Form **991**

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

2024

JUL 1. 2023 and ending JUN 30, A For the 2023 calendar year, or tax year beginning D Employer identification number C Name of organization CENTRAL NEW YORK LIBRARY RESOURCES Address change COUNCIL Name change 16-0957462 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 315-446-5446 5710 COMMONS PARK termin-ated 723,913. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return EAST SYRACUSE, NY 13057 H(a) Is this a group return Applica-tion F Name and address of principal officer: TRAVIS OLIVERA for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Tax-exempt status: X 501(c)(3) 4947(a)(1) or 527 If "No." attach a list. See instructions 501(c) ((insert no.) WWW.CLRC.ORG H(c) Group exemption number J Website: L Year of formation: 1967 M State of legal domicile: NY X Association Other Corporation Trust Form of organization: Part I Summary Briefly describe the organization's mission or most significant activities: TO EMPOWER ITS MEMBERS BY Governance PROVIDING SUPPORT, PROGRAMS, AND ADVOCACY, RESULTING IN STRONGER if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 3 Number of voting members of the governing body (Part VI, line 1a) 15 4 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 799,573. 689,352. 8 Contributions and grants (Part VIII, line 1h) 46,520. 34,355. 9 Program service revenue (Part VIII, line 2g) 206. 169. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7, 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 . 0. 846,262. 913. Total revenue - add lines 8 through 11 (must equal Pan VIII, column (A), line 12) 723. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 440,184. 436,615. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX column (A), line 11e) 0. b Total fundraising expenses (Part IX column (D), line 25) 300,693. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 382,650. 822,834. 737,308. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -13,395. Revenue less expenses. Subtract line 18 from line 12 23,428. Assets or Ralances **Beginning of Current Year End of Year** 1,477,736. 1,412,882. 20 Total assets (Part X, line 16) 278,038. 192,985. Total liabilities (Part X, line 26) 1,199,698. 219,897. 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 geopplete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign TRAVIS OLIVERA, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name SHANNON T. FORKIN 11/14 P00973625 SHANNON T. FORKIN, CPA Paid self-employed DANNIBLE & MCKEE, LLP Firm's EIN 33-0996661 Preparer Firm's name 221 SOUTH WARREN ST. Use Only Firm's address Phone no. 315-472-9127 SYRACUSE, NY 13202 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pai	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.
	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?
	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 \$63,300 . including grants of \$) (Revenue \$)
	TO PROVIDE SUBSCRIPTIONS TO ELECTRONIC RESOURCES SUCH AS OCLC TO
	CENTRAL NEW YORK LIBRARIES AT NEGOTIATED PRICES.
4b	(Code:) (Expenses \$ 8 , 674 • including grants of \$) (Revenue \$)
	TO TRAIN EMERGING AND PRACTICING DIBRARY, ARCHIVES, MUSEUM, AND
	NON-PROFIT PROFESSIONALS IN CENTRAL NEW YORK.
	7.652
4c	(Code:) (Expenses \$7,653. including grants of \$) (Revenue \$) TO PROVIDE CONTRACTUAL DELIVERY SERVICES TO MEMBERS AND RESOURCE
	SHARING AMONG LIBRARIES.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 426,698 • including grants of \$) (Revenue \$ 34,355 •)
4e	Total program service expenses 506,325.
	Form 990 (2023)

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CENTRAL NEW YORK LIBRARY RESOURCES

Form 990 (2023) COUNCIL
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	_ <u> </u>		
	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,	-10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a	х	
h	Part VI Did the organization report an amount for investments - other securities in Part X. line 12, that is 5% or more of its total	Па	25	
b		446		x
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Α.
а	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	١	v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			,,
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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		X

Form 990 (2023) COUNCIL
Part IV Checklist of Required Schedules (continued) 16-0957462 Page 4 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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			
	Schedule L. Part I	25b		Х
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 II	26		х
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		х
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? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	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		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
0.7		34		х
35a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	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?	305		
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
0.	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?	<u> </u>		
-		38	Х	
Pai		,		
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
J	(gambling) winnings to prize winners?	1c	Х	
-			000	

023) COUNCIL
Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2023) **Part V** Sta

			Yes	No						
2 a	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		37							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	37						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	4.		x						
L	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a								
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).									
52		5a		Х						
	 b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 									
	ia 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						
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).									
а	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		Х						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year			Х						
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?									
f	3 , 3 , 11 , 1									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	0								
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	8								
а	Did the appropriate appropriation makes any toyob a distribute when add a continue 40000	9a								
b										
10	Section 501(c)(7) organizations. Enter:	9b								
а	Initiation fees and capital contributions included on Part VIII, line 12									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	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.	120								
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a								
h	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									
С	Enter the amount of reserves on hand 13c									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х						
b	If "Yes," has it filed a Form 720 to report these payments? 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.									
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, or any disqualified or other person 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.									

