Form 8879-TF

For

IRS e-file Signature Authorization for a Tax Exempt Entity

				0000	
calendar ye	ar 2022,	or riscal	year beginning	, 2022,	, and endii

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer **EIN or SSN** 13-1740017 PALISADES FREE LIBRARY MARIA GAGLIARDI Name and title of officer or person subject to tax Executive Director Type of Return and Return Information Part I Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990-EZ check here ... b Total revenue, if any (Form 990-EZ, line 9) 2a **b Total tax** (Form 1120-POL, line 22) _______ **3b** Form 1120-POL check here 3a b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... 4a b Balance due (Form 8868, line 3c) 5b 5a Form 8868 check here b Total tax (Form 990-T, Part III, line 4) 6a Form 990-T check here Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b 7a b FMV of assets at end of tax year (Form 5227, Item D) 8a Form 5227 check here Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) and that I have examined a copy of the , (EIN) 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete, I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only

X	Lauthorize	MARK	KOTLAROFF	CPA	PC
---	------------	------	-----------	-----	----

to enter my PIN

10964

ERO firm name

Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Part III

Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

26221910989

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

09/28/23

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2022)

202521 12-16-22

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print PALISADES FREE LIBRARY 13-1740017 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 19 CLOSTER ROAD return, See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PALISADES, NY 10964 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1 **Application** Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 TAXPAYER The books are in the care of \triangleright 19 CLOSTER ROAD - PALISADES, NY 10964 Telephone No. ► (845) 359-0136 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box 🕨 🔃 . If it is for part of the group, check this box 🕨 💮 and attach a list with the names and TINs of all members the extension is for. November 15, 2023 to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ➤ X calendar year 2022 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System), See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

223841 04-01-22

1 HA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

Form **990**

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Ar	or the	2022 calendar year, or tax year beginning and	ending		
В с	heck if pplicable	C Name of organization		D Employer identific	ation number
	Addres	PALISADES FREE LIBRARY			
	Name change			13-174001	.7
]nitial return	, ,	Room/suite	1	
	Final return/	19 CLOSTER ROAD		(845) 359	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	532423.
	Amend return	PADISADES, NI 10904		H(a) Is this a group re	
	Applica tion pendin	F Name and address of principal officer:		for subordinates?	Yes X No
				H(b) Are all subordinates inc	W. Committee of the com
<u> 1 T</u>	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1)	or 527	If "No," attach a l	ist, See instructions
_	Vebsit			H(c) Group exemption	
		organization: X Corporation Trust Association Other	L Year	of formation: 1947 M	State of legal domicile: NY
Pa		Summary		DEG LEDDARY	THE TOTAL A
ą.		Briefly describe the organization's mission or most significant activities: THE			
anc	3.5	UNIQUE RELATIONSHIP WITH THE HAMLET OF PA			
ern	ı –	Check this box if the organization discontinued its operations or dispos		A	ets.
õ	ı			3	7
Activities & Governance		Number of independent voting members of the governing body (Part VI, line 1b)			14
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			2
ŧί		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12 Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	В	Net difference business taxable income from Form 990-1, Fart i, life 11	N	Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	· -	558715.	529098.
Ē	9	Program service revenue (Part VIII, line 2g)		1844.	1419.
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		44.	591.
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1315.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		560603.	532423.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	I	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	46	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		332646.	351368.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	ь	Total fundraising expenses (Part IX, column (D), line 25)	0.	icenama militare di bi	rest to transported
Ě	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		169251.	166021.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		501897.	517389.
	19	Revenue less expenses. Subtract line 18 from line 12		58706.	15034.
Net Assets or				eginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		881091.	896245.
t As	21	Total liabilities (Part X, line 26)		0.	0.
Se	22	Net assets or fund balances. Subtract line 21 from line 20		881091.	896245.
	art II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedule		•	knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	nich prepare	r has any knowledge.	
		Cignature of officer		Data	
Sig		Signature of officer		Date	
Her	е	MARIA GAGLIARDI, Executive Director Type or print name and title		****	
				Date Check	X PTIN
Paid		Print/Type preparer's name MARK KOTLAROFF CPA MARK KOTLAROFF (, גפר	Opte Check Control of the control of	
	parer	Firm's name MARK KOTLAROFF CPA PC	CFA (7-1807953
	Only	Firm's address 18 LAUREL ROAD		Firm's EIN 2	1 1001333
	2.143	NEW CITY, NY 10956		Phone no 8 /	5-709-8860
May	v the IF	RS discuss this return with the preparer shown above? See instructions		T Holle Ho. O T.	Yes No

Pai	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:
	THE PALISADES LIBRARY ENJOYS A UNIQUE RELATIONSHIP WITH THE HAMLET OF
	PALISADES AS A VIBRANT CULTURAL LANDMARK. THE LIBRARY'S MISSION IS TO
	PROMOTE, SUPPORT AND SUSTAIN THIS RELATIONSHIP THROUGH ITS WORK AS A
	PUBLIC RESOURCE FOR EDUCATION, INFORMATION AND ENLIGHTENMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 384801. including grants of \$) (Revenue \$)
	THE LIBRARY LOANED OVER 20,000 BOOKS, DVDS AND AUDIOBOOKS, HOSTED OVER
	200 PROGRAMS ATTENDED BY OVER 2,000 PEOPLE AND WAS VISITED BY ALMOST
	18,000 PATRONS THROUGHOUT THE YEAR.
	10,000 TATROND THROUGHOUT THE TEAK:
4b	(Code:) (Expenses \$) (Revenue \$)
410	(Code:) (expenses \$) (noting grants or \$) (nevenue \$)
	4.7 •
4c	(Code:) (Expenses \$) including grants of \$) (Revenue \$)
	(Code:) (Expenses \$
4-1	Other pregram conjuge (Deceribe on Schedule O.)
4d	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses 384801.
	Form 990 (2022)

