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)

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

and ending

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

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

A For the 2021 calendar year, or tax year beginning D Employer identification number Check if applicable C Name of organization Address change PALISADES FREE LIBRARY Name change 13-1740017 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number (845) 359-0136 Final 19 CLOSTER ROAD termin-ated 560603. G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended H(a) Is this a group return PALISADES, NY 10964 for subordinates? Yes X No F Name and address of principal officer: pending H(b) Are all subordinates included? Yes No f "No," attach a list. See instructions I Tax-exempt status: X 501(c)(3) 4947(a)(1) or 501(c) () (insert no.) J Website: ▶ info@palisadesfreelibrary.org H(c) Group exemption number L Year of formation: 1947 M State of legal domicile: NY K Form of organization: X Corporation Part I Summary Briefly describe the organization's mission or most significant activities: THE PALISADES LIBRARY ENJOYS A Governance UNIQUE RELATIONSHIP WITH THE HAMLET OF PALISADES AS A VIBRANT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 9 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 14 5 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 2 6 6 Total number of volunteers (estimate if necessary) 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year** 558715. 462754. Contributions and grants (Part VIII, line 1h) 570. 1844. 9 Program service revenue (Part VIII, line 2g) 5110 44. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 468434. 560603. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). O. 0.

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 467849. 501897. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 585. 58706. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 200 891773. 881091 20 Total assets (Part X, line 16) 69387. 21 Total liabilities (Part X, line 26) 881091 822386. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign MARIA GAGLIARDI, Executive Director Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 11/14 ₽00765790 MARK KOTLAROFF CPA MARK KOTLAROFF CPA self-employed Paid Firm's name MARK KOTLAROFF CPA PC Firm's EIN > 27-1807953 Preparer Firm's address ▶ 18 LAUREL ROAD Use Only Phone no. 845-709-8860 NEW CITY, NY 10956 Yes May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions. 132001 12-09-21

14 Benefits paid to or for members (Part IX, column (A), line 4)

b Total fundraising expenses (Part IX, column (D), line 25)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

Form 990 (2021)

332646.

169251.

320969.

146880.

0.

Form 990 (2021) PALISADES FREE LIBRARY

Part IV Checklist of Required Schedules

			Yes	<u>No</u>
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	37
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	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			v
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I	<u> </u>		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		<u> </u>	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		Х
_	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	٦		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		х
10	If "Yes," complete Schedule D, Part IV			
10	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, 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
С	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		X
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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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			٠,,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401		- v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b 13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a		 -
b	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			
10	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		İ	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	 	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			,,
	complete Schedule G, Part III	19	 	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	-	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	04		x
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Eorn	990	(2021)
10000	2 10 00 21	. 0.11	,	(

Form 990 (2021) PALISADES FREE LIBRARY

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

	•	r c	a sequential sec	Yes	MO
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1.4			
	med for the calcindar year chang with or within the year coversally the continues.	ta 14	15027000000000	v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	TOURS AND
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		0-		X
	2.2		3a 3b		21
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	a crity over a	30		
а	At any time during the calendar year, did the organization have an interest in, or a signature or other auti	onty over, a	4a		X
	financial account in a foreign country (such as a bank account, securities account, or other financial acc	ount)?	-ra		
	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	vunte (FRAR)			
		Junes (i BA)	5a		X
	was the organization a party to a prombled tax sheller transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the o	rganization solicit	"		
а	any contributions that were not tax deductible as charitable contributions?	, garyina (ilan sanan	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribution	s or aifts			
D	were not tax deductible?		6b		
,	Organizations that may receive deductible contributions under section 170(c).	27			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service	es 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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was i	equired			
•	to file Form 8282?		7с		X
d		7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit cont	ract?	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 organizatio	n file a Form 1098-C?	7h		*************
:	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	the			
	sponsoring organization have excess business holdings at any time during the year?		88		(Jaconthaut C
•	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b			9b	- statement arrange	reamonomate
)	Section 501(c)(7) organizations. Enter:	1			
а	Initiation roce and capital contribution molecules and an initiation roce and capital contribution molecules and initiation roce and capital contribution of the contr	0a	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	0b			
ı	Section 501(c)(12) organizations. Enter:	ı			
а	Choos moonic from monitoric or characteristics	1a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	1b			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10)41? I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b	-		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		40		
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	ا ماما			
	organization is need to issue quantities means plane	3b	1		
С	Little tille amount of reserves of hard	3c	140		X
la	Dia tito digamentation returns and project		14a 14b	1	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		140	+	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerate		15		х
	excess parachute payment(s) during the year?				
_	If "Yes," see the instructions and file Form 4720, Schedule N.	ncome?	16		x
3	Is the organization an educational institution subject to the section 4968 excise tax on net investment in		10		1
_	If "Yes," complete Form 4720, Schedule O.	nV			
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in an		17		
	don'thoo that would room in the imperior				
	If "Yes," complete Form 6069.				(2021