Form 990 (2023)

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COUNCIL 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.

	to mile ed, e.g.,								
800	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management			·					
	Enter the number of voting members of the governing body at the end of the tax year 15		Yes	No					
та	, , , , , , , , , , , , , , , , , , , ,								
	If there are material differences in voting rights among members of the governing body, or if the governing								
L	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. Enter the number of voting members included on line 1a, above, who are independent 15								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
2	officer director tweeton or key employee?	_		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		25					
3	of efficient diseases to also a culture analysis at a management of efficient at the contract of	3		х					
4		4		X					
5	Did the constitution because of the constitution of the constituti								
6	Did the expenientian have members as steelshalders?	5 6	Х	Х					
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or								
, a		7a	х						
b		1 a							
D		7b	х						
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75							
а	The governing body?	8a	х						
b	Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0							
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	(This dection b requests information about policies not require by the internal nevertue dode.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?								
b									
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c	X						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official	15a	X						
b	Other officers or key employees of the organization	15b		Х					
	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								
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)	availal	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								

Form 990 (2023) 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, 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.

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 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.

(A)	(B)	Jiga	IIIZa	((ipei	isati	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box, unless person is both an officer and a director/trustee)		h an	compensation	compensation	amount of			
	week		Ler ar	iu a u	recto	Tritus	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	ridual	Institutional trustee	er	Key employee	Highest compensated employee	Je.			organizations
	line)	Indiv	Insti	Officer	Key	High	Former	0.		
(1) RYAN PERRY	40.00						٠,		_	
EXECUTIVE DIRECTOR				Х		Щ		80,079.	0.	8,932.
(2) TRAVIS OLIVERA	1.00					C				
PRESIDENT		Х		Х			2	0.	0.	0.
(3) SHAY FOLEY	1.00									•
PAST PRESIDENT	1 00	Х		X				0.	0.	0.
(4) REBECCA MCLAIN	1.00			\mathbf{C}						•
VICE PRESIDENT	1 00	X		Х				0.	0.	0.
(5) SAM BERRY-SULLIVAN	1.00			,,					0	0
SECRETARY	1 00	X		Х			_	0.	0.	0.
(6) NANCY HOWE	1.00	.,		,,					0	0
TREASURER (THROUGH OCTOBER)	1 00	Х		Х				0.	0.	0.
(7) MARK CARTER TREASURER	1.00	Х		х				0.	0.	0
(8) KATHRYN SMITH	1.00	Λ		Λ				0.	0.	0.
TRUSTEE (THROUGH OCTOBER)	1.00	Х						0.	0.	0.
(9) AILEEN JUDD	1.00	Λ							0.	<u></u>
TRUSTEE	1.00	Х						0.	0.	0.
(10) ALLISON COMES	1.00							1	0.	<u></u>
TRUSTEE	1.00	х						0.	0.	0.
(11) REBECCA MAGUIRE	1.00							· ·	•	
TRUSTEE (THROUGH OCTOBER)		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) JIEUN YEON	1.00									
TRUSTEE		Х						0.	0.	0.
(17) NURALLAH ALAWSAJ	1.00									
TRUSTEE		Х						0.	0.	0.

