	•	~~	Return of Organization Exempt Fr	rom lı	ncome Tax	OMB No. 1545-0047			
Form 990 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)									
	-		Do not enter social security numbers on this form as in			Open to Public			
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
AF	or th	e 2022 calend	ar year, or tax year beginning $ m JUL1$, 2022 and er	nding J	UN 30, 2023				
Вс	heck if oplicab	las	forganization		D Employer identific	ation number			
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	-Addre	CENT	RAL NEW YORK LIBRARY RESOURCES						
	chang Name		CIL						
	]chang Initial	ge Doing b	usiness as		16-095746				
	return Final	n Number		loom/suite	E Telephone number				
	return_ termir	n	COMMONS PARK		315-446-5	846,262.			
	ated Amen	nded EXCO	own, state or province, country, and ZIP or foreign postal code SYRACUSE, NY 13057		G Gross receipts \$				
	_return ]Applio		nd address of principal officer: SHAY FOLEY		H(a) Is this a group re for subordinates				
L	⊥tion pendi		AS C ABOVE		H(b) Are all subordinates ind				
I T	ax-ex	empt status:		527	1	list. See instructions			
	Vebsi		CLRC.ORG		H(c) Group exemption				
		f organization:	Corporation Trust X Association Other	L Year		State of legal domicile: NY			
Pa	rt I	Summary							
	1	Briefly describ	be the organization's mission or most significant activities: ${ m \underline{TO}}$	POWER	ITS MEMBERS	5 BY			
Governance		PROVIDI	NG SUPPORT, PROGRAMS, AND ADVOCACY,	RESU	LTING IN STR	RONGER			
irna	2	Check this bo	x if the organization discontinued its operations or disposed	d of more	than 25% of its net ass				
٥ ٥	3	Number of vo	ting members of the governing body (Part VI, line 1a)		3	15			
			dependent voting members of the governing body (Part VI, line 1b)			15			
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)			7			
ivit	6		of volunteers (estimate if necessary)			<u>    15</u> 0.			
Act			d business revenue from Part VIII, column (C), line 12			0.			
	D	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u> </u>	Prior Year	Current Year			
	8	Contributions	and grants (Part VIII, line 1h)		938,865.	799,573.			
Revenue	9		ice revenue (Part VIII, line 2g)		51,116.	46,520.			
sver		•	come (Part VIII, column (A), lines 3, 4, and 7d)		206.	169.			
ž			e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		990,187.	846,262.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.			
ŝ			r compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		448,455.	440,184.			
Expense			undraising fees (Part IX, column (A), line 11e)		0.	0.			
x be				0.					
ш			es (Part IX, column (A), lines 11a-11d, 11f-24e)		637,550.	382,650.			
			es. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,086,005.	822,834.			
		Revenue less	expenses. Subtract line 18 from line 12		-95,818.	23,428.			
t Assets or d Balances		<b>-</b>			ginning of Current Year	End of Year			
sset Bala	20	Total assets (F			<u>1,245,806</u> . 103,662.	<u>1,477,736.</u> 278,038.			
Net A Fund	21 22		s (Part X, line 26) fund balances. Subtract line 21 from line 20		1,142,144.	1,199,698.			
	22 rt II	Signature			±,±=4,±==•	±,±),090•			
			I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the best of my	knowledge and belief it is			
	-		. Declaration of preparer (other than officer) is based on all information of whic						
,									
		Signature of o	fficer		Date				

Sign	Signature of onicer	Di	ale						
Here	SHAY FOLEY, PRESIDENT								
	Type or print name and title								
	Print/Type preparer's name	Preparer's signature Date	Check PTIN						
Paid	SHANNON T. FORKIN, CPA	SHANNON T. FORKIN, C10/17/2	23 self-employed P00973625						
Preparer	Firm's name <b>DANNIBLE &amp; MCKEE</b> ,	LLP Fi	rm's EIN 33-0996661						
Use Only	Firm's address 221 SOUTH WARREN S	ST.							
	SYRACUSE, NY 13202	2 PI	none no.315-472-9127						
May the IRS discuss this return with the preparer shown above? See instructions									
232001 12-13	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)								

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	CENTRAL NEW YORK LIBRARY RESOURCES
	990 (2022) COUNCIL 16-0957462 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
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.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 102,566. including grants of \$ ) (Revenue \$ )
	TO PROVIDE SUBSCRIPTIONS TO ELECTRONIC RESOURCES SUCH AS OCLC TO
	CENTRAL NEW YORK LIBRARIES AT NEGOTIATED PRICES.
	,
4b	(Code:) (Expenses \$9,859. including grants of \$) (Revenue \$)
	TO TRAIN EMERGING AND PRACTICING DIBRARY, ARCHIVES, MUSEUM, AND
	NON-PROFIT PROFESSIONALS IN CENTRAL NEW YORK.
4c	(Code:) (Expenses \$ 10,787. including grants of \$) (Revenue \$2,971.)
40	(Code:) (Expenses \$10, 787. including grants of \$) (Revenue \$2, 971.) TO PROVIDE CONTRACTUAL DELIVERY SERVICES TO MEMBERS AND RESOURCE
	SHARING AMONG LIBRARIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 465,079. including grants of \$ ) (Revenue \$ 43,549.)
4e	Total program service expenses 588,291.