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		_X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			100000
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u>X</u>
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	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	1.0		
.	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
19a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
124	Schedule D, Parts XI and XII	12a		х
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	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		х
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 garning activities on Part VIII, line 9a? # "Yes."			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
			~~~	

232003 12-13-22

Pa	TIV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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
24 a	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			v
•	Schedule K. If "No," go to line 25a	24a		<u> </u>
	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	04-		
	any tax-exempt bonds?	24c		$\vdash$
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	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			
		25b		x
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
2.0	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		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L. Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			77
	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
	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?	38	x	
Pa	Note: All Form 990 filers are required to complete Schedule O	30		
	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	1		W
b				133
С	Pilli to the first of the latter of the latt			
	(gambling) winnings to prize winners?	1c		
23200	4 12-13-22	Form	990	(2022)

	Statements regarding other mornings and rax compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			200
	filed for the calendar year ending with or within the year covered by this return 2a		NA.	8.17
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
За	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	2010		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country	120		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	24514	Calab Pa	**
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6а	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			7,7
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	111	The state of	37
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		X
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			٠,,
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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	49000	1 1,000	
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1517
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
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 10b		900	100
11	Section 501(c)(12) organizations. Enter:		000,000	
a	Gross income from members or shareholders 11a			
ь	Gross income from other sources. (Do not net amounts due or paid to other sources against			
10-	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?	10-		
		12a	70.00	
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	ISa	-	
<b>h</b>	Enter the amount of reserves the organization is required to maintain by the states in which the	Street		2 4
b	organization is licensed to issue qualified health plans			
_				200
с 14а		14a		Х
	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	טדיו		
	excess parachute payment(s) during the year?	15	N.	х
	If "Yes," see the instructions and file Form 4720, Schedule N.	ı		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10	416	
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.		59um	

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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sect	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	603	The te	
	If there are material differences in voting rights among members of the governing body, or if the governing	riorn)	974	
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			1
b	Enter the number of voting members included on line 1a, above, who are independent			120
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	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.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	35/235	None	(Sp)
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
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	X	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			partit.
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1200
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			166
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availa	ble
	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, an	d finan	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			
	TAXPAYER - (845) 359-0136			
	19 CLOSTER ROAD, PALISADES, NY 10964			

### Form 990 (2022)

## 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) Name and title	(B) Average hours per week	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)			l than i	one n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MARIA GALIARDI	40.00	-		.,			-	100450		•
EXECUTIVE DIRECTOR	1 00			X		A		102472.	0.	0.
(2) MARJORIE GALEN	1.00	٠,,		37	.4		9			•
PRESIDENT	1 00	X		X	4			0.	0.	0.
(3) KATHRYN SHATTUCK	1.00	٠,,		77	_	1				•
SECRETARY	1 00	X	- 4	X				0.	0.	0.
(4) KRISTOPHER HABERMAN	1.00	٠,,		77				0.	_	•
VICE PRESIDENT (5) MARTY NEALON	1.00	X		X	-	-		0.	0.	0.
TREASURER	1.00	х	M	x	0			0.	0.	0.
(6) LAURIE FERGUSON	1.00	Δ	-	Δ	-	$\vdash$		<b>U</b> .	0.	0.
TRUSTEE	1.00	X		V				0.	0.	0.
(7) ERICA LOCKWOOD	1.00	Λ	4	-				0.	0.	0.
TRUSTEE	1.00	x						0.	0.	0.
(8) YVONNA KOPACZ WRIGHT	1.00								•	
TRUSTEE		X						0.	0.	0.
		1				L				
		Γ								
						T				
		$\vdash$				$\vdash$				
		1			-					
					Į.					
		1								
1				L_			_			000

Part VII   Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C	ompensated Employee		т	
(A)	(B)			_ (0	-			(D)	(E)		(F)
Name and title	Average	I /do ant check more			one	Reportable	Reportable		imated		
	hours per	box	, unte	ss per	son i	s both	an	compensation	compensation		ount of
	week (list any	_	T			T		from the	from related organizations		other
	hours for	individual trustee or director				ъ		organization	(W-2/1099-MISC/		ensation m the
	related	99 Of	stee			nsate		(W-2/1099-MISC/	1099-NEC)	1	nization
	organizations	Trust	nstitutional trustee		oyee	Highest compensated employee		1099-NEC)	•	1 -	related
	below	ividua	interfice	Officer	Key employee	hest c	Former			orgai	nizations
	line)	르	E	011	Key	High	For				
									- 2		
								1			
									-		
								( )			
							è	The state of the s			
						A					
					Š		4	-			