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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)								(E)			(F)	
Name and title	Average Position (do not check more than one						ane.	Reportable	Reportable		Es	stimate	ed
	hours per	box	, unles	ss per	son i	is both	n an	compensation	compensatio	n	an	nount	of
	week		cer an	d a di	recto	or/trus	tee)	from	from related			other	
	(list any	rector						the	organization		ı	pensa	
	hours for related	or dir	e e			ated		organization	(W-2/1099-MIS	SC/	ı	om the	
	organizations	ustee	trust		gy.	Suedi		(W-2/1099-MISC/	1099-NEC)		,	anizati	
	below	ual tr	tional		ploye	t con	_	1099-NEC)			ı	d relati anizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				l	ai iiZati	5115
(18) ROB SPORING	1.00	_	=			1 0							
TRUSTEE	100	х						0.		0.			0.
(19) SAM ROWSER	1.00					\vdash				•			
TRUSTEE		х						0.		0.			0.
						\vdash				•			
						┢							
									•				
								•					
						\vdash			, ·				
		-											
						┢		101					
						\vdash							
						C		/					
								00.000					
1b Subtotal						.)		80,079.		0.		8,9	
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)				<u> </u>				80,079.		0.		8,93	<u> 32.</u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable)			_
compensation from the organization		1.	•										0
												Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for \$	uch individual										3		X
4 For any individual listed on line 1a, is the st													
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	Jf	or such individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	acto	rs th	nat received more than \$	100,000 of comp	ensa	tion fro	om	
the organization. Report compensation for	the calendar ye	ear e	ndir	ıg w	ith c	or wi	thin	the organization's tax y	ear.				
(A)								(B)			(0		
Name and business	address	NC	ONE	3				Description of s	ervices		ompe	nsatio	า
									T				
							J						
							\Box						
2 Total number of independent contractors (ii	ncluding but no	ot lin	nited	to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organization					C								
,											Form	990 r	2023)

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Statement of Revenue

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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 689,352. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 1f **q** Noncash contributions included in lines 1a-1f 689,352. h Total. Add lines 1a-1f **Business Code** 22,105. 513190 22,105. 2 a MEMBERSHIPS Program Service **b MARKETED SERVICES** 513190 12,250. 12,250 Revenue С f All other program service revenue 34,355. 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 (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (ii) Other (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) ______7c d Net gain or (loss) 8 a Gross income from fundraising events including \$ contributions reported on line 1c). See 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 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 723,913. 34,355. 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										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations			j							
	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	99,471.	58,761.	40,710.							
6	Compensation not included above to disqualified										
	persons (as defined under section $4958(f)(1)$) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	242,523.	143,683.	98,840.							
8	Pension plan accruals and contributions (include			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\							
	section 401(k) and 403(b) employer contributions)	10,600.	6,077.	4,523.							
9	Other employee benefits	58,520.	33,555.	24,965.							
10	Payroll taxes	25,501.	14,621.	10,880.							
11	Fees for services (nonemployees):		.01								
а	Management	5 506	.(0	5 506							
b	Legal	5,786.		5,786.							
С	Accounting	9,680.		9,680.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17)								
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,	21,940.	20,000.	1 040							
40	column (A), amount, list line 11g expenses on Sch O.)	21,940.	20,000.	1,940.							
12	Advertising and promotion	3,891.	2,077.	1,814.							
13	Office expenses	3,091.	2,011.	1,014.							
14 15	Information technology Royalties										
16	Occupancy	39,900.	25,935.	13,965.							
17	Travel	6,101.	3,276.	2,825.							
18	Payments of travel or entertainment expenses	0,101	37=730								
.0	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings				_						
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	2,852.	2,567.	285.							
23	Insurance	3,570.		3,570.							
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	ELECTRONIC RESOURCES	103,764.	103,764.								
b	OUTREACH	64,247.	58,746.	5,501.							
С	CONTINUING EDUCATION	11,556.	11,556.								
d	DUES AND SUBSCRIPTIONS	8,260.	8,260.								
е	All other expenses	19,146.	13,447.	5,699.							
25	Total functional expenses. Add lines 1 through 24e	737,308.	506,325.	230,983.	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)				Form 990 (2022)						