Part IV	Chee	cklist of Required Sche	edules			
Form 990 (2		COUNCIL				
		CENTRAL	NEW	YORK	LIBRARY	RESOURCES

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
-	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			77
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		77
-	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		v
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	•		v
~	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	•		v
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	10		v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	441		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
ام	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d		444	x	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e	X	
e 4	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Tie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	x	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		
IZa		12a	x	
Ь	Schedule D, Parts XI and XII	IZa		
u	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X
13 14a		14a		X
іња b	Did the organization maintain an office, employees, or agents outside of the United States?	та		
U	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			<u> </u>
-	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х

CENTRAL	NEW	YORK	LIBRARY	RESOURCES

Form	990 (2022) COUNCIL 16-0957	462	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	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	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes, complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part I	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If Yes, " complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			1
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	t V 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

1c

# CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL

Form	990 (2022) COUNCIL 16-0957	462	Р	age 5			
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			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 7						
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?						
3a							
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					
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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).						
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					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit						
•••	any contributions that were not tax deductible as charitable contributions?	6a		x			
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts						
D	were not tax deductible?	6b					
7	Organizations that may receive deductible contributions under section 170(c).						
	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			
a b	If IIV as II did the experimentian metic, the dense of the value of the people of experiment provided 0.	7b					
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
U	to file Form 8282?	7c		x			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d						
u		7e		x			
e f		7e 7f		X			
t							
g							
h							
8							
•	sponsoring organization have excess business holdings at any time during the year?	8					
9							
a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b					
10	Section 501(c)(7) organizations. Enter:						
a L	Initiation fees and capital contributions included on Part VIII, line 12 10a	-					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-					
11	Section 501(c)(12) organizations. Enter.						
a	Gross income from members or shareholders 11a	-					
b	Gross income from other sources. (Do not net amounts due or paid to other sources against						
10-	amounts due or received from them.)	10-					
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a					
а	•	134					
h	<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 13b	1					
	Enter the amount of reserves on hand	140		x			
14a		14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		├──			
15							
	excess parachute payment(s) during the year?						
40	If "Yes," see the instructions and file Form 4720, Schedule N.	10		v			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X			
4-	If "Yes," complete Form 4720, Schedule O.						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	4-					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17					
	If "Yes," complete Form 6069.						

## CENTRAL NEW YORK LIBRARY RESOURCES

Form	990 (2022) COUNCIL 16-0957			age <b>6</b>
Pa	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			-
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
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?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
0	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	~	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "Yes." <i>describe</i>	120	- 23	
C		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?	13	- 11	X
13 14		14	х	- 23
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	- 17		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

THE ORGANIZATION - 315-446-5446

	5710	COMMONS	PARK	DRIVE,	SYRACUSE,	NY	13057
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CENTRAL	NEW	YORK	LIBRARY	RESOURCES
	TATTAA	TOUL	DIDICIAN	ICH000ICCHC

COUNCIL

Form 990 (2				16-095
Part VII	Compensation of Officers	, Directors, Trustees	Key Employees,	Highest Compensated
	Employees, and Independ	ent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle: cer ar	ss per	rson i	is botł	n an	compensation	compensation	amount of
	week			luau	recit	l / l us	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	1000 (120)	and related
	below	idual 1	In stit utio nal tru stee	5	Key employee	Highest compensated employee	er			organizations
	line)	Indiv	Instit	Officer	Key e	Highe	Former			
(1) MARC WILDMAN	40.00									
EXECUTIVE DIRECTOR				х		•		88,837.	Ο.	16,612.
(2) KATHLEEN SALSBURY	1.00					C				
PAST PRESIDENT		Х		x				0.	Ο.	0.
(3) SHAY FOLEY	1.00				J	2				
PRESIDENT		Х		х				0.	0.	0.
(4) TRAVIS OLIVERA	1.00			)						
VICE PRESIDENT		X	5	Х				0.	0.	0.
(5) SAM BERRY-SULLIVAN	1.00	1								
SECRETARY		Ň		Х				0.	0.	0.
(6) NANCY HOWE	1.00									
TREASURER		Х		Х				0.	0.	0.
(7) REBECCA MCGUIRE	1.00									
TRUSTEE		Х						0.	0.	0.
(8) KATHRYN SMITH	1.00									
TRUSTEE		Х						0.	0.	0.
(9) AILEEN JUDD	1.00									
TRUSTEE		Х						0.	0.	0.
(10) REBECCA MCLAIN	1.00									
TRUSTEE		Х						0.	0.	0.
(11) ALLISON COMES	1.00									
TRUSTEE		Х						0.	0.	0.
(12) ABIGAIL SMITH	1.00									
TRUSTEE		Х						0.	0.	0.
(13) COURTNEY HICKS	1.00									
TRUSTEE		Х						0.	0.	0.
(14) AMANDA TRAVIS	1.00									
TRUSTEE		Х						0.	0.	0.
(15) SCOTT WARREN	1.00									_
TRUSTEE		Х						0.	0.	0.
(16) YEON JIEUN	1.00							_		-
TRUSTEE		Х						0.	0.	0.
(17) INGA BARNELLO	1.00									-
TRUSTEE (THRU JUNE)		Х						0.	0.	0.