1b Subtotal	•				1			102472.	0.		0.
c Total from continuation sheets to Part V	I, Section A							0.	0.		0.
d Total (add lines 1b and 1c)								102472.	0.		0.
2 Total number of individuals (including but r	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable		1
compensation from the organization		_		_	ŝ	b		····-		1	Yes No
3 Did the organization list any former officer	director, trust	ee, k	еу е	mpl	oye	e, or	higl	hest compensated empl	loyee on		100 110
line 1a? If "Yes," complete Schedule J for s								****		3	X
4 For any individual listed on line 1a, is the si										SEE SEE	
and related organizations greater than \$15										4	X
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	W	97								5	x
Section B. Independent Contractors	nbiete Schedule	9 J T	or st	ich <u>r</u>	pers	on .			***********	1 3 1	
Complete this table for your five highest co the organization. Report compensation for										ation fro	m
(A)	ino odionidai y	Jul U	7110371	.g ***		J		(B)		(C)	)
Name and business	address	N	INC	3				Description of s	ervices	Compen	
							$\dashv$				
							$\dashv$				
							1				
2 Total number of independent contractors (		ot lin	nited	d to t		_	ted	above) who received mo	ore than	ersal NA	B P
\$100,000 of compensation from the organi	zation				(	<u> </u>			0.44	Form 9	90 (2022)

	990 rt VI	(2022) PALISADES FREE	E LIBRARY	7		13-1740	017 Page 9
Га		Check if Schedule O contains a response o	r note to any line	e in this Part VIII	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue		Revenue excluded
nts otts	1 a	a Federated campaigns 1a			franci		
iz a		Membership dues 1b					
S, C		Fundraising events1c					
ii gi		d Related organizations 1d	400065				
ns,		Government grants (contributions) 1e	482065.			A	
흕	f	All other contributions, gifts, grants, and	47033.				
들됨		similar amounts not included above 1f	4/033.				
Contributions, Gifts, Grants and Other Similar Amounts	-	Noncash contributions included in lines 1a-1f		529098.	4		
Od	r	n Total. Add lines 1a-1f	Business Code	323030.			
_	2 =	LIBRARY FEES	900099	1419.	1419.	7	
Š	z t						
Program Service Revenue					4500	0	
am							
Pg	•	•					
٩	f	f All other program service revenue					
_	ç	g Total. Add lines 2a-2f		1419.			
	3	Investment income (including dividends, interes		E 0.1	F04		
		other similar amounts)		591.	591.		
	4	Income from investment of tax-exempt bond pro				-	
	5	Royalties	(ii) Personal	475			
	6 a		(II) I EISOIIAI				
		a Gross rents		THE SERVICE			SHOWS 5
		c Rental income or (loss) 6c		The second second	SHARE SECTIONS	duple works of the	a more broad or
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other	TOUR BE	Water for the gride	eret alpustament	
		assets other than inventory 7a				SHIP DOLLARS	one of the
	k	b Less: cost or other basis	A				
enne		and sales expenses	40 10	All the restriction	foliowist perfetty spiri	1942 Yelfs 2001 210 110 110 1	engo leri (80
še		c Gain or (loss) 7c		LEE No.	State County of Science		ICS OF ROLL
Other Rev		d Net gain or (loss)			E COUNTY FOR IN 18		CONTRACTOR OF THE PARTY OF THE
뀵	8 8	a Gross income from fundraising events (not including \$ of					
٥		contributions reported on line 1c). See	4	al-out of the last			d of operation
		Part IV, line 18 8a		N SEE SEE SEE		The state of the state of	control is relative
	ı	b Less: direct expenses 8b	7	n by Ann Blood of the B	ALEXANDER OF PROPERTY	Selection of the select	Introduction of
	1	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					
	١.	and allowances 10a b Less: cost of goods sold 10b					
		c Net income or (loss) from sales of inventory					
_		2 Her modifie of flossy from sales of five fitting	Business Code	RESIDENCE TO SERVICE			RC RC SORLING
sno	11 :	a					
Miscellaneous Revenue		b					
cell	۱ ،	с					
Mis	۱ ۱	d All other revenue		1315.	1315.		
		e Total. Add lines 11a-11d		1315.	A STATE OF THE REAL PROPERTY.	DU PENANTER	

0. Form **990** (2022)

0.

532423

Total revenue. See instructions

3325

Form 990 (2022) PALISADES FREE LIBRARY
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must compl				
	Check if Schedule O contains a respons		his Part IX	(O)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations			with the officers of the country	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			on and solven a series	Company of the Paris
3	Grants and other assistance to foreign			CONTRACTOR CANCELLO	
	organizations, foreign governments, and foreign			According to the second	
	individuals. See Part IV, lines 15 and 16				Carlotte and the
4	Benefits paid to or for members				the same of the sa
5	Compensation of current officers, directors,			450	
	trustees, and key employees	102472.	71730.	30742.	
6	Compensation not included above to disqualified			4.7	
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	189613.	132729.	56884.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)			A STATE OF THE STA	
9	Other employee benefits	37522.	26266.	11256.	
10	Payroll taxes	21761.	15233.	6528.	
11	Fees for services (nonemployees):		The second	7	
а	Management		Air Control		
b	Legal		AL		
c	Accounting				
d	Lobbying	A	400		
e	Professional fundraising services. See Part IV, line 17	- 4		20 A SERVICE - 20	
f	Investment management fees	10000	and the		
g	Other. (If line 11g amount exceeds 10% of line 25,	400			
Ð	column (A), amount, list line 11g expenses on Sch O.)	29247.	20473.	8774.	
12	Advertising and promotion				
13	Office expenses	1416.	991.	425.	
14	Information technology				
15	Royalties				
16	Occupancy	7			
17	Tuescal	St. 19			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	4			
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	26164.	26164.		
23	Insurance	9439.	6607.	2832.	
24	Other expenses. Itemize expenses not covered			supply the solite band of	National delication
1	above. (List miscellaneous expenses on line 24e. If		Send the state of the	tel book as a scar ser use	
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)		arms at the same of the	man the second	
а	LIBRARY MATERIALS	49266.	49266.		
b	REPAIRS & MAINTENANCE	27410.	19187.	8223.	
c	UTILITIES	8086.	5660.	2426.	
d	GTTD D.T. T.D.G.	7173.	5021.	2152.	
	All other expenses	7820.	5474.	2346.	
25	Total functional expenses. Add lines 1 through 24e	517389.	384801.	132588.	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 (2022)
Part X | Balance Sheet

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or no	te to any li	ne in this Part X		······	
					(A) Beginning of year	-1	(B) End of year
	1	Cash - non-interest-bearing			21015.	1	144580
	2	Savings and temporary cash investments			356988.	2	278416
	3	Pledges and grants receivable, net				3	
ļ	4	Accounts receivable, net			9413.	4	1712