Form 990 (2023)
Part X Balance Sheet

	LX						
		Check if Schedule O contains a response or no	ote to an	y line in this Part X	/A\	<u> </u>	(B)
					(A) Beginning of year		(B) End of year
	_	Cook was interest baseline			81,881.	_	74,589.
	1				1,164,456.	1	1,166,246.
	2	Savings and temporary cash investments			50,000.	2	0.
	3	Pledges and grants receivable, net	30,000.	3	0.		
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub		_			
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
	_	under section 4958(f)(1)), and persons describe				6	
ets	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			1,016.	8	28,521.
•	9		1		1,010.	9	20,321.
	10a	Land, buildings, and equipment: cost or other		41 050	•		
	_	basis. Complete Part VI of Schedule D	10a	41,850. 38,630.	4,773.		2 220
		Less: accumulated depreciation	10b		4.715.	10c	3,220.
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line	~ U \	12			
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		175 (10	14	140 206	
	15	Other assets. See Part IV, line 11		4 14	175,610. 1,477,736.	15	140,306.
	16	Total assets. Add lines 1 through 15 (must eq			46,235.	16	1,412,882.
	17	Accounts payable and accrued expenses			40,233.	17	54,079.
	18	Grants payable				18	
	19	Deferred revenue		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					
ij		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the				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	es 17-24)	. Complete Part X	231,803.	25	140,306.
	26	of Schedule D			278,038.	26	192,985.
	20	Organizations that follow FASB ASC 958, ch	nock be-	e X	270,030•	20	1,72,703.
S		and complete lines 27, 28, 32, and 33.	ieck ner	e 🔼			
nce	27				1,187,730.	27	1,181,075.
ala	28				11,968.	28	38,822.
Ā	20	Organizations that do not follow FASB ASC		ock here	11/5001	20	30,022.
필		and complete lines 29 through 33.	300, CH	ock field			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	e			29	
ets	30	Paid-in or capital surplus, or land, building, or	ot fund		30		
\ss	31	Retained earnings, endowment, accumulated				31	
et /	32	Total net assets or fund balances			1,199,698.	32	1,219,897.
Ž	33				1,477,736.	33	1,412,882.
-	აა	TOTAL HADIILIES AND HEL ASSETS/TUTIO DAIANCES			1,4/1,/50•	33	1,412,002.

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Pai	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,9 7,3				
2	Total expenses (must equal Part IX, column (A), line 25)							
3								
4								
5								
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 1							
Part XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				Yes	No			
1	1 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 O.							
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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?		2b	X				
	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?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.						
За	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?		. 3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
	. C.		Form	990	(2023)			

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.

Open to Public University of the Interest Information.

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

CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL

Employer identification number 16-0957462

OMB No. 1545-0047

Pa	ırt I	Reason for Public (Charity Status. (All organizations must c	omplete th	nis part.) S	ee instructions.					
The	organ	ization is not a private found										
1	J	A church, convention of ch	•	•	•	,	I)(A)(i).					
2		A school described in sect i										
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).					
4								the hospital's name.				
		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:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
Ū		section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).											
	X	An organization that norma	-					oublic described in				
•		section 170(b)(1)(A)(vi). (C		itiai part of its support if	om a gove	minontai	unit of from the general p	dablic described in				
8		A community trust describe		1)(A)(vi) (Complete Part	· II \							
9		An agricultural research org			•	ad in coni	unction with a land-grant	college				
9		or university or a non-land-g										
		university:	rant conege or agrici	alture (see ilistructions).	Lillei lile i	iairie, City	, and state of the college	; OI				
10		An organization that norma	lly rocciyos (1) more t	than 33 1/30/ of its supp	ort from co	ontribution	e momborship foos and	d gross rosoints from				
10		activities related to its exem	•			_	· ·	-				
		income and unrelated busin			- 4 4							
		See section 509(a)(2). (Cor		(less section of reak) no	III busiiles	ses acqui	red by the organization a	inter durie 30, 1973.				
11				volv to tost for public saf	iotiv Soo	coction 50	00(2)(4)					
12	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
12	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											
								DIECK THE DOX OH				
_		lines 12a through 12d that of						aivina				
а		Type I. A supporting organization		1 6								
		the supported organization			пајопцу о	i the direc	tors or trustees or the st	ipporting				
		organization. You must o			ion with ite		od organization(s) by bay	vin a				
b	,	Type II. A supporting org										
		control or management o	Y. 1		ime persor	ns that co	ntroi or manage the supp	oortea				
		organization(s). You mus					and for all and the last and the	J 201-				
С	;	Type III functionally inte						ed with,				
_		its supported organization						- +' (-)				
C	l	Type III non-functionally					· · · · · · · · · · · · · · · · · · ·					
		that is not functionally int						/eness				
		requirement (see instructi	* .									
е	•	Check this box if the orga					Type I, Type II, Type III					
_		functionally integrated, or		hally integrated supporting	ng organiza	ation.						
		er the number of supported o		-l								
9		vide the following information i) Name of supported	ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other				
	•	organization	()	(described on lines 1-10	in your governi	ng document?	support (see instructions)	support (see instructions)				
				above (see instructions))	Yes	No	, , ,	,				