Form 990 (2022) CENTRAL I	NEW YORE	ζI	ΊB	RA	RY	R	ES	OURCES	16-0	057	162	Page 8
	K F									957	±02	Page <b>G</b>
Jection A. Onicers, Directors, Trus		pioy	ees,			gnes	st C		, ,			(F)
<b>(A)</b> Name and title	<b>(B)</b> Average hours per week	box offi	(C) Position (do not check more than one box, unless person is both ar officer and a director/trustee					(D) Reportable compensation from	(E) Reportable compensatio from related	on	Estimated amount o other	
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	fro orga anc	pensation om the anization I related nizations
(18) MATTHEW SMITH	1.00											
TRUSTEE (THRU OCTOBER)	1 00	х						0.		0.		0.
(19) JAMES TELIHA	1.00	.,										•
TRUSTEE (THRU OCTOBER)	1 00	Х						0.		0.		0.
(20) SARAH SHUTE	1.00							0.		ο.		0.
TRUSTEE (THRU JUNE) (21) COURTNEY ASZALOS	1.00	Х	-					0.		0.		0.
TRUSTEE (THRU JUNE)	1.00	x						0.	1	0.		0.
										0.		0.
		-						-0				
						C						
						<u> </u>	2	00.027			1 (	C ( 1 0
1b Subtotal							•	88,837.		0.	10	<u>5,612.</u> 0.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)			· <b>(</b>				••	88,837.		0.	16	<u> </u>
2 Total number of individuals (including but n			lieto	 d ab			 	,	000 of reportable		<u> </u>	,012.
compensation from the organization			liste	u ac		<i>)</i>				0		0
										I		Yes No
<b>3</b> Did the organization list any <b>former</b> officer,			-	-	-		-		•		•	v
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the s and related organizations greater than \$15											4	x
5 Did any person listed on line 1a receive or a	accrue comper	nsati	on fr	rom	any	unre	elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." corr Section B. Independent Contractors	<u>plete Schedul</u>	e J fe	or sı	ich r	oers	on					5	X
1 Complete this table for your five highest co	-	-								pensat	ion fro	m
the organization. Report compensation for (A)					ith c	or wi	thin	(B)			(C	
Name and business	address	NC	ONE	5				Description of s	services		omper	isation
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot lin	nited	d to t	thos (		ted	above) who received m	ore than			

\$100,000 of compensation from the organization

CENTRAL NEW YORK LIBRARY RESOURCES

Form	1 99	)0 (2	CENTRAL NEW YO 2022) COUNCIL	ORK LIBRA	ARY RESOURC	CES	16-0957	462 Page 9
Pa	rt \	VIII						
			Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
lts ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues 1b					
S, G		С	Fundraising events 1c					
Gifi İlar		d	Related organizations 1d	700 550				
Sim,		e f	Government grants (contributions)       1e         All other contributions, gifts, grants, and	799,552.				
her		'	similar amounts not included above <b>1f</b>	21.				
a ot		g	Noncash contributions included in lines 1a-1f					
Cor and		h	Total. Add lines 1a-1f		799,573.			
				Business Code				
ce	2	а	MEMBERSHIPS	513190	21,610.			
ervi Je		b	MARKETED SERVICES	513190	21,000.	21,000.		
m S veni		C d	SERVICE INCOME WORKSHOP REGISTRATIONS	513190 513190	<u>2,971.</u> 939.	2,971. <b>93</b> 9.	•	
Program Service Revenue		a e	WORKSHOP REGISTRATIONS	515190	959.	535.		
Pro		f	All other program service revenue					
		g	Total. Add lines 2a-2f		46,520.			
	3		Investment income (including dividends, intere	st, and				
			other similar amounts)		169.			169.
	4		Income from investment of tax-exempt bond p					
	5		Royalties	(ii) Personal				
	6	а			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
	Ŭ	b	Gross rents <u>6a</u> Less: rental expenses <b>6b</b>		$O^{-}$			
			Rental income or (loss) 6c					
			Net rental income or (loss)		-			
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
•		b	Less: cost or other basis	$\sim$				
enue		~	and sales expenses   7b     Gain or (loss)   7c					
Reve		-	Net gain or (loss)					
Other F	8		Gross income from fundraising events (not					
Oth			including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
			Less: direct expenses 8b					
	٩		Net income or (loss) from fundraising events Gross income from gaming activities. See					
	3	u	Part IV, line 19 9a					
		b	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
			and allowances 10a					
			Less: cost of goods sold 10b					
		C	Net income or (loss) from sales of inventory	Business Code				
snc	11	а						
Miscellaneous Revenue	-	b						
cells eve		с						
Misc			All other revenue					
			Total. Add lines 11a-11d		846 262	16 500	0	169.
	12		Total revenue. See instructions		846,262.	46,520.	0.	Eorm <b>990</b> (2022)

