2020
60
<u> </u>
SCANNED
Z
S
Ø

BAA For Paperwork Reduction Act Notice, see instructions.

2939306007743 **Exempt Organization Business Income Tax R** Form **990-T** (and proxy tax under section 6033(e)) 2018 For calendar year 2018 or other tax year beginning 7/01 ____, 2018, and ending _ 6/30 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service Open to Public Inspection for 501(c)(3) Organizations Only ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Check box if Check box if name changed and see instructions) Employer identification number (Employees' trust, see instructions) address changed THE NYACK LIBRARY Print Exempt under section 59 S. BROADWAY 13-1867418 [⊠]501(c)**()**3) Type NYACK, NY 10960 Unrelated business activity code (See instructions) 408(e) 220(e) 408A 530(a) 529(a) 531110 Book value of all assets Group exemption number (See instructions)▶ G Check organization type X 501(c) corporation 501(c) trust 401(a) trust Other trust 11,985,852 Enter the number of the organization's unrelated trades or businesses Describe the only (or first) unrelated trade or business here ► RENTAL PROPERTIES WITH DEBT If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If 'Yes,' enter the name and identifying number of the parent corporation The books are in care of ▶ Telephone number► 845-358-3370 SHARON ALFANO **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales c Balance b Less returns and allowances 1 c 2 Cost of goods sold (Schedule A, line 7) 2 3 3 Gross profit Subtract line 2 from line 1c 4 a Capital gain net income (attach Schedule D) 4a 197,838. 197,838. 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 49,459. 49,459. c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation 5 (attach statement) Rent income (Schedule C) 6 Unrelated debt-financed income (Schedule E) 7 90,784 121,958 -31,1748 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 12 Other income (See instructions, attach schedule) 12 13 13 Total. Combine lines 3 through 12 338,081 216,123 Part II **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 RECEIVED 15 Salaries and wages 16 Repairs and maintenance 16 Ó FEB 1 8 2020 17 Bad debts 17 18 18 Interest (attach schedule) (see instructions) 19 19 Taxes and licenses OGDEN, UT 20 20 Charitable contributions (See instructions for limitation rule Depreciation (attach Form 4562) 21 80,836 22a 22b 22 Less depreciation claimed on Schedule A and elsewhere on return 80,836. 23 Depletion 23 24 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 28 Other deductions (attach schedule) 28 29 Total deductions. Add lines 14 through 28 28 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 216*.*123 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). 31 32 Unrelated business taxable income Subtract line 31 from line 30 32 216,

TEEA0201L 1/31/19

Form 990-T (2018)

,^	. 1		
Form 99	O-T (2018) THE NYACK LIBRARY	13-1867418	Page 2
Part III			
	al of unrelated business taxable income computed from all unrelated trades or businesses (see tructions)	33	216,123.
	nounts paid for disallowed fringes	34	
ıns	duction for net operating loss arising in tax years beginning before January 1, 2018 (see tructions) See Statement 1	35	216,123.
	al of unrelated business taxable income before specific deduction. Subtract line 35 from the sum ines 33 and 34.	36	0.
	ecific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
ent	related business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, er the smaller of zero or line 36.	38	0.
	_ Tax Computation		
	ganizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39	0.
	ists Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount		
	line 38 from Tax rate schedule or Schedule D (Form 1041)	► 40 - 40	
	bxy tax. See instructions	41 42	
	ernative minimum tax (trusts only) c on Noncompliant Facility Income. See instructions	43	
	tal. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
		<u> </u>	
Part V	Tax and Payments eign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a		
	ner credits (see instructions)	 1	
	neral business credit Attach Form 3800 (see instructions) 45c	──- '•	
	edit for prior year minimum tax (attach Form 8801 or 8827)		
	tal credits. Add lines 45a through 45d	45 e	0.
	btract line 45e from line 44	46	0.
47 Oth	per taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866		
L	Other (attach schedule)	47	<u>-</u>
	tal tax. Add lines 46 and 47 (see instructions)	48	0.
49 20	8 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a Pag	yments A 2017 overpayment credited to 2018		
	8 estimated tax payments 50 b		
	deposited with Form 8868	·	
	reign organizations. Tax paid or withheld at source (see instructions) 50 d 50 e		
	ckup withholding (see instructions) edit for small employer health insurance premiums (attach Form 8941) 50 f		
	ner credits, adjustments, and payments Form 2439	 	
	Form 4136 Other Total 50 g		
	tal payments. Add lines 50a through 50g	<u></u>	0.
	timated tax penalty (see instructions) Check if Form 2220 is attached	► 5 2	
	k due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	erpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	
	ter the amount of line 54 you want. Credited to 2019 estimated tax		
	Statements Regarding Certain Activities and Other Information (see instructions)		
	any time during the 2018 calendar year, did the organization have an interest in or a signature or other author	rity over a	Yes No
	ancial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file Fi		
	port of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		X
	ring the tax year, did the organization receive a distribution from, or was it the grantor of, or transfero	r to, a foreign trus	
If "	'es,' see instructions for other forms the organization may have to file		
58 En	er the amount of tax-exempt interest received or accrued during the tax year > \$	0	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it is to correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer I	e best of my knowledge a nas any knowledge	and
Sign	Michael Grainel 1-29-20 RESIDENT	May the IRS disc	uss this return with
Here	Signature of officer Date Title	inctructions\2 F	X Yes No
	Dell'Orange Control of the Control o		<u></u>
Paid	Print/Type preparer's name Preparer's signature Date Check	□"	7.21.0
Pre-	Albert Coster, CPA With Miles Self-em		
parer	Firm's name Baldessari & Coster, LLP Firm's f	IN ► 11-35187	86
Use	Firm's address 84 Covert Ave	/F16\ 6	200
Only	Stewart Manor, NY 11530 Phone a		326-2582 m 990-T (2018)