	5	Loans and other receivables from any current o	r former of	fficer, director,		4300	
		trustee, key employee, creator or founder, subs	tantial cor	tributor, or 35%	Apparation	Sec.	
		controlled entity or family member of any of the	se person:	s		5	
	6	Loans and other receivables from other disqual	ified perso	ns (as defined	The second second	130	
		under section 4958(f)(1)), and persons describe	d in sectio	n 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net				7	,
Assets	8	Inventories for sale or use				8	
ž	9	Prepaid expenses and deferred charges			6452.	9	6862
	10 a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	872266.		F SEE	
i	b	Less: accumulated depreciation	10b	407591.	487223.	10c	464675
	11	Investments - publicly traded securities				11	
ŀ	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, line	11			13	
-	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
_	16	Total assets. Add lines 1 through 15 (must equ			881091.	16	896245
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of	Schedule D		21	
2	22	Loans and other payables to any current or form	ner officer	, director,		Ken	
		trustee, key employee, creator or founder, subs				T-MID	
Liabilities		controlled entity or family member of any of the				22	
-	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, page 1)					
		parties, and other liabilities not included on line	s 17-24) <b>.</b> (	Complete Part X			
						25	0
_	26	Total liabilities. Add lines 17 through 25			0.	26	0
s		Organizations that follow FASB ASC 958, ch	eck here	X			
<u> </u>	<b></b>	and complete lines 27, 28, 32, and 33.	7	1	857826.	PIN S	707027
<u>a</u>	27				23265.	27	797837
9	28	Net assets with donor restrictions			23203.	28	98408
ξļ		Organizations that do not follow FASB ASC s	958, checi	k here			
<u>-</u>	~~	and complete lines 29 through 33.		1			
န္ဌ	29	Capital stock or trust principal, or current funds				29	
ž	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			881091.	31	896245
ž	32	Total liabilities and not assets fund balances			881091.	32	896245
	33	Total liabilities and net assets/fund balances			001031.	33	Form <b>990</b> (202

### SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-1740017

PALISADES FREE LIBRARY

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (iv) Is the organization lister (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and					•	
	membership fees received. (Do not						
	include any "unusual grants.")	19775.	17760.	13196.	32307.	32591.	115629.
2	Tax revenues levied for the organ-						3
	ization's benefit and either paid to						
	or expended on its behalf	449681.	449729.	449558.	526408.	471364.	2346740.
3	The value of services or facilities					10	
	furnished by a governmental unit to					Constant of the last of the la	
	the organization without charge						
4	Total. Add lines 1 through 3	469456.	467489.	462754.	558715.	503955.	2462369.
5	The portion of total contributions				W2017 437	Action	
-	by each person (other than a						
	governmental unit or publicly	2000					
	supported organization) included				T GOAL		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	BELLEVILLE STATE OF THE SECOND				Hills Seather and - of	
		400000000000000000000000000000000000000				AREA TO THE PROPERTY AND	
6	Public support. Subtract line 5 from line 4.						2462369.
	ction B. Total Support						Z-E0Z303.
_	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	469456.	467489.	462754.	558715.	503955.	2462369.
	Gross income from interest,	407420.	40/407	402/34.	330713.	202223.	2402307.
0	,			A 400			
	dividends, payments received on		9				
	securities loans, rents, royalties,	6558.	3773.	5110.	44.	591.	16076.
^	and income from similar sources	0330.	3773.	2110.	44.	231.	10070.
9	Net income from unrelated business		10				
	activities, whether or not the		A h	<b>*</b>			
	business is regularly carried on		- O- // A	)			
10	Other income. Do not include gain	4	A TON				1
	or loss from the sale of capital	4501	2042	F70	1044	1 4 1 0	11206
	assets (Explain in Part VI.)	4521.	2942.	570.	1844.	1419.	11296.
11				State of the second			2489741.
12	Gross receipts from related activities,		, , , , , , , , , , , , , , , , , , , ,			12	
13	First 5 years. If the Form 990 is for th	accept at the	-40				
500	organization, check this box and stop	A STATE OF THE PARTY OF THE PAR	A CONTRACT TO CONT				
	ction C. Computation of Publi	Market Lines		-l (6)		44	98.90 %
	Public support percentage for 2022 (li					14	
	Public support percentage from 2021 33 1/3% support test - 2022. If the co						
IDS							[77]
	stop here. The organization qualifies		-		line 15 in 22 1 /20/		
C	33 1/3% support test - 2021. If the c						
	and stop here. The organization quali				40.40 40		
1/8	10% -facts-and-circumstances test						
	and if the organization meets the facts			•	*	-	
	meets the facts-and-circumstances te	-					
t	10% -facts-and-circumstances test						10% Of
	more, and if the organization meets th						[ <del>]</del>
4-	organization meets the facts-and-circu						H
18	Private foundation. If the organization	n aid not check a b	ox on line 13, 16a	i, 16b, 1/a, or 1/b	, cneck this box ar		(Form 990) 2022
						Scriedule A	(1 OTH 000) ZUZZ

20.1044.071 (1 07111 000) 202

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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					A	
	any activity that is related to the					WA .	
_	organization's tax-exempt purpose				-		
3	Gross receipts from activities that				- 4	THE REAL PROPERTY.	
	are not an unrelated trade or bus-					40	
	iness under section 513						
4	Tax revenues levied for the organ-				400		
	ization's benefit and either paid to						
	or expended on its behalf					W	
5	The value of services or facilities				E 19		
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				The state of the s		
b	Amounts included on lines 2 and 3 received	,					
	from other than disqualified persons that			ALC:			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			APPEN .			
,	Add lines 7a and 7b			-			
	Public support. (Subtract line 7c from line 6.)			TO THE SE			
	etion B. Total Support		A STATE OF THE PARTY OF THE PAR				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(b) 2013	(0) 2020	(4) 2021	(6) 2022	(i) rotal
	Gross income from interest,		11 10	·			
100	dividends, payments received on		~ / A	7			
	securities loans, rents, royalties,		A TON				
	and income from similar sources		AP AL				
t	Unrelated business taxable income	<u></u>					
	(less section 511 taxes) from businesses	-	A				
	acquired after June 30, 1975	-					
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,	- 6 9					
	whether or not the business is						
	regularly carried on						
12	Other income, Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)					la la se	