COUNCIL

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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	tion A. Public Support	7.1		,			
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	. ,	.,
	membership fees received. (Do not						
	include any "unusual grants.")	734,956.	686,792.	938,865.	799,573.	689,352.	3849538.
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	504.056	606 700	222 255			2010522
	Total. Add lines 1 through 3	734,956.	686,792.	938,865.	799,573.	689,352.	3849538.
5	The portion of total contributions						
	by each person (other than a				Α.		
	governmental unit or publicly						
	supported organization) included				2		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,				~O`		
_	column (f)						2040520
	Public support. Subtract line 5 from line 4.						3849538.
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2020	(c) 2021	(d) 2022	(=) 2022	(f) Total
	Amounts from line 4	(a) 2019 734, 956.	686,792.	938,865.	799,573.	(e) 2023 689,352.	(f) Total 3849538 •
	Gross income from interest,	734,3300	000,752.	330,003.	133,313.	005,552.	3043330.
0	dividends, payments received on			5			
	securities loans, rents, royalties,						
	and income from similar sources	1,046.	274	206.	169.	206.	1,901.
9	Net income from unrelated business		~ ()	2000	2000		
Ŭ	activities, whether or not the		1,65				
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	4,497.	3,049.				7,546.
11	Total support. Add lines 7 through 10		-				3858985.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	294,412.
13	First 5 years. If the Form 990 is for the	e organization's fir	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stor						
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2023 (I	, , , , , , , , , , , , , , , , , , , ,	, ,	(),		14	99.76 %
	Public support percentage from 2022					15	99.72 %
16a	33 1/3% support test - 2023. If the c						
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the c	-					
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	-					
	and if the organization meets the fact			=	•	vi now the organiz	auon
L	meets the facts-and-circumstances te	-		*	-	7a and line 15 is 1	L
O	10% -facts-and-circumstances test	· ·				•	1 U70 UI
	more, and if the organization meets the organization meets the facts-and-circumstance and circumstance and c				-		
12	Private foundation. If the organization		-				
.0	ate roundation. If the organization	ii ala noi crieck a l	55 OH III 15 10, 10	a, ١٥٥, ١/a, ١١ ١/b	, or look trito bux at	ia see ii isti uetiel 18	·

COUNCIL 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.)

361	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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				1		
5	The value of services or facilities				~7		
-	furnished by a governmental unit to						
	the organization without charge				- OZ		
6	Total. Add lines 1 through 5				10		
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			40			
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b			5			
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources		~				
b	Unrelated business taxable income	1,10					
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	J					
c	Add lines 10a and 10b		l	I		· · · · · · · · · · · · · · · · · · ·	i
11							
• •	Net income from unrelated business	O '					
•	activities not included on line 10b,	<u> </u>					
	activities not included on line 10b, whether or not the business is regularly carried on	O *					
	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital						
12	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain						
12 13	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	ne organization's fil	rst, second, third,	fourth, or fifth tax y	vear as a section 5	01(c)(3) organizatio	on,
12 13 14	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here			•		. , . ,	•
12 13 14	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the			•		. , . ,	•
12 13 14 Se c	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	ic Support Per	centage			. , . ,	•
12 13 14 Sec 15 16	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022)	ic Support Per ine 8, column (f), d	centage ivided by line 13, o				·····
12 13 14 Sec 15 16 Sec	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here existence. Computation of Public Public support percentage for 2023 (Public support percentage from 2022 ction D. Computation of Investigation of Investigation of the public support percentage from 2022 ction D. Computation of Investigation of	ic Support Per ine 8, column (f), d Schedule A, Part stment Income	ivided by line 13, on the line 15. Percentage	column (f))		15	%
12 13 14 Sec 15 16 Sec	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage for 2023 (Public support percentage from 2022)	ic Support Per ine 8, column (f), d Schedule A, Part stment Income	ivided by line 13, on the line 15. Percentage	column (f))		15	%
12 13 14 15 16 Sec 17 18	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2023 (Investment income percentage for 20 Investment income percentage from	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 023 (line 10c, colur 2022 Schedule A,	ivided by line 13, of lill, line 15 Percentage nn (f), divided by line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
12 13 14 15 16 Sec 17 18	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2023 (In Public support percentage from 2022 ction D. Computation of Investing Investment income percentage for 20	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 023 (line 10c, colur 2022 Schedule A,	ivided by line 13, of lill, line 15 Percentage nn (f), divided by line 17	column (f)) ne 13, column (f))		15 16 17 18	% % %
12 13 14 15 16 Sec 17 18	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here ction C. Computation of Public support percentage for 2023 (Investment income percentage for 20 Investment income percentage from	ic Support Per ine 8, column (f), d 2 Schedule A, Part stment Income 2023 (line 10c, colur 2022 Schedule A, e organization did n	ivided by line 13, or lill, line 15 Percentage mn (f), divided by line 17 not check the box or	ne 13, column (f))		15 16 17 18 3 1/3%, and line 1	% % %
12 13 14 15 16 Sec 17 18 19a	activities not included on line 10b, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here cotion C. Computation of Public Public support percentage from 2022 cotion D. Computation of Investment income percentage from 2022 Investment income percentage from 2031 1/3% support tests - 2023. If the	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 23 (line 10c, colur 2022 Schedule A, organization did n and stop here. The	centage ivided by line 13, of the check the box of the check a box on	ne 13, column (f)) on line 14, and line fies as a publicly si	15 is more than 3 upported organiza, and line 16 is mo	15 16 17 18 3 1/3%, and line 1 tion 13%, and line 1 tion 14% 15%	% % % % 7 is not