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

X Check this box if neither the organization no	or any related o	oraa	nizai	tion	com	npen	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			(0	C)			(D) <	// (E)	(F)
Name and title	Average	/		Posi	ition	than c		Reportable	Reportable	Estimated
	hours per	box	unles	s per	son i	s both	an	compensation	compensation	amount of
	week	_	cer an	dad	recto	r/trust	ee)	from the	from related organizations	other compensation
	(list any hours for	lirecto				_		organization	(W-2/1099-MISC/	from the
	related	16 OF C	stee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	ndividual trustee or director	Institutional trustee)yee	Highest compensated employee		(1099-NEC)	·	and related
	below	idual	tution	.e.	Key employee	est co loyee	ner			organizations
	line)	Indiv	Insti	Officer	Ke	High	Former			
(1) MARJORIE GALEN	1.00					k		_		0
President		X			_	A	K,	0.	0.	0.
(2) KATHRYN SHATTUCK	1.00				. 4					0
Trustee		X			1000	100h	Ì	0.	0.	0.
(3) CHRISTOPHER KEYWORK	1.00				-46					0
Treasurer		X	4					0.	0.	0.
(4) JEN CITROLO	1.00			1						0
Secretary		X	1	A.	1	P		0.	0.	0.
(5) PAUL RICCOBONO	1.00		M	7		1			0.	0.
Trustee	1 00	X			W.	<u> </u>	_	0.	0.	<u> </u>
(6) SARAH BUTERBAUGH	1.00		Da. 1	V	ĺ	1		0.	0.	0.
Trustee	1 00	X		De	L	 -	<u> </u>	0.	0.	<u> </u>
(7) MARGARET COOK	1.00	-4	>					0.	0.	0.
Vice President	1 00	X	ľ			├	-	0.	0.	<u>.</u>
(8) SUZANNA FROSCH	1.00	x						0.	0.	0.
Trustee (9) JOHN GUZEWICH	1.00			_	\vdash	 				
Trustee	1.00	х						0.	0.	0.
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Form **990** (2021)