Form	CENTRAL NEW 990 (2022) COUNCIL t IX Statement of Functional Expens	YORK LIBRAR	Y RESOURCES	16-09	957462 Page 10
Secti	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	109,087.	63,022.	46,065.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	235,334.	136,624.	98,710.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	54,160.	30,377. 7,394.	23,783.	
9	Other employee benefits	13,184.	7,394.	5,790.	
10	Payroll taxes	28,419.	15,939.	12,480.	
11	Fees for services (nonemployees):		$\sim$		
а	Management	C 000		C 000	
b	Legal	6,000. 7,350.	$\sim$	6,000. 7,350.	
C.	Accounting	7,350.	S	7,350.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management feesOther. (If line 11g amount exceeds 10% of line 25,				
g	column (A), amount, list line 11g expenses on Sch O.)	24,900.	20,000.	4,900.	
12	Advertising and promotion		20,000.	4,5000	
13	Office expenses	7,387.	5,677.	1,710.	
14	Information technology		5,0,7		
15	Royalties				
16	Occupancy	38,317.	24,906.	13,411.	
17	Travel	7,154.	3,970.	3,184.	
18	Payments of travel or entertainment expenses	,			
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,969.	3,572.	397.	
23	Insurance	3,261.		3,261.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	OUTREACH	142,573.	139,724.	2,849.	
b	ELECTRONIC RESOURCES	102,566.	102,566.		
С	DELIVERY SERVICES	10,787.	10,787.		
d	CONTINUING EDUCATION	9,859.	9,859.	4 650	
	All other expenses	18,527.	13,874.	4,653.	
25	Total functional expenses. Add lines 1 through 24e	822,834.	588,291.	234,543.	0.
26	Joint costs. Complete this line only if the organization				

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

CENTRAL	NEW	YORK	LIBRARY	RESOURCES
COUNCIL				

Form 990 (2022)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			86,810.	1	81,881.
	2	Savings and temporary cash investments			1,078,311.		1,164,456.
	3	Pledges and grants receivable, net			64,706.	3	50,000.
	4	Accounts receivable, net			9,685.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial c	ontributor, or 35%			
		controlled entity or family member of any of th	ese perso	ons		5	
	6	Loans and other receivables from other disqua	lified per	sons (as defined			
		under section 4958(f)(1)), and persons describe		6			
ŝ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ÿ	9	Prepaid expenses and deferred charges			810.	9	1,016.
	10a	Land, buildings, and equipment: cost or other			1		
		basis. Complete Part VI of Schedule D	10a	40,551.	4		
	b	Less: accumulated depreciation	10b	35,778.	5 484.	10c	4,773.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	e 11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0.	15	175,610.
	16	Total assets. Add lines 1 through 15 (must eq			1,245,806.		1,477,736.
	17	Accounts payable and accrued expenses			48,196.		46,235.
	18	Grants payable		18			
	19	Deferred revenue			939.	19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete			21		
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub					
-iat		controlled entity or family member of any of th				22	
-	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on line			54,527.	05	231,803.
	06	of Schedule D			103,662.	25 26	278,038.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, ch	ook borg	e X	105,002.	20	270,030.
ŝ		and complete lines 27, 28, 32, and 33.	leck here	; [2]			
nce	27	•			1,130,978.	27	1,187,730.
ala	27	Net assets with donor restrictions			11,166.	27	11,968.
Б	20	Organizations that do not follow FASB ASC			11,100.	20	11,500.
Fun		and complete lines 29 through 33.	300, che				
p	29	Capital stock or trust principal, or current fund	c			29	
ets	30	Paid-in or capital surplus, or land, building, or e				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,142,144.	32	1,199,698.
Ż	33	Total liabilities and net assets/fund balances			1,245,806.	33	1,477,736.
							Form <b>990</b> (2022

Form **990** (2022)