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizati	on,
	check this box and stop here						
Se	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (	line 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	e Percentage				
17	Investment income percentage for 20	022 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from	•	_ :			18	%
198	33 1/3% support tests - 2022. If the	organization did r				33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
ŀ	33 1/3% support tests - 2021. If the	•	- ,,			***************************************	and
-	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization					•	
	22 12.00 22	onoon u		,			A /Form 990\ 2022

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 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")? If "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.)

ſ		Yes	No
- 1	evelen		4
- 1	1		
ı		-	-
	Pittsycho	m111.55	1.
ı	2		
ı	N. SERVICE	32300	300
	•		
H	3a		
	3b		
ŀ	SD		(1)
	- WHO	W.250	1
- 1	3c		
	46	2367613	Marin .
	4a	CSC NEW ATTE	
H	44	10000	SOFT C
	North St	0.075	
	10.00	DOT!	
Į	4b		
ı	10	- 11-14-	
ı	120200	EAST.	
	1. 有类	01.137	
ı			
Ī	4c		
ı		District.	100
	3.18	33877	
ı	200 A	G. Artis	
		Securo	
	100 (302)(30)	10000000	
1	5a		
ı	AND SOLD		
Ì	5b		
	5c		
Ì	1-10-1751	12 12 11	
	100		
	12533		
I			
- 1	6		
ł	0	- press	Town
1	10257-00		
Į	Nive St	4	
	7		
J	100	100	4-13
1	0		
ŀ	8		
	101940	11821	
		House	
	9a		
Ī	(A) (B) (B)	5000	7 6
ļ	0'	(22.5)	
ļ	9b		
ı		2-1-60	
Ī	9c		
- 1	21/2/27	30.33	
	MARRIE	ST LE	
J	10a		
	rugas	(F) (A)	-
	10b		
_			

232024 12-09-22

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and	23/23		
	11c b	pelow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
c	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		1104	
	detail	in Part VI.	11c		Ĺ <u>.</u>
Sec	tion l	B, Type I Supporting Organizations		,	
		· A		Yes	No
1		ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		1004	
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,		200	
		tors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	A PORTE	93.9	
		nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	36.6	18.50	
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	to the same of the	20000000
2		he organization operate for the benefit of any supported organization other than the supported			
	-	nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	ARY DOS		
		VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	Trings.		
600		rvised, or controlled the supporting organization.	2		
Sec	uon	C. Type II Supporting Organizations		Ι.,	
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		ustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		PEKE	
		anagement of the supporting organization was vested in the same persons that controlled or managed	- A	STATE OF	No. 12-71
Sec	the si	upported organization(s). D. All Type III Supporting Organizations			
	C/OII	217th Type in Supporting Significations		Yes	No
1	Did #	he organization provide to each of its supported organizations, by the last day of the fifth month of the		163	140
•		nization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		LFE.	1 18
	-	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
		nization's governing documents in effect on the date of notification, to the extent not previously provided?	1		-
2	-	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		Edit	
_		nization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	relicited		
		organization maintained a close and continuous working relationship with the supported organization(s).	2		
3		eason of the relationship described on line 2, above, did the organization's supported organizations have a	T (N)	1979	
	_	ficant voice in the organization's investment policies and in directing the use of the organization's	LONG CO	ded.	1.0
	_	me or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	Little To	ein't	17.8
	gaus	ported organizations played in this regard.	3		
Sec	tion	E. Type III Functionally Integrated Supporting Organizations	70		
1	Chec	ck 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	structio		
2		rities Test. Answer lines 2a and 2b below.	r	Yes	No
а		substantially all of the organization's activities during the tax year directly further the exempt purposes of			
		supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined		and the	N.CO.CO.
ı.		these activities constituted substantially all of its activities.	2a	a de la composición dela composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composic	Politica
D		the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		White reasons for the organization's position that its supported organization(s) would have engaged in	2b	-	
3	a. 11	e activities but for the organization's involvement. ent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			l'an
a		the organization have the power to regularly appoint or elect a majority of the officers, directors, or	bushin	1000	
•		rees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		the organization exercise a substantial degree of direction over the policies, programs, and activities of each		2113	174
		s supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

232025 12-09-22

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organ	izations	IS I/IVOI/ Page
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 of			
Section 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		4	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6	Asses	
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	65-40	-
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			ot in a top when and such
instructions for short tax year or assets held for part of year):	7.5		
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b	9 657	
c Fair market value of other non-exempt-use assets	1c	A	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors		A SECOND	Especial constitution of the constitution of t
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0,035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		Buomes viels avec Pupetin relie	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	STATISTICS AND STATISTICS	
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3	Edward Safetynes on h	
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		an and the Particular and	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	integrate	ed Type III supporting orga	nization (see
instructions).			

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

d Excess from 2021 e Excess from 2022

232028 12-09-22

### **SCHEDULE D**

Department of the Treasury Internal Revenue Service

(Form 990)

**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

PALISADES FREE LIBRARY