Part VIII Statement of Reven	ue

		Check if Schedule O contains a response or n	ote to any line	in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
र र	1 a	a Federated campaigns 1a					
an		b Membership dues 1b					
2 8		c Fundraising events 1c					
ifts If A		d Related organizations 1d					
9,'B		e Government grants (contributions) 1e 5	528094.			,	
ë isi		f All other contributions, gifts, grants, and				A	
ber		similar amounts not included above 1f	30621.			V_{λ}	
Ē	(g Noncash contributions included in lines 1a-1f	558715.		4		
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f		558715 .		, ,	
		В	usiness Code			8	
ا بو	2 :	a LIBRARY FEES	900099	1844.	1844.	9	
Program Service Revenue	1	b				b.	
SAT		С				(7)	
exe		d					
Pg	.6	e					
4	1	f All other program service revenue	523930	A			
		g Total. Add lines 2a-2f		1844.		and the second second	
	3		. 1		<i>M</i> 44		
		other similar amounts)		44.	44.		
	4	•					
	5			/			
			(ii) Personal				
	6						
		b Less: rental expenses 6b		<u> </u>			
ļ		c Rental income or (loss) 6c					
		d Net rental income or (loss)	(ii) Other				
1	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a		M'			
		b Less: cost or other basis					
ğ		and sales expenses			100000000000000000000000000000000000000		
e e		c Gain or (loss) 7c					The state of the s
Other Revenue		d Net gain or (loss) a Gross income from fundraising events (not					
the state	8	including \$ of					
٥		contributions reported on line 1c). See	~7				
		Part IV, line 18					
		b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
		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					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory	>	The product of the least of the company of the comp	20000000000000000000000000000000000000		
,,		<u> B</u>	lusiness Code				
Miscellaneous Revenue	11	а					
ane		b					
scellaneor Revenue		С				<u> </u>	
Misc		d All other revenue					
		e Total. Add lines 11a-11d	_	ECOCOS	1888.	0.	0.
	12		<u></u>	560603.	1 1000.	<u> </u>	Form 990 (2021)
13200	9 12-	2-09-21		_			FOITH 330 (2021)

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			99566.	1	21015.
	2	Savings and temporary cash investments			330176.	2	356988.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	9413.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the			,	<u>\</u> 5	
	6	Loans and other receivables from other disquali				, .	
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	286
v	7	Notes and loans receivable, net			,4880x	7 🔻	<u>></u>
Assets	8	Inventories for sale or use			173	8	
As	9	Prepaid expenses and deferred charges			41780.	9	6452.
		Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	868650.	70 No. 1		
	Ь	Less: accumulated depreciation	10b	381427.	420251.	10c	487223.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	11		7 A	13	
	14	Intangible assets	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14			
	15	Other assets. See Part IV, line 11		,		15	
	16	Total assets. Add lines 1 through 15 (must equ			891773.	16	881091.
	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				21	
Ś	22	Loans and other payables to any current or form					
ij		trustee, key employee, creator or founder, subs			_		
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). Complete Part X	60207		
				<u>,/</u>	69387.	25	0.
	26	Total liabilities. Add lines 17 through 25		7 77	69387.	26	U.
		Organizations that follow FASB ASC 958, ch	eck he	re 🕨 🔼			
ces		and complete lines 27, 28, 32, and 33.	7		803645.		857826
lan	27	Net assets without donor restrictions			18741.	27	23265
Ba	28	Net assets with donor restrictions			10/41.	28	23203
pun		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
Ē		and complete lines 29 through 33.				00	
ts o	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			822386.	31	881091
Š	32	Total net assets or fund balances			891773.	33	881091
	33	Total liabilities and net assets/fund balances			091113.	1 33	Form 990 (202

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization PALISADES FREE LIBRARY Employer identification number 13-1740017