CENTRAL 1	NEW	YORK	LIBRARY	RESOURCES
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	990 (2022) COUNCIL	16-	095746	2	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			<u></u>		
			0		~	~ ~
1	Total revenue (must equal Part VIII, column (A), line 12)	1		346		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8	322		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>, 42</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,1			
5	Net unrealized gains (losses) on investments	5		34	,12	26.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
3	Prior period adjustments	8				
)	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
)	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	1,1	<u>.99</u>	<u>, 69</u>	98.
'a	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
	1		_	١	′es	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.				
a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	2a		Х
	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 basis					
b	Were the organization's financial statements audited by an independent accountant?		2	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	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 an independent accountant?		2	2c	хI	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
la	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	Ba		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Bb		
				orm 9	<b>90</b> (	2022
	PUBLIC		10		(	202
	$\sim$					
	X					

(Form 99) Department of Internal Reve	of the Treasury nue Service	Co	Public Cha omplete if the organ 494 At Go to www.irs.gov/	OMB No. 1545-0047								
Name of	the organizati			RK LIBRARY RI	ESOUR	CES			identification number			
Part I	Beason	COUN for Public (		(All organizations must c	omplete th	nis nart ) S	ee instruction		6-0957462			
				For lines 1 through 12, cl								
1 2 3 4	A church, con A school des A hospital or A medical res city, and stat	nvention of chi cribed in <b>sect</b> i a cooperative search organiza e:	urches, or associatio ion 170(b)(1)(A)(ii). ( hospital service orga ation operated in cor	n of churches described Attach Schedule E (Form anization described in se njunction with a hospital	in section 990).) ection 170 described	n 170(b)(1 (b)(1)(A)(ii in sectio	i). n 170(b)(1)(A					
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
6 7 X 8 9	<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>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.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college</li> </ul>											
9				ulture (see instructions).								
10	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)											
11 12 a b c	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> </ul>											
d	Type III no that is not f	n-functionally functionally int it (see instructi	<b>integrated.</b> A supper egrated. The organized on the orga	). You must complete I porting organization oper cation generally must sat nplete Part IV, Sections written determination fro	ated in con isfy a distr <b>A and D,</b>	nnection with the second se	rith its suppor juirement and <b>V.</b>	I an attentiv				
				nally integrated supporting					[]			
	vide the follow (i) Name of supp organizatior	orted	about the supporte (ii) EIN	d organization(s). (iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the orga in your governi <b>Yes</b>	nization listed ng document? <b>No</b>	(v) Amount o support (see in	•	(vi) Amount of other support (see instructions)			
Total												

## CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL

16-0957462 Page 2

	(Form 990) 2022	COUNCIL			16-0957462	Pa
Part II	Support Schedule f	or Organizations D	Described in Sections	170(b)(1)(A)(iv) and 170	)(b)(1)(A)(vi)	
	(Complete only if you che	cked the box on line 5, 7	7, or 8 of Part I or if the orga	nization failed to qualify under	Part III. If the organization	ation

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if 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> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	648,206.	734,956.	686,792.	938,865.	799,573.	3808392.
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	648,206.	734,956.	686,792.	938,865.	799,573.	3808392.
5	The portion of total contributions						
	by each person (other than a				4		
	governmental unit or publicly				4		
	supported organization) included						
	on line 1 that exceeds 2% of the				$\sim$		
	amount shown on line 11,						
	column (f)				()		
6	Public support. Subtract line 5 from line 4.						3808392.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	648,206.	734,956.	686,792.	938,865.	799,573.	3808392.
	Gross income from interest,				,		
-	dividends, payments received on						
	securities loans, rents, royalties,			)			
	and income from similar sources	1,104.	1,046.	274.	206.	169.	2,799.
a	Net income from unrelated business						
5	activities, whether or not the		$\boldsymbol{\mathcal{C}}$				
	business is regularly carried on						
10	Other income. Do not include gain		)				
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	350.	4,497.	3,049.			7,896.
11	<b>Total support.</b> Add lines 7 through 10		171570	570150			3819087.
12		ata laos instructio	(nc)			12	357,069.
13				iourth or fifth tox y			337,005.
15	organization, check this box and stor						
Sec	ction C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			column (f))		14	99.72 %
	Public support percentage from 2021		•			15	99.66 %
	33 1/3% support test - 2022. If the c						
104	stop here. The organization qualifies						V
h	33 1/3% support test - 2021. If the c		•			or more, check thi	
U.							
47-	and stop here. The organization qual <b>10%</b> -facts-and-circumstances test		•••			und line 14 is 10% (	
178							
	and if the organization meets the fact			•		Ū.	
	meets the facts-and-circumstances te	-		• • • •			
b	10% -facts-and-circumstances test						U% Or
	more, and if the organization meets the						[]
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	

COUNCIL

### Schedule A (Form 990) 2022 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.) Section A. Public Support

Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	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						
5	The value of services or facilities						
Ű	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				Cr		
<i>i</i> a	Amounts included on lines 1, 2, and 3 received from disgualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			all'			
c	Add lines 7a and 7b		C				
	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	( <b>u</b> ) 2010	(0)2010	(0) 2020			
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, t	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
<u> </u>		ia Support Dor					
	tion C. Computation of Public						
	Public support percentage for 2022 (I	, (),	<b>,</b> ,	()/		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the						7 is not
	more than 33 1/3%, check this box a	-	-				
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>op here.</b> The orga	nization qualifies a	as a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

#### CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL

Schedule A (Form 990) 2022

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization") "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- **5a** Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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.)