Employer identification number 13-1740017

Par			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		
		(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)		<u> </u>
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v		
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	conferring
			Yes No
Par	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		
	Preservation of land for public use (for example, recreated		of a historically important land area
	Protection of natural habitat	Preservation o	of 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	Held at the End of the Tax Year
	day of the tax year.		
	Total number of conservation easements		i I
b	The state of the s		
C .	Number of conservation easements on a certified historic structure of conservation easements included in (c) acquired a		
d			2d
2	historic structure listed in the National Register  Number of conservation easements modified, transferred, rel		
3		eased, exanguished, of terminated by the	e organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		-
9	violations, and enforcement of the conservation easements it	to the same of the	
6	Staff and volunteer hours devoted to monitoring, inspecting,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	3,p	,	
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserv	ation easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	)(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial staten	nents that describes the
	organization's accounting for conservation easements.		
Pa	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for pul		<u> </u>
	service, provide in Part XIII the text of the footnote to its final		
þ	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		•
	(i) Revenue included on Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X  If the organization received or held works of art, historical tre	source, or other similar accepts for financia	
2	the following amounts required to be reported under FASB A		ai gain, provide
9	Revenue included on Form 990, Part VIII, line 1		\$
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2022

11350928 150189 0017

### Part VI | Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a, See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings		150000.	92304.	57696.
c Leasehold improvements		577413.	172929.	404484.
d Equipment		28610.	26115.	2495.
e Other		116243.	116243.	0.
<b>Total.</b> Add lines 1a through 1e. <i>(Column (d) must</i> equa	l Form 990. Part X. colum	nn (B), line 10c.)		464675.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 PALISADES FI	REE LIBRARY	13-1740017 Pa
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
1) Financial derivatives		
2) Closely held equity interests		
3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		4.11
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(-)	
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		/
(8)	- 49	
(9)		
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.		
Complete if the organization answered "Yes"	on Form 990 (Dait M line	11d See Form 990 Part Y line 15
	Description	(b) Book value
· ·	Description	(b) Book value
(1)		
(2)	<del></del>	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)	1	
(9)	45.)	
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e (5.)	
Complete if the organization answered "Yes"	on Form 000 Part IV line	11e or 11f See Form 990 Part Y line 25
(a) Description of liability	on i onli 990, Fait IV, IIIIe	(b) Book value
		(b) BOOK VAIGE
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		

(9)

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

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

	rt XI Reconciliation of Revenue per Audited Financ	nai otatomonto man novonao por .	10141111	
	Complete if the organization answered "Yes" on Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statem	nents	.   1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
¢	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line 2e from line 1		3	
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	Other (Describe in Part XIII.)	4b		
С				
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part	I. line 12.)	.   5	
Pal	rt XII Reconciliation of Expenses per Audited Finan		Return.	
	Complete if the organization answered "Yes" on Form 990, I			
1	Total expenses and losses per audited financial statements		.   1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	La I W		
a	***************************************	The state of the s	23.5	
b		1/12		
С.				
d	,		- 0	
e				
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	- 500	
a b			100	
	A 4.1%		4c	
-	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Pa	rt I lino 18 \		
	rt XIII Supplemental Information.	it i, iiie 10.)		
		The state of the s		
Provi	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines	s 1a and 4: Part IV. lines 1b and 2b: Part V. line	e 4: Part X. line 2: Part )	(1,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		e 4; Part X, line 2; Part )	(1,
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p		e 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part X	(1,
			ə 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	CI,
			e 4; Part X, line 2; Part )	CI,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	CI,
			e 4; Part X, line 2; Part )	CI,
			e 4; Part X, line 2; Part )	(1,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part )	CI,
			e 4; Part X, line 2; Part )	(I,
			e 4; Part X, line 2; Part X	CI,
			e 4; Part X, line 2; Part )	(I,

232054 09-01-22

### SCHEDULE O (Form 990)

## 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.

2022 Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

PALISADES FREE LIBRARY

Employer identification number 13-1740017

Form 990, Part I, Line 1, Description of Organization Mission:
CULTURAL LANDMARK. THE LIBRARY'S MISSION IS TO PROMOTE, SUPPORT AND
SUSTAIN THIS RELATIONSHIP THROUGH ITS WORK AS A PUBLIC RESOURCE FOR
EDUCATION, INFORMATION AND ENLIGHTENMENT.
Form 990, Part VI, Section B, line 11b:
Line 11b Explanation - FORM 990 IS MADE AVAILABLE TO ALL BOARD MEMBERS
PRIOR TO THE FILING OF THE 990.
Form 990, Part VI, Section B, Line 12c:
MONITORING TAKES PLACE AT BOARD MEETINGS
Form 990, Part VI, Section C, Line 19:
ALL DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.

# 2022 DEPRECIATION AND AMORTIZATION REPORT

Form 9	Form 990 Page 10				-		990							
Asset No.	Description	Date Acquired	Method	Life	0 c > S. C. S. S. C. S.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
-	Buildings	1000	02020000	1000	1000	a designation of			BELLIO (CENTRALIO		Secure State Co.			NO GOOD OF NO
F	BUILDING	05/01/96	SL	39.00	MM17	150000.				150000.	88458.		3846,	92304.