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

		Yes	No
	1		
	2		
	3a		
	Ol-		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	J		
	7		
	8		
	9a		
	9b		
	35		
	9с		
	10a		
	10b		
ule	A (Forn	n 990)	2023

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 Part VI how the supported organization(s)					
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported					
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	4				
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization expects for the benefit of any supported organization other than the supported.	1				
2	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			<u> </u>		
			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					
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 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 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	Oh				
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b				
о 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 Part VI.	3a				
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	- 54				
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b				

Schedule A (Form 990) 2023 COUNCIL

Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations
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1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Vear

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			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	0		
	(explain in detail in Part VI):	'K		
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	ntears	ted Type III supporting organ	nization (see

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

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ed)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	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 - pri	ovide 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	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Section	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.		70,		
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
С	From 2020	0			
d	From 2021	16			
<u>e</u>	From 2022				
f_	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount	10			
i	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
<u>b</u>	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

CENTRAL NEW YORK LIBRARY RESOURCES

16-095<u>7462 Page 8</u> COUNCIL Schedule A (Form 990) 2023 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. Part VI (See instructions.)

332028 12-21-23 Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

CENTRAL NEW YORK LIBRARY RESOURCES

COUNCIL

Employer identification number

16-0957462

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ X 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year _______\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization
CENTRAL NEW YORK LIBRARY RESOURCES
COUNCIL
16-0957462

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 1 X Person **Payroll** 689,352. Noncash (Complete Part II for noncash contributions.) (a) (c) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
CENTRAL NEW YORK LIBRARY RESOURCES
COUNCIL
Employer identification number
16-0957462

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ 6067	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

CENTRAL NEW YORK LIBRARY RESOURCES 16-0957462 COUNCIL Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (d) Description of how gift is held (b) Purpose of gift (c) Use of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	·				
		(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 v	writing that the assets held in donor advis	ed funds				
	are the organization's property, subject to the organization's	-					
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor o						
	impermissible private benefit?		Yes No				
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).					
	Preservation of land for public use (for example, recrea	tion or education) Preservation of	f a historically important land area				
	Protection of natural habitat	Preservation of	f a certified historic structure				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last				
	day of the tax year.	C.	Held at the End of the Tax Year				
а	Total number of conservation easements	30	2a				
b			2b				
С	Number of conservation easements on a certified historic stru	ucture included on line 2a	2c				
d	Number of conservation easements included on line 2c acqu	ired after July 25, 2006, and not					
	on a historic structure listed in the National Register	10	2d				
3	Number of conservation easements modified, transferred, relative	eased, extinguished, or terminated by the	organization during the tax				
	year						
4	Number of states where property subject to conservation eas	sement is located					
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of					
	violations, and enforcement of the conservation easements it						
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation easements during the year				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year				
8	Does each conservation easement reported on line 2d above	satisfy the requirements of section 170(h					
9	In Part XIII, describe how the organization reports conservation	·					
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statement	ents that describes the				
Dai	organization's accounting for conservation easements. t III Organizations Maintaining Collections of	Art Historical Transuras or Ot	har Similar Assats				
rai	Complete if the organization answered "Yes" on Form		ilei Siiliiai Assets.				
	-		and believes alread weather				
ıa	If the organization elected, as permitted under FASB ASC 95						
	of art, historical treasures, or other similar assets held for pub						
	service, provide in Part XIII the text of the footnote to its finar						
D	If the organization elected, as permitted under FASB ASC 95						
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtr	nerance of public service,				
	provide the following amounts relating to these items.		Φ.				
	(i) Revenue included on Form 990, Part VIII, line 1						
_							
2	If the organization received or held works of art, historical treation of the fall and the second and the secon		ı gaın, provide				
_	the following amounts required to be reported under FASB A	•	Φ.				
	Revenue included on Form 990, Part VIII, line 1						
D	Assets included in Form 990, Part X		Þ				