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

1

Jf

Yes

No

## CENTRAL NEW YORK LIBRARY RESOURCES

COUNCIL

Sche	dule A (Form 990) 2022 COUNCIL	16-09574	62 P	age <b>5</b>
Pa	t 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		
b	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			
	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 sup organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amo	·		
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
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 e	ntity (see instructi [,]	on <u>s).</u>	
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			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	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		

	CENTRAL NEW YORK LIBRARY	RES	SOURCES	
Sche	dule A (Form 990) 2022 COUNCIL			16-0957462 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust or	n Nov. 20, 1970 ( <i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	<b>F</b>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		T	
	instructions for short tax year or assets held for part of year):		$\circ$	
а	Average monthly value of securities	1a	Ň	
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	X		
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	_		Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ted Type III supporting c	organization (see

instructions).

#### CENTRAL NEW YORK LIBRARY RESOURCES COUNCTL

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Sche Par	dule A (Form 990) 2022     COUNCIL       t V     Type III Non-Functionally Integrated 509(	(a)(3) Supporting Orga	nizations (continu	1 (ed)	6-0957462	Page 7
	on D - Distributions	(-,/(-,/,-,		100)	Current Yea	r
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	Ourient rea	
2	Amounts paid to perform activity that directly furthers exemp					
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	ıs	(iii) Distributable Amount for 20	
1	Distributable amount for 2022 from Section C, line 6		1			
	Underdistributions, if any, for years prior to 2022 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2022					
а	From 2017					
b	From 2018					
с	From 2019					
d	From 2020					
e	From 2021					
f	Total of lines 3a through 3e	6				
g	Applied to underdistributions of prior years	<u> </u>				
h	Applied to 2022 distributable amount					
i	Carryover from 2017 not applied (see instructions)	$\sim$				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	U'				
4	Distributions for 2022 from Section D,	<b>D</b>				
	line 7: \$					
a	Applied to underdistributions of prior years					
	Applied to 2022 distributable amount					
	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2022, if					
	any. Subtract lines 3g and 4a from line 2. For result greater					
	than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2022. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2023. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
	Excess from 2018					
	Excess from 2019					
	Excess from 2020					
	Excess from 2021					
e	Excess from 2022					

(Form 990) Complete if the org Part IV, line 6, 7, 8, 9, 1			al Financial Statements nization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 121 ttach to Form 990.	OMB No. 1545-0047 <b>2022</b> Open to Public		
-	Revenue Service		0 for instructions and the latest information of the second s		_	Inspection
Nam	e of the organizati	COUNCIL	IBRARI RESOURCES		Emp	bloyer identification number 16-0957462
Par	t I Organiza	ations Maintaining Donor Advised	d Funds or Other Similar Funds	or Acc	oun	
		n answered "Yes" on Form 990, Part IV, lin				
			(a) Donor advised funds	(b)	) Fun	ds and other accounts
1	Total number at er	nd of year				
2		f contributions to (during year)				
3	Aggregate value o	f grants from (during year)				
4	Aggregate value a	t end of year				
5	-	on inform all donors and donor advisors in v	-			
		on's property, subject to the organization's				Yes No
6	•	on inform all grantees, donors, and donor a	• •	•		
		ooses and not for the benefit of the donor of			•	
Par	impermissible priv					
		ation Easements. Complete if the org		Part IV, III	ne /.	
1		servation easements held by the organization		<b>k</b> intani		increase and succ
		n of land for public use (for example, recreat of natural habitat	Preservation of Preservation of Preservation of			important land area
		n of open space		acentine		
2		through 2d if the organization held a qualif	ied conservation contribution in the form o	of a cons	ervat	tion easement on the last
-	day of the tax year					Held at the End of the Tax Year
а					2a	
b				····· ⊢	2b	
с	•	vation easements on a certified historic stru			2c	
d		vation easements included in (c) acquired a				
	historic structure l	isted in the National Register		L	2d	
3	Number of conser	vation easements modified, transferred, rele		organiza	ation	during the tax
	year		U.			
4		where property subject to conservation eas				
5		tion have a written policy regarding the per				
		orcement of the conservation easements it				
6	Staff and voluntee	r hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation	ease	ments during the year
7	Amount of overage	use incurred in manitarian instruction hand	ling of violations, and enforcing concernat	ion oooo		a during the year
7	Amount of expens	es incurred in monitoring, inspecting, hand	ing of violations, and emorcing conservat	ion ease	mem	s during the year
8	Does each conser	vation easement reported on line 2(d) above	e satisfy the requirements of section 170/r	م)(4)(B)(i)		
•	and section 170(h)					Yes No
9		be how the organization reports conservation				
		d include, if applicable, the text of the footn				
	organization's acc	ounting for conservation easements.				
Par		ations Maintaining Collections of		her Sin	nila	r Assets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement ar	nd balan	ce sh	neet works
	of art, historical tre	easures, or other similar assets held for pub	lic exhibition, education, or research in fu	rtherance	e of p	public
	· •	Part XIII the text of the footnote to its finan				
b	-	elected, as permitted under FASB ASC 95				
		sures, or other similar assets held for public	exhibition, education, or research in furthe	erance o	of pub	olic service,
	-	ing amounts relating to these items:				<b>۴</b>
		ded on Form 990, Part VIII, line 1				۰ م
0	.,		acuras, or other similar assots for financial			Φ
2	-	received or held works of art, historical trea unts required to be reported under FASB A		yan, pro	ovide	
а	-	on Form 990, Part VIII, line 1	-			\$
	Assets included in					÷
		eduction Act Notice, see the Instructions				• Schedule D (Form 990) 2022