	* 990 Page 10 Total													
TO STATE OF THE PARTY OF THE PA	Buildings	Section of the board		A CONTRACTOR	100	150000.	The Control of the Co	of month school		150000.	88458.		3846,	92304,
	Furniture & Fixtures													
7	equi pment	07/01/04	200DB	5.00	HY17	4633.				4633.	4633,		0.	4633.
m	CARPETING	08/31/11	SI	10,00	HY17	11579.				11579.	11579.		0	11579,
4	LIGHTING	11/11/11	SL	10.00	HY17	31711.				31711.	31711.		0.	31711.
Ŋ	DESIGN FEES	07/31/11	SI	10,00	HY17	10647.	1			10647.	10647.		0,	10647.
9	COMPUTER WORKSTATION	12/28/12	200DB	5.00	HY17	2801.				2801.	2801.		0.	2801.
7	AIR CONDITIONER	06/12/12	200DB	7,00	HY17	3500.	1	6		3500.	3500.		0,	3500,
8	FURNITURE & CARPETS	09/01/13	200DB	7.00	HY17	28430.				28430.	28430.		9.	28430.
6)	TELEPHONE SYSTEM	06/18/13	2000B	7.00	HY17	6028.				6028.	6028.		Ö,	6028,
10	CEILLING SPEAKERS	05/15/13	200DB	7.00	HY17	6915.			A CANADA	6915.	6915.		0.	6915.
11	HEARING LOOP SYSTEM	09/10/13	200DB	7.00	HY17	5463.				5463.	5463.		0	5463.
12	LOOP LISTENER	12/14/13	200DB	7.00	HY17	1390.				1390.	1390.		0.	1390.
13	HYBRID DISC BUFFING UNIT	12/16/14	200DB	7.00	MQ17	1485.				1485.	1485,		0.	1485.
14		03/22/16	200DB	7.00	HY17	1661.				1661.	1438.		148.	1586.
	* 990 Page 10 Total Furniture & Fixtures					116243,		September 1		116243.	116020,	Tipo de la companya d	148,	116168,

(D) - Asset disposed

228111 04-01-22

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

# 2022 DEPRECIATION AND AMORTIZATION REPORT

The state of the s	Date Acquired Nacquired 05/15/15 05/15/16 04/01/16	Method   1 2000B 5 2000B 5 2000B 5 2000B 7 SL 5 5	Life %	Line No.	Unadjusted Cost Or Basis	Bus Sect % Ex	Section 179 F Expense	Reduction In Basis	Basis For Denreciation	Beginning Accumulated	Current Sec 179	Current Year	Ending
							1		T day	Depreciation	Expense	1000000	Accuminated Depreciation
				MQ17	1323.				1323.	1323.		0.	1323.
			7.00 N	MQ17	4003.	-			4003.	38-70.		133.	4003.
			5.00 B	HY17	1350,				1350.	1350.		0.	1350,
			5.00 H	HY17	3915.				3915.	3915.		0.	3915,
			7.00 H	HY17	7500.			(	7500.	6497.		670.	7167,
	12/05/17		5.00 E	HY17	1270.				1270.	1143.		127.	1270.
	12/18/17	SL 5	5,00 H	HY17	1977.				1977.	1778.		199.	1977,
	02/23/17	SI	2,00 B	HY17	970.		1		970.	873.		97.	970.
	12/31/19	ST	5,00 N	MQ17	2686.				2686.	1141.		537.	1678,
	06/30/22	SI	3.00 H	HY19A	3616.				3616.			603.	603.
			-		28610.				28610.	21890.		2366.	24256,
		d		Z									
_	07/01/10	Sr 1	10,00 H	HY17	4270.				4270.	4270.		0.	4270.
16 CARPENTRY FEES	01/31/12	200DB 7	7.00 H	HY17	22988.	1			22988.	22988.		0,	22988.
17 IMPROVEMENTS	09/05/12	200DB 7	7.00 H	HY17	18996.				18996.	18996,		0.	18996,
18 IMPROVEMENTS	09/01/13	SI 3	39.00	MM17	285361,	-		Service agreement	285361.	60673.		7317.	67990.
19 STAFF ROOM LIGHTING	02/06/14	SL 1	10.00 H	HY17	1450.			A No. of Spice B	1450.	1148.	THE PARTY OF	145.	1293.

# 2022 DEPRECIATION AND AMORTIZATION REPORT

Deciding   Particul   Marticul   Life   0   New Cost Of Bass   Each   Bassis for									*					
04/08/15 150DR 20.00 Mg17 34850. 13830. 13233. 1610. 146  10/08/15 150DR 20.00 Mg17 13972. 13850. 13233. 1610. 146  07/01/15 20DDR 10.00 Mg17 75666. 13972. 10652. 915. 111  12/21/19 SL 20.00 Mg17 76666. 29201. 2866. 1966. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940. 1940.		Date Acquired	Method			Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
10/10/15   150DB   10.00   MG  T   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13972,   13	0.00	04/08/15	150DB		MQ17	21029.				21029.	8473.		942.	9415.
07/11/12 20018 10.00 Hyl7 5790. 3556. 427. 447. 447. 13972. 10652. 3643. 111  12/31/19 SL 20.00 Hyl7 76866. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666. 3666.		10/08/15	150DB	20.00	MQ17	34590.			2) 2) 2) 8)	34590,	13233.		1610.	14843.
12/31/19   SLD   20.00   HYLT   200DB   10.00   HYLT   200DB   10.00   HYLT   20.00   HYLT   20.00   HYLT   20.00   HYLT   20101.   2804,   4605.   78866.   381427.   28144.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   4005.   19804.   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   1748   174	100000	07/01/15			Q	13972.				13972.	10652.		915.	11567.
12/31/19 SL 20.00 KQ17 76866. 76866. 8166. 3843. 122 80 4. 605. 7 7 8 8 6 6 5 9 101. 2804. 4605. 7 7 8 9 101. 2804. 4605. 7 7 8 9 101. 2804. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 174 9 101. 17	100 E	07/17/17	200DB	10.00	HY17	5790.				5790.	3656.		427.	4083.
06/30/21 SL   20.00   HX17   92101,   92101,   2804,   4605,   7   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   175   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174   174	0.0000000000000000000000000000000000000	12/31/19	- 1	20.00	MQ17	76866.			-	76866.	8166.		3843,	12009.
872266. 872266. 381427. 26164. 407 868650. 0. 868650. 381427. 26164. 407 3616. 0. 3616. 0. 0. 0. 0. 406 872266. 0. 381427. 464675.	5	06/30/21		20.00	HY17	92101,				92101.	2804.		4605,	7409.
872266. 381427. 26164, 407 868650. 0. 868650. 381427. 406 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0	T T T T T T T T T T T T T T T T T T T					577413.		4		577413.	155059.		19804.	174863.
868650. 0. 868650. 381427. 406 3616. 0. 3616. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	10			8179		872266.				872266.	381427.		26164.	407591.
868650, 868650, 381427. 406 3616, 0, 3616, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,							11	4	ia mi ani a auth	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1 / Si		
3616. 0. 3616. 0. 0. 0. 0. 0. 0. 0. 0. 0. 872266. 381427. 407591.					4	868650.			0.	868650.	381427.			406988.
0. 0. 0. 0. 40759 872266. 381427. 407591. 464675.				1		3616.			0.	3616.	0.			603.
0, 872266, 381427, 407591, 407591, 464675,	Dispositions/Retired		U	4	Z	.0			.0	0.	0			.0
464675.			1	-		872266.			°o	872266.	381427.		Y 84	407591.
464675.						- CONTRACTOR		200			407591.			
	neg i				0.91		raln:		usical eti cos acelesi etiesi		464675.			
	1000			0.25		NAME OF THE PARTY		100	only contract aven					

(D) - Asset disposed

* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

## **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

990

Business or activity to which this form relates

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service Name(s) shown on return

Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

PALI	SADES FREE LIBRARY	Z.		Fori	n 990	Pag	je 10			13-1740017
Part	Election To Expense Certain Prope	rty Under Secti <b>on</b> 179	Note: If you	u have any list	ed propert	ty, cor	nplete Part	V befor	e you	complete Part I.
1 Ma	ximum amount (see instructions)								1	1080000.
2 Tot	al cost of section 179 property plac	ed in service (see in	structions)					2	2	
3 Thr	reshold cost of section 179 property	before reduction in	limitation						3	2700000.