Schedule A - Cost of Good	Is Sold. Enter method of inve	entory valuation						
1 Inventory at beginning of year	ır 1	6 Inven	tory at	end of year	6			
2 Purchases	2	7 Cost	of good	ds sold. Subtract				
3 Cost of labor	3			rom line 5 Enter here				
4 a Additional section 263A costs (attach	schedule)	and ir	ı Part I	, line 2	7		T	
	4 a						Yes	No
b Other costs (attach sch)	4 b			of section 263A (will duced or acquired fo				
5 Total. Add lines 1 through 4b	5			ization?	1 1030	ic, apply		Х
Schedule C - Rent Income	(From Real Property and	d Personal Propert	y Lea	sed With Real P	rope	rty) (see in	structi	ions)
1 Description of property								
(1)								
(2)								
(3)								
(4)								
	2 Rent received or accrued			3(a) Dadwatian			4 a al 4	
(a) From personal prope (if the percentage of rent for property is more than 10% in more than 50%)	personal (if the perconut not property ex	eal and personal proper entage of rent for perso ceeds 50% or if the ren on profit or income)	nal	- 3(a) Deduction the income ir (att	n colur	ctly connecting and a connecting a connecting and a connecting and a connecting and a connecting a connecting and a connecting and a connecting and a connecting a	ted Wit nd 2(b)	,n '
(1)								
(2)								
(3)								
(4)							•	
Total	Total							
(c) Total income. Add totals of columbere and on page 1, Part I, line 6,				(b) Total deductions. I here and on page 1, Par I, line 6, column (B)	Enter t ►			
Schedule E - Unrelated Del	bt-Financed Income (see	instructions)		,				
1 Description of debt-	financed property	2 Gross income from	3 De	eductions directly co debt-finar	nnecte	ed with or a	llocab e St	le to
i Description of debt-i	manced property	or allocable to debt- financed property	depr	(a) Straight line depreciation (attach sch) (attach sch)			ductio	ns
(1) COMMERCIAL REAL ESTA	ATE	252,581		80,836	. 🗆	2	58,4	78.
(2)								
(3)				-			•••	
(4)							-	
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	rep	7 Gross income ortable (column 2 x column 6)	(Allocable d (column 6 x lumns 3(a)	total	of
(1) 620,000.	1,724,980.	35.9424 %		90,784		1	21,9	58.
(2)		9						
(3)		90	_					
(4)		90						
			Ente Part	r here and on page I, line 7, column (A)	1, Ente	er here and t I, line 7, o	on pa	ge 1, (B)
Totals.		ı	•	90,784	.	1	21,9	58.
Total dividends-received deduction	ns included in column 8				-		, -	
BAA	TE	EA0203L 01/30/19				Form 9	90-T (2018)

Schedule F – Interest, An	nuiti				ents Frontrolled O			Orga	nizations	(see in	struction	s)
1 Name of controlled organization	ıde	Employer ntification number	3	Net un	related	Ť	4 Total of spec payments ma		organı		in (eductions directly connected with come in column 5
(1)												
(2)						\perp						
(3)						L						
(4)												
Nonexempt Controlled Organizat	ions									<u>.</u>		
7 Taxable Income	ind	et unrelated come (loss) instructions)	9		f specifie nts made	d i	10 Part of included in organizatio	n the c	ontrolling		connecte	ctions directly d with income olumn 10
(1)												
(2)												
(3)				_								
(4)				_								
Totals							Add columns here and on p 8, co		, Part I, line		and on	s 6 and 11 Enter page 1, Part I, line lumn (B)
	ln		-4:	- F01/	-)(7) (0		- (17) O	-:4				
Schedule G — Investment 1 Description of income	inco	2 Amount of			3 dire	De ctly	ductions connected schedule)		4 Set-aside	:S	5 Tota set-a	Il deductions and sides (column 3 us column 4)
(1)				=	<u> </u>		· · · · · · · · · · · · · · · · · · ·				<u> </u>	
(1)											_	
(3)									-			
(4)												
Totals Schedule I — Exploited Ex	•	Enter here and Part I, line 9,	colui	nn (A)	or Tha	n /	dvorticing	ncon	70 (200 ups	truction	Part I, I	ere and on page 1 ine 9, column (B)
1 Description of exploited act		2 Gross unrelated business income fro trade or business	d s om	3 Expen	ises directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) im unrelated trade business (column minus column 3) a gain, compute umns 5 through 7	5 Gross activi unrela	s income from ty that is not ited business income	6 Exp	penses table to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												
(3)												
(4)												
Totals	•	Enter here on page Part I, line column (/	1, 10,	on p Part I	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26
Schedule J - Advertising	Inco	me (see instr	uctio	ns)		i						·L
Partill Income From Perio					neolida	tor	l Racic					
Martin medine From Fern	Juica	2 Gross			Direct	_	Advertising gain or	5.0	rculation	6 Pos	dership	7 Excess readership
1 Name of periodical		advertisin		adve	ertising osts	(10	oss) (col 2 minus col 3) If a gain, compute cols 5 through 7		ncome		osts	costs (col 6 minus col 5, but not more than col 4)
(1)												
(2)				-								
(3)		 -		<u>. </u>								-
(4)												
Totals (carry to Part II, line (5))	•	•			-		·				_	