CENTRAL	NEW	YORK	LIBRARY	RESOURCES
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Sche	dule D (Form 990) 2022 COUNCIL	NEW TORK I				16-0	0957462	Page <b>2</b>
Par		ollections of Art	t, Historical Tr	easures, o	r Other S	Similar Ass	ets _{(continue}	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that	t make sign	ificant use of i	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or ex	change progra	am			
b	Scholarly research	е	Other					
с	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	how they further t	the organizatio	on's exemp	t purpose in P	art XIII.	
5	During the year, did the organization solicit of	r receive donations o	of art, historical trea	asures, or othe	er similar as	sets		
	to be sold to raise funds rather than to be ma						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizati	on answered	"Yes" on Fo	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Pa							
1a	Is the organization an agent, trustee, custodi							
	on Form 990, Part X?						Yes	No No
b	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:			· · · · · · · · · · · · · · · · · · ·		
							Amount	
	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
	Ending balance					1f		
	Did the organization include an amount on F					?	Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete							<u> </u>
		(a) Current year	<b>(b)</b> Prior year	(c) Two yea	rs back (d	) Three years ba	ack <b>(e)</b> Four ye	ears back
	Beginning of year balance							
	Contributions		<b>\</b>	$\frown$				
	Net investment earnings, gains, and losses			)				
d	Grants or scholarships		5					
е	Other expenditures for facilities		$\sim$					
	and programs		$\overline{\mathbf{U}}$					
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
с		.%						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	and administe	red for the		_	
	organization by:						Y	es No
	(i) Unrelated organizations						3a(i)	
	(ii) Related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization	tions listed as require	ed on Schedule R?	)			3b	
	Describe in Part XIII the intended uses of the	organization's endov	wment funds.					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	), Part X, lin	e 10.		
	Description of property	(a) Cost or of	• •	st or other		umulated	<b>(d)</b> Book v	/alue
		basis (investm	nent) basis	s (other)	depre	eciation		
	Land							
	Buildings							
с	Leasehold improvements							
	Equipment			<u>30,655.</u>	2	25,882.	4,	<u>,773.</u>
	Other			9,896.		9,896.		0.
Total	. Add lines 1a through 1e. (Column (d) must e	oual Form 990. Part )	X. column (B). line	10c.)			4,	,773.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

CENTRAL	NEW	YORK	LIBRARY	RESOURCES
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Schedule D (Form 990) 2022 COUNCIL		16	-0957462 Page 3
Part VII Investments - Other Securities.			
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	d-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			
(a) Description of investment	(b) Book value	(c) Method of valuation. Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	C		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	$\frown$		
Part IX Other Assets.			
Complete if the organization answered "Yes" o		e 11d. See Form 990, Part X, line 15.	<del>.</del>
	Description		(b) Book value
(1) OPERATING LEASE RIGHT OF U	SE ASSET		175,610.
(2)			
(3)			
(4)	•		
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		175,610.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	-
1.(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FUND PAYABLE			56,193.
(3) OPERATING LEASE LIABILITIE	S		175,610.
(4)			
(5)			
(6)			
(7)			1
(8)			
(9)			1
Total. (Column (b) must equal Form 990, Part X, col. (B) line 3	25)		231,803.
	<u> </u>		

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X 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