Part I	Part Reason for Public Charity Status. (All organizations must complete this part.) See instructions.										
The organ	ne organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)										
1	A church, convention of chu)(A)(i).					
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
з 🖂	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,										
· .	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
3 <u> </u>											
• 🗀	section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
6 <u> </u>	A rederal, state, or local gov An organization that normal						oublic described in				
7 [X]	_		itiai part of its support if	om a gove	mmemar c	ant of none are general p	Jubilo described in				
	section 170(b)(1)(A)(vi). (Co		dVAV-1 (Commisto Dor	+ II \	1						
8	A community trust describe				d in conit	notion with a land grant	college				
9	An agricultural research org	anization described	in section 1/0(b)(1)(A)(x) operate	a in conju	niction with a land-grant	college				
	or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the r	name, city,	and state of the college	O				
	university:				(() () () () () () () () () (d avec a veccinta from				
10	An organization that normal	lly receives (1) more t	than 33 1/3% of its supp	ort from co	ontribution	s, membership rees, and	gross receipts from				
	activities related to its exem	npt functions, subject	t to certain exceptions;	and (2) no r	nore than	33 1/3% of its support fi	om gross investment				
	income and unrelated busin		(less section 511 tax) fro	m busines	ses acquir	ed by the organization a	πer June 30, 1975.				
_	See section 509(a)(2). (Cor										
11	An organization organized a	and operated exclusi	vely to test for public sa	fety. See s	section 50	19(a)(4).					
12	An organization organized a										
	more publicly supported org						Check the box on				
	lines 12a through 12d that	describes the type of	supporting organization	and comp	olete lines	12e, 12f, and 12g.					
a 🗌	Type I. A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving				
	the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of the su	ıpporting				
	organization. You must o										
b [Type II. A supporting org	anization supervised	or controlled in connect	tion with its	s supporte	d organization(s), by hav	ring				
	control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manage the supp	oorted				
	organization(s). You mus										
c [Type III functionally inte	grated. A supporting	g organization operated	in connect	ion with, a	nd functionally integrate	ed with,				
	its supported organization	C20050000	N 1900/								
d [Type III non-functionally						zation(s)				
	that is not functionally int										
	requirement (see instruct										
е [Check this box if the orga										
e	functionally integrated, or					31 7 31 7 7 7					
f En	ter the number of supported of		iany intogration curpositi								
	ovide the following information	-									
g Pro	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nnization listed	(v) Amount of monetary	(vi) Amount of other				
	organization	1	(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)				
			above (see instructions))	 							
				1							
				1							
		 CONTRACTOR OF THE PROPERTY OF THE		× ■ -001720002+65200303475956	 	1	1				

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

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

Section A. Public Supp	ort						
Calendar year (or fiscal year beg	inning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contribution							
membership fees receive							
include any "unusual gra	nts.")						
2 Gross receipts from adm							
merchandise sold or serv							
formed, or facilities furnis						\triangle	
any activity that is related organization's tax-exemp						\ \ \	
3 Gross receipts from activ						\	
are not an unrelated trad					AC.		
iness under section 513	0 01 505					A V	
						7	
4 Tax revenues levied for the	-					7	
ization's benefit and eithe							
or expended on its behal					17	W	
5 The value of services or f							
furnished by a governme				200	. \ >//		
the organization without				690			
6 Total. Add lines 1 throug				- 64	()		
7a Amounts included on line				()			
3 received from disqualif	•				7		
b Amounts included on lines 2 and from other than disqualified perso							
exceed the greater of \$5,000 or 19							
amount on line 13 for the year							
c Add lines 7a and 7b		**************************************	A.				
8 Public support. (Subtract line				<u> </u>			
Section B. Total Suppo	ort		()	<u> </u>	Т	1	
Calendar year (or fiscal year beg	jinning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6				>			
10a Gross income from intere	est,			>			
dividends, payments rec securities loans, rents, ro	eiveu on valties						
and income from similar		*					
b Unrelated business taxable i	income						
(less section 511 taxes) from	m businesses						
acquired after June 30, 1975	5		S. A.I				
c Add lines 10a and 10b		127	< /				
11 Net income from unrelate	ed business	[7]	*				
activities not included or							
whether or not the busin regularly carried on	E22 12						
12 Other income. Do not inc							
or loss from the sale of c				1			
assets (Explain in Part VI 13 Total support. (Add lines 9, 10							
14 First 5 years. If the Form		ne organization's fi	rst. second. third.	fourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on,
check this box and stop							
Section C. Computation	n of Publi	c Support Per	centage				
15 Public support percentage				column (fl)		15	%
16 Public support percentage	-					16	%
Section D. Computation	on of Inves	stment Income	Percentage				
				ne 13 column (f))		17	%
17 Investment income percent18 Investment income percent						18	%
19a 33 1/3% support tests -	. 2021 If the	organization did r	not check the box	on line 14 and line	e 15 is more than 3		
more than 33 1/3%, chec	ok this boy s	organization did i	organization gual	fice se a nublich e	unported organiza	tion	N 1
b 33 1/3% support tests -							
line 18 is not more than	-∠U∠U. IT the	organization did r	ton have The area	nization qualifies	as a nublicly curre	orted organization	▶□
line 18 is not more than 20 Private foundation. If the	oo 1/3%, che	or this box and st	hov on line 1/1 10	a or 19h chack th	is hay and see ins	tructions	
20 Private foundation. If tr	ie organizatio	ni dia noi check a	DON OF HITE 14, 13	a, or rob, orieon ti	no box and doo me		(Form 990) 2021