	t III Organizations Maintaining C	ollections of Ar	t. Historica	l Tre	asures, o	r Othe	r Si	milar <i>i</i>		(contin		age Z
3	Using the organization's acquisition, accession									COITE	iueu)	
Ū	collection items (check all that apply).	on, and other record	o, oncorrary o	1 1110 1	ollowing that	i mano o	''9' '''	iodini do	0 01 110			
а	Public exhibition	d	I Dan o	or exc	hange progra	am						
b	Scholarly research	e										
C	Preservation for future generations		ounci.									
4	Provide a description of the organization's co	allections and explain	n how they furt	her th	ne organizatio	nn's ever	mnt	nurnose	in Part	XIII		
5	During the year, did the organization solicit or								, iii i ai t	XIII.		
J	to be sold to raise funds rather than to be ma									Yes		No
Pai	t IV Escrow and Custodial Arrang											110
	reported an amount on Form 990, Par		to il the organi	Zutioi	ranswored	100 011	1 011	11 000, 1	arriv, n	10 0, 01		
	Is the organization an agent, trustee, custodia		diary for contrib	oution	s or other as	sets not	incl	uded				
	on Form 990, Part X?									Yes		No
h	If "Yes," explain the arrangement in Part XIII a									103		140
-							Amoun	t				
С	Beginning balance						ı	1c				
d	Additions during the year						- 1	1d				
e								1e				
f	Distributions during the year						3	1f				
	Ending balance Did the organization include an amount on Fo						1.1/2			Yes		No
	If "Yes," explain the arrangement in Part XIII.] 163		140
	t V Endowment Funds Complete if											
	Germpiete II	(a) Current year	(b) Prior ye		(c) Two yea			Three vea	ars back	(e) Four	vears	back
1a	Beginning of year balance	, ,	(, , .				(-,			(-,	J	
b	Contributions			. •								
C	Net investment earnings, gains, and losses			11								
d					*							
e	Other expenditures for facilities		6									
E			10									
f	Administrative expenses											
g	End of year balance	ant year and halana	dino 1a poliu	mn (a))) hold as:							
2	Board designated or quasi-endowment		%	IIII (a))) Helu as.							
a	Permanent endowment	%										
b												
С	The percentages on lines 2a, 2b, and 2c should be a sh											
20	Are there endowment funds not in the posses		stion that are h	old or	ad administa	rad far th	20					
Sa	organization by:	SSION OF the organiza	ation that are n	eiu ai	iu auriiriistei	eu ioi ii	ie			1	Yes	No
	(i) Unrelated organizations?									3a(i)		-110
	(ii) Related organizations?											
h		tions listed as requir								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	· ·		e n?						3b		
Par	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment lunus.									
. u.	Complete if the organization answered) Part IV line 1	11a S	See Form 990	Part X	line	10				
	Description of property		1							(d) Do-	k veli :	
	Description of property	(a) Cost or o basis (investre			or other (other)			mulated :iation		(d) Boo	k value	3
-	Lond	<u> </u>	noni, i	J 4313	(otrici)	ue	PIEC	nation				
	Land											
b	Buildings								-			
C	Leasehold improvements	l l		2	1,954.		2	8,73	<u>, </u>		3,22	2 0
d	Equipment	l l			9,896.			9,89	- •		J , 44	0.
<u>e</u> Total	Other		V line 10						- 		3,22	
uta	. Auu iiiles ta liilougit le. ((;olijmn (d) mijst ei	auai Form 990. Part	x. iine TUC. co	ııımn	(B))						-,44	