4 Red	duction in limitation. Subtract line 3	from line 2. If zero o	r less, enter	· -0-				. 4	4	
	ar limitation for tax year. Subtract line 4 from line							111110	5	
6	(a) Description of pr			(b) Cost (busine			(c) Elected	- Till		
								-	70	
							46.			
							1		8	
7 1 is	ted property. Enter the amount from	line 29			7	1	The same	-		
	tal elected cost of section 179 prope						- 10		8	
	ntative deduction. Enter the smaller	· · · · · · · · · · · · · · · · · · ·				The second second			9	
	rryover of disallowed deduction fron						State of the last		10	
	siness income limitation. Enter the s				400	-			11	
	ction 179 expense deduction. Add li								12	
	rryover of disallowed deduction to 2				13	-400			-	
	Don't use Part II or Part III below for									
Part				Colonia Colonia	listed pro	perty.	)			
(ABROUGHACKER)	ecial depreciation allowance for qua									
	· · · · · · · · · · · · · · · · · · ·			V 4 4	4000				14	
	tax year								15	
	operty subject to section 168(f)(1) ele		.00							
Part	her depreciation (including ACRS)	Linglanda liated pror	400						16	
rait	III MACRS Depreciation (Don't	Include listed prop		ction A						
				7					17	25561.
	ACRS deductions for assets placed	-	The second secon	AND THE RESERVE OF THE PERSON NAMED IN COLUMN TO SERVE OF					17	25501.
18 If ye	ou are electing to group any assets placed in ser	s Placed in Service					al Depresis	ation S	etem	
	Section B - Assets	(b) Month and		depreciation			ai Deprecie	T	/Stelli	
	(a) Classification of property	year placed in service	(business/in	ivestment use instructions)	(d) Recov period	/ery 1	(e) Convention	(f) Meth	hod	(g) Depreciation deduction
19a	3-year property			3616.	3 Yr	s.	HY	SL		603.
b	5-year property									
С	7-year property	F ALES	*							
d	10-year property									
e	15-year property	WA.								
f	20-year property			70						
g	25-year property				25 yr:	s.		S/L	_	
		/			27.5 y	rs.	ММ	S/L		
h	Residential rental property	/			27.5 y		ММ	S/L		
3		,			39 yr		ММ	S/l		
i	Nonresidential real property	7			7.		MM	S/I		
	Section C - Assets	Placed in Service	During 2022	2 Tax Year Us	ing the Al	ternat	tive Depred	iation	Syste	m
20a	Class life	STATE OF THE STATE OF	<del></del>					S/l	ĽΤ	
b	12-year				12 yr	s.		S/I		
	30-year	,			30 yr		ММ	S/l		
d	40-year	,			40 yr		MM	S/I	$\dashv$	
Part		,			· · · · · · · · · · · · · · · · · · ·					
	sted property. Enter amount from lin								21	
	otal. Add amounts from line 12, lines		as 19 and 20	) in column (a)	and line	21		····		
	nter here and on the appropriate line	=		·=·					22	26164.
23 F	or assets shown above and placed in	n service during the	current yea	r, enter the	Ī					
po	ortion of the basis attributable to sec	tion 263A costs			2	3		-		Server British and April 19

PALISADES FREE LIBRARY 13-1740017 Page 2 Form 4562 (2022) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? Yes No No Yes (b) (c) (e) (i) (g) (a) Type of property (list vehicles first) Date Business/ Basis for depreciation Elected Cost or Recovery Method/ Depreciation placed in investment (business/investment section 179 other basis Convention deduction period service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % 27 Property used 50% or less in a qualified business use: % S/L % S/L -

### Section B - Information on Use of Vehicles

28

29

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1

30 Total business/investment miles driven during the	(a Veh	a) nicle		o) nicle	(e Veh		(e Veh		<b>(</b> € Veh	e) nicle	(1 Veh	f) nicle
year (don't include commuting miles)  31 Total commuting miles driven during the year  32 Total other personal (noncommuting) miles driven			4									
33 Total miles driven during the year.  Add lines 30 through 32			1	6								
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?			4									
36 Is another vehicle available for personal use?												

### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

J,	bo you maintain a written policy statement that promibits all personal use of venicles, including commuting, by your	Yes	No
	employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?	L I	
41	Do you meet the requirements concerning qualified automobile demonstration use?		
_	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.		

Part VI	Amortization

(a) Description of costs	(b) Date amortization begins	(C) Amortizable amount	(d) Code section	(e) Amortiza period or per		<b>(f)</b> Amortization for this year
2 Amortization of costs that begins during your	2022 tax year:					
	1 1					
	3 3					
3 Amortization of costs that began before your.	2022 tax year				43	
14 Total. Add amounts in column (f). See the ins	tructions for whe	re to report			44	-

216252 12-08-22

Form **4562** (2022)

## **Filing Instructions**

Prepared for:	Prepared by:
19 CLOSTER ROAD	MARK KOTLAROFF CPA PC 18 LAUREL ROAD NEW CITY, NY 10956

2022 FORM 990

Electronic Filing:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

200061 04-01-22 September 28, 2023

PALISADES FREE LIBRARY 19 CLOSTER ROAD PALISADES, NY 10964

### PALISADES FREE LIBRARY:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Very truly yours,

MARK KOTLAROFF CPA

For cale

### IRS e-file Signature Authorization for a Tax Exempt Entity

ndar year 2022, or fiscal year beginning	. 2022, and ending

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer **EIN or SSN** PALISADES FREE LIBRARY 13-1740017 Name and title of officer or person subject to tax MARIA GAGLIARDI Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. Form 990 check here ..... 1a 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b За Form 1120-POL check here b Total tax (Form 1120-POL, line 22) _______ 3b b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 4a Form 990-PF check here Form 8868 check here ..... 5a b Balance due (Form 8868, line 3c) Form 990-T check here ..... b Total tax (Form 990-T, Part III, line 4) 6b 6a Form 4720 check here 7a Form 5227 check here ..... 8a b FMV of assets at end of tax year (Form 5227, Item D) 9a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9b Form 8038-CP check here 10a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN)_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X Lauthorize MARK KOTLAROFF CPA PC 10964 to enter my PIN ERO firm name Enter five numbers, but as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Part III Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 26221910989 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature 09/28/23

Do Not Submit This Form to the IRS Unless Requested To Do So LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

**ERO Must Retain This Form - See Instructions** 

Form 8879-TE (2022)