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Pai	t IV Supporting Organizations (continued)			
- management			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	100000000000000000000000000000000000000	Turnobus autoritoria
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	A		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	10000000	1040 T 100
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
<u> </u>	tion 6. Type if Supporting Organizations		Yes	No
_	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		163	140
1	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed	1	Section Control	20022000000
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	-	V	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either, (i), appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	1215E2131300	NAMES OF THE PARTY.
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			500
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		<u> </u>
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	.,.		
a	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. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see it	netruction	ie)	
Ċ	Activities Test. Answer lines 2a and 2b below.	istruction	Yes	No
2	The second secon			
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1000
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b	CELEBOOK SON	0.0000000000000000000000000000000000000
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а		_		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	C.		1 (4 m) (4 m)
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	L

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Par	Type III Non-Functionally Integrated 509(nizations (continu	red)	
iner State of the Control of the Con	And references to the second s	.50)	Current Year		
	on D - Distributions Amounts paid to supported organizations to accomplish exer	1	Our one roar		
	Amounts paid to supported organizations to accomplish exert Amounts paid to perform activity that directly furthers exemp		<u> </u>		
	organizations, in excess of income from activity	c parposos or supported		2	
	Administrative expenses paid to accomplish exempt purpose	s of supported organizations		3	
	Amounts paid to acquire exempt-use assets			4	
	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	TOTAL COLUMN III		6	
	Total annual distributions. Add lines 1 through 6.			7	
	Distributions to attentive supported organizations to which the	e organization is responsive			
Ū	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6		//	9	
	Line 8 amount divided by line 9 amount		ATT 100	10	
	Ellio Garrioux arraga s, me carrioux	(i)	(ii)/¬¬		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	าร	Distributable
			Pre-2021		Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		2 P)	
	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016	42	<u> </u>		
b	From 2017				
С	From 2018		AW .	1000	
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years	6		A AMERICA DITECT	
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)	/			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$	And the same of th			
a	Applied to underdistributions of prior years			NO POLICE DE LA COLORE	
	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if	\diamond			
	any. Subtract lines 3g and 4a from line 2. For result greater	10000			
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
е_	Excess from 2021			europa (Sept. 18)	

Schedule A (Form 990) 2021

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization PALISADES FREE LIBRARY Employer identification number 13-1740017

Par	Organizations Maintaining Donor Advised	d Funds or Other Similar Funds o	Accounts. Complete if the
AAAA 3540 0 4	organization answered "Yes" on Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		V.A
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised	funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor o		
			Yes No
Par	- 1 · · · · · · · · · · · · · · · · · ·		rt IV, line 7.
1	Purpose(s) of conservation easements held by the organization	encis?	
•	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form of	a conservation easement on the last
~	day of the tax year.		Held at the End of the Tax Year
_			2a
a h		Æ	64
b	Number of conservation easements on a certified historic stru	A CONTRACTOR OF THE CONTRACTOR	
r C	Number of conservation easements included in (c) acquired a	The state of the s	I I
d	listed in the National Register		
2	Number of conservation easements modified, transferred, rel	eased extinguished or terminated by the o	
3	year	casca, camigaranea, or terminated by the s	gameaton damig and tan
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per		
3	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
U	Start and volunteer floure develor to morntoning, inspecting,		,
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	n 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)
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footr		
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Othe	er Similar Assets.
Exa-mone	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		balance sheet works
	of art, historical treasures, or other similar assets held for put		
	service, provide in Part XIII the text of the footnote to its finar		
h	If the organization elected, as permitted under FASB ASC 95		lance sheet works of
~	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,,,	,
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
	••		h 4
0	If the organization received or held works of art, historical tre	asures, or other similar assets for financial o	nain, provide
2	the following amounts required to be reported under FASB A		ionical for a comme
_	Revenue included on Form 990, Part VIII, line 1		> \$
a h	Assets included in Form 990, Part VIII, line 1		
	For Paperwork Reduction Act Notice, see the Instruction		Schedule D (Form 990) 2021

