.
Par			Expenses per F	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				
1	Total expenses and losses per audited financial statements			1	1,083,034.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1			
а	Donated services and use of facilities	2a	~~	_	
b	Prior year adjustments	2b	$O_{i}$		
С	Other losses	2c	1		
d	Other (Describe in Part XIII.)	2d	<u>/</u>		
е	•			2e	0.
3	Subtract line 2e from line 1	<b>(V</b>		3	1,083,034.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	2 4b	2,971.		
		<u> </u>		4c	2,971. 1,086,005.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Fart Nine 1	18.)		5	1,086,005.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Par III, lines 1a and			; Part X	۲, line 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	ny additional inform	ation.		
	• ( •				
PAF	RT X, LINE 2:				
THE	E COUNCIL HAS REVIEWED TS OPERATIONS F	OR UNCERTA	<u>.IN TAX POS</u>	ITIC	ONS AND
BEI	LIEVES THERE ARE NO SIGNIFICIANT EXPOSU	RES.			
PAF	RT XI, LINE 4B - OTHER ADJUSTMENTS:				
PRC	OGRAM REVENUE REPORTED NET OF PROGRAM E	XPENSES ON	THE		
FIN	NANCIAL STATEMENTS				2,971.
PAF	RT XII, LINE 4B - OTHER ADJUSTMENTS:				
PRC	OGRAM EXPENSES REPORTED NET OF PROGRAM	REVENUE ON	THE		
					0 0=1
F.IV	NANCIAL STATEMENTS				2,971.