CENTRAL	NEW	YORK	LIBRARY	RESOURCES
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Sche	edule D (Form 990) 2022 COUNCIL			16-09	57462	Page 4
_	rt XI Reconciliation of Revenue per Audited Financial State	ments With <b>F</b>	levenue per Re			9
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total revenue, gains, and other support per audited financial statements			1	877,	417.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	34,126.	<u>,</u>		
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		126.
3	Subtract line 2e from line 1			3	843,	291.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 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 <b>4a</b> and <b>4b</b>			4c	2,	<u>971.</u>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	846,	262.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	ements With	Expenses per	Return.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.				
1	Total expenses and losses per audited financial statements			1	819,	863.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		0			
а	Donated services and use of facilities	2a	$\sim$			
b	Prior year adjustments	2b				
с	Other losses	2c	)			
d	Other (Describe in Part XIII.)	2d				
е	Add lines 2a through 2d			2e		Ο.
3	Subtract line 2e from line 1			3	819,	863.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а		4a				
b		4b	2,971.	,		
	Add lines to and the			4c	2,	971.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> ( <i>This must equal Form 990. Part Usine 18.</i> )			5	822,	834.
	rt XIII Supplemental Information.			1 • 1	/	
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part II, lines 1a and 4;	Part IV. lines 1b a	nd 2b: Part V. line	4: Part X. li	ne 2: Part X	
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			.,	,.	,
	C.					
PAI	RT X, LINE 2:					
TH	E COUNCIL HAS REVIEWED ITS OPERATIONS FOR	R UNCERTA	IN TAX POS	SITION	IS AND	
	. V					
BEI	LIEVES THERE ARE NO SIGNIFICIANT EXPOSUR	ES.				
	X					
PAI	RT XI, LINE 4B - OTHER ADJUSTMENTS:					
PR	OGRAM REVENUE REPORTED NET OF PROGRAM EX	PENSES ON	THE			
FII	NANCIAL STATEMENTS				2,9	71.
PAI	RT XII, LINE 4B - OTHER ADJUSTMENTS:					
PRO	OGRAM EXPENSES REPORTED NET OF PROGRAM R	EVENUE ON	THE			
FII	NANCIAL STATEMENTS				2,9	71.

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Schedule D (Form 990) 2022 Part XIII Supplemental Inform	COUNCIL mation (continu	ied)			10-0957402 Page 5
	Continu				
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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ			
Name of the organizatior	CENTRAL NEW YORK LIBRARY RESOURCES	Employer identification number 16-0957462			
FORM 990, PAI	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:			
LIBRARIES AND	COMMUNITIES WITHIN THE REGION.				
FORM 990, PAI	RT III, LINE 4D, OTHER PROGRAM SERVICES:				
PROGRAM REVENUE AND EXPENSES RELATED TO VARIOUS PROGRAMS: CONTINUING					
EDUCATION, ADVOCACY, MEDICAL INFORMATION SERVICES AND SERVICES TO HOLD,					
COLLECT AND MAKE AVAILABLE NEW YORK'S HISTORICAL RECORDS.					
EXPENSES \$ 465,079. INCLUDING GRANTS OF \$ 0. REVENUE \$ 43,549.					
FORM 990, PART VI, SECTION A, LINE 6:					
THE ORGANIZA	TION'S MEMBERS CONSIST OF LIBRARY INSTITUTIONS	IN THE REGION.			
FORM 990, PAI	RT VI, SECTION A, LINE 7A:				
DESIGNATED RI	EPRESENTATIVES OF MEMBER INSTITUTIONS ELECT TH	E BOARD OF			
TRUSTEES.					
FORM 990, PAI	RT VI, SECTION A, LINE 7B:				
MEMBERS ELECT THE BOARD OF TRUSTEES AND VOTE ON PROPOSED AMENDMENTS TO THE					
ORGANIZATION'S CONSTITUTION AT ANNUAL MEETINGS.					
FORM 990, PAI	RT VI, SECTION B, LINE 11B:				
THE FINANCE COMMITTEE REVIEWS THE FORM 990. FORM 990 IS THEN APPROVED BY					
THE BOARD OF TRUSTEES PRIOR TO FILING.					
FORM 990, PAI	RT VI, SECTION B, LINE 12C:				

ALL OF THE BOARD MEMBERS REVIEW AND SIGN THE CONFLICT OF INTEREST POLICY AT

Schedule O (Form 990) 2022 Name of the organization CENTRAL NEW YORK LIBRARY RESOURCES	Page
Name of the organization CENTRAL NEW YORK LIBRARY RESOURCESCOUNCIL	Employer identification number 16-0957462
THE ANNUAL MEETING.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON A COMPAR	RABLE SALARY RANGE
FOR SIMILAR POSITIONS. THE COMPENSATION IS FIRST APPROVED	BY THE FINANCE
AND THEN THE EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES	5.
FORM 990, PART VI, SECTION C, LINE 19:	•
GOVERNING DOCUMENTS SUCH AS THE BYLAWS AND CONSTITUTION AF	RE AVAILABLE TO
THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE. FINANCIAL S	STATEMENTS ARE
ALSO AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WE	EBSITE. CONFLICT
OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST	ſ.
FORM 990, PART XII, LINE 2C:	
THE ORGANIZATION HAS A COMMITTEE FOR THE OVERSIGHT OR SELF	ECTION PROCESS
FOR THE AUDIT BY AN INDEPENDENT ACCOUNTANT. THIS PROCESS H	IAS NOT
CHANGED FROM THE PRIOR YEAR	