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

132051 10-28-21

Schedule D (Form 990) 2021 PALISADES FI	REE LIBRARY	13	-1740017 Page 3
Part VII Investments - Other Securities.	F 000 Part IV line	11h See Form 000 Bort V line 12	
Complete if the organization answered "Yes" of		(c) Method of valuation: Cost or end	Lof year market value
(a) Description of security or category (including name of security)	(b) Book value	(c) Metriod of Valuation. Cost of end	roryear market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G) (H)			>
		and the second second second second	and the second of the second of the
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" or the state of the sta	on Form 990. Part IV. line	11c. See Form 990, Part X, line 13.	en de la companya de
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)	,	Programming Transport	
(2) (3)			
(4)			
(5)			
(6)			
(7)	A	()	
(8)	A		
(9)	///		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	A.		
Part IX Other Assets.		*	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description	in the state of	(b) Book value
(1)	17 x 33		
(2)	<u> </u>		
(3)			
(4)			
(5)			
(6)			
(7)	<u> </u>		
(8)			
(9)	<u>\</u>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	>	
Part X Other Liabilities.	,	44. 0 E 000 D LV live 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)	÷		
(7)			
(8)			
(9)	0.5.\		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide	\$ 25.)	the organization's financial statements t	hat reports the
2. Liability for uncertain tax positions. In Part XIII, provide	TACE ACC 740 Charle	ore if the text of the feetnets has been pr	ovided in Part XIII
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere ii ure text or the roothote has been pr	OVIGEO IIII ait AIII

Schedule D (Form 990) 2021

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.

OMB No. 1545-0047 Inspection

Department of the Treasury

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.
INDUCTION, INTOICEMENT THE EMPLOYEE TO THE PROPERTY OF THE PRO
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.

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

Schedule O (Form 990) 2021

Filing Instructions

9	it dottons
Prepared for:	Prepared by:
PALISADES FREE LIBRARY	MARK KOTLAROFF CPA PC
19 CLOSTER ROAD PALISADES, NY 10964	18 LAUREL ROAD NEW CITY, NY 10956
PALISADES, NY 10964	NEW CIII, NI 10950
2021 FORM 990	
Electronic Filing:	
it transmitted electronically to the	electronic filing. If you wish to have ne IRS, please sign, date, and return l1 then submit the electronic return to of the return to the IRS.

Eorm 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

101 4	rux Exompt Entity	,	
r 2021, or fiscal year beginning	, 2021, and ending	, 20	200

For calendar vea Do not send to the IRS. Keep for your records. Department of the Treasury ► Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer 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 b Total revenue, if any (Form 990, Part VIII, column (A), line 12) _____ 1b _ Form 990 check here 1a b Total revenue, if any (Form 990-EZ, line 9) 2b Form 990-EZ check here 2a Form 1120-POL check here b Total tax (Form 1120-POL, line 22) За b Tax based on investment income (Form 990-PF, Part V, line 5) 4b Form 990-PF check here ... > 4a Form 8868 check here b Balance due (Form 8868, line 3c) 5b Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 6a 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) Form 5227 check here 8a Form 5330 check here > b Tax due (Form 5330, Part II, line 19) 9b 9a b Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Form 8038-CP check here Declaration and Signature Authorization of Officer or Person Subject to Tax Part II 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 , (EIN) 13-1740017 and that I have examined a copy of the of entity) <u>Palisados Free Library</u> 2021 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 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 10964 X Lauthorize MARK KOTLAROFF CPA PC to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2021 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 2021 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 pay PIN on the return's disclosure consent screen. **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification 26221910989 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2021 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. Date > 11/14/22ERO's signature 🕨

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 (2021)

OMB No. 1545-0047