Total. Enter here and on page 1, Part II, line 14 BAA

Form 990-T (2018)

Form 990-1 (2018) THE NYACK LI					<u>13-186/418</u>	
Part II Income From Periodic	als Reported or	n a Separate E	Basis (For each p	eriodical listed in	Part II, fill in col	umns 2 through
7 on a line-by-line basis)	•	•				
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (col 6 minus col 5, but not more than col 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	-		, , , ,			
	Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1 – 5)	<u> </u>			<u> </u>		
Schedule K - Compensation of	f Officers, Dire	ctors, and Tru	ustees (see instru	uctions)		
1 Name			2 Title	3 Percent of time devoted to business	d to únrela	ation attributable ited business
				9	š	
				9	5	
				9	5	
		 				

TEEA0204 L 12/31/18

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

THE NYACK LIBRARY

2018

OMB No 1545-0123

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form1120 for instructions and the latest information.

Employer identification number 13-1867418

Pa	t I Short-Term Capital Gains and I	_osses (See instru	ctions)			
ente	instructions for how to figure the amounts to r on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustmento gain or loss f	rom	(h) Gain or (loss) Subtract column (e) from
	form may be easier to complete if you round ents to whole dollars	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					,
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain from installment sales	from Form 6252, line 2	26 or 37		4_	
5	Short-term capital gain or (loss) from like-kind	d exchanges from Form	8824		5_	
6	Unused capital loss carryover (attach computa	ation)			6_	
	Net short-term capital gain or (loss). Combine				7	
Par		osses (See instruc	tions)	1		
ente This	instructions for how to figure the amounts to ron the lines below. form may be easier to complete if you round ents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustmento gain or loss form(s) 8949, Paline 2, column	rom art II.	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
	Totals for all long-term transactions reported on Form 1099-8 for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.					
	Totals for all transactions reported on Form(s) 8949 with Box D checked					
	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					
11	Enter gain from Form 4797, line 7 or 9				11	197,838.
12	Long-term capital gain from installment sales		12			
13	Long-term capital gain or (loss) from like-kind		13			
14	Capital gain distributions (see instructions)		14			
	Net long-term capital gain or (loss) Combine	lines 8a through 14 in c	column h		15	197,838.
Par	t III Summary of Parts I and II		· <u>-</u> .		1	
16	Enter excess of net short-term capital gain (lin	ne 7) over net long-tern	n capital loss (line 15)		16	
17	Net capital gain Enter excess of net long-term	n capital gain (line 15) (over net short-term ca	pital loss (line 7)	17	197,838.
18	Add lines 16 and 17 Enter here and on Form Note: If losses exceed gains, see Capital loss	· =	the proper line on oth	ner returns	18_	197,838.

20	1	0
ZU		O

Federal Statements

Page 1

THE NYACK LIBRARY

13-1867418

Statement 1 Form 990-T, Part III, Line 35 Net Operating Loss Deduction

Loss Year Ending	Original Loss	Loss Previously <u>Used</u>	Loss Available
6/30/06 \$ 6/30/07 6/30/08 6/30/09 6/30/10 6/30/11 6/30/12 6/30/13 6/30/14 6/30/15 6/30/15 6/30/16 6/30/17 Net Operating Loss Ava Taxable Income Net Operating Loss Ded	124,147. 107,507. 92,073. 71,459. 72,915. 85,780. 35,552. 56,043. 57,907. 42,567. 29,045.	0. 0. 0. 0. 0. 0. 0.	\$ 115,295. 124,147. 107,507. 92,073. 71,459. 72,915. 85,780. 35,552. 56,043. 57,907. 42,567. 29,045. \$ 890,290. \$ 216,123. \$ 216,123.

Statement 2 Form 990-T, Schedule E, Line 3b Other Deductions Allocable to Debt-Financed Property

COMMERCIAL REAL ESTATE Insurance Legal and Professional Fe Interest Repairs Supplies Taxes Utilities Wages and Salaries TELECOMMUNICATIONS EMPLOYEE BENEFITS MISCELLANEOUS	ees	\$ 8,400. 9,890. 74,174. 27,606. 4,810. 57,052. 11,865. 21,797. 3,892. 6,218. 774.
	Total	\$