Schedule D (Form 990) 2023

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

COUNCIL

Part VIII Investments - Other Securities Complete if the organization answered "Yes" or	n Form 900 Part IV line		.0 0937402 Page C
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-vear market value
(4) Financial desirations	(b) Book value	(b) Metriod of Valdation. Cool of C	ond or your market value
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.	5 000 D 111/1	11 0 5 000 B 1 V I 10	
Complete if the organization answered "Yes" or (a) Description of investment	n Form 990, Part IV, line (b) Book value	(c) Method of valuation. Cost or e	end-of-vear market value
	(S) DOOK VAIGO	(b) Metrica of Valuation Cost of e	ona or your market value
<u>(1)</u>		107	
(2)			
(3)			
(4)		+	
(5)			
(6)		+ c(/)	
		110	
(8) (9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) Part IX Other Assets Complete if the organization answered "Yes" of		e 11d. See Form 990, Part X, line 15.	432
	Description		(b) Book value
``	SE ASSET		140,306.
(2)			
(3)	V		
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, line 15, col.	<i>(B))</i>		140,306
Part X Other Liabilities Complete if the organization answered "Yes" or	n Form 000 Part IV line	a 11a or 11f Soo Form 900 Part V line	25
1. (a) Description of liability	iri omi 990, Fait IV, iiile	e Tie Or Til. See Form 990, Fait A, Illie A	(b) Book value
(1) Federal income taxes			(2) 2 2 3 3 4 4 4 4
(2) OPERATING LEASE LIABILITIE	S		140,306
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			440.000
Total. (Column (b) must equal Form 990. Part X. line 25. col.	(B))		140,306.

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Pa	rt XI Reconciliation of Revenue per Audited Financial State		Revenue per Re	turn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	757,507.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	22 524		
а	5 (, , , , , , , , , , , , , , , , , ,		33,594.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants				
d	1	2d			22 524
е				2e	33,594.
3	Subtract line 2e from line 1			3	723,913.
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				
b	/	4b			•
С				4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	723,913.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta		Expenses per F	teturn	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	737,308.
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	\(\frac{1}{2}\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
b	Prior year adjustments	2b	<u> </u>		
С	Other losses		1		
d	,				
е				2e	0.
3	Subtract line 2e from line 1			3	737,308.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а		4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18)		5	737,308.
	rt XIII Supplemental Information				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 ;			; Part X, I	ine 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	ation.		
PAI	RT X, LINE 2:				
	COUNCIL UNG DEUTEUR THE OPERATIONS TO	D ::::::::::::::::::::::::::::::::::::	T11	T	
THI	E COUNCIL HAS REVIEWED ITS OPERATIONS FO	R UNCERTA	IN TAX POS	TITON	IS AND
BEI	LIEVES THERE ARE NO SIGNIFICIANT EXPOSUR	ES.			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

CENTRAL NEW YORK LIBRARY RESOURCES COUNCIL

Employer identification number 16-0957462

Schedule O (Form 990) 2023

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: LIBRARIES AND COMMUNITIES WITHIN THE REGION. FORM 990, PART 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 INCLUDING GRANTS OF \$ 0. REVENUE \$ EXPENSES \$ 426,698. 34,355. FORM 990, PART VI, SECTION A, LINE THE ORGANIZATION'S MEMBERS CONSIST OF LIBRARY INSTITUTIONS IN THE REGION. FORM 990, PART VI, SECTION A, LINE 7A DESIGNATED REPRESENTATIVES OF MEMBER INSTITUTIONS ELECT THE BOARD OF TRUSTEES. PART VI SECTION FORM 990 Α, LINE 7B: BOARD OF TRUSTEES AND VOTE ON PROPOSED AMENDMENTS TO THE MEMBERS ELECT THE ORGANIZATION'S CONSTITUTION AT ANNUAL MEETINGS. FORM 990, PART 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, PART VI, SECTION B, LINE 12C:

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023 Page 2 CENTRAL NEW YORK LIBRARY RESOURCES Name of the organization **Employer identification number** 16-0957462 COUNCIL THE ANNUAL MEETING. FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE DIRECTOR'S COMPENSATION IS BASED ON A COMPARABLE SALARY RANGE FOR SIMILAR POSITIONS. THE COMPENSATION IS FIRST APPROVED BY THE FINANCE AND THEN THE EXECUTIVE COMMITTEE AND THE BOARD OF TRUSTEES. FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS SUCH AS THE BYLAWS AND CONSTITUTION ARE AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE. FINANCIAL STATEMENTS ARE ALSO AVAILABLE TO THE PUBLIC THROUGH THE ORGANIZATION'S WEBSITE. CONFLICT OF INTEREST POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XII, LINE 2C: THE ORGANIZATION HAS A COMMITTEE FOR THE OVERSIGHT OR SELECTION PROCESS FOR THE AUDIT BY AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR