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,	"99 0-T	. Ex	empt Organiz	ation B	usir	ness Inc	ome Ta	x Retur	$n \propto 0$	OMB No 15	45-0047
Forr	m 990-1		and pr) or other tax year	-				6/30	, 2020	201	19
		· -									
Departme	ent of the Treasury		o to <i>www.irs.gov/Fo</i> enter SSN numbers on t							Open to Public Ir	spection for
A	Revenue Service Check box if	- D0 110t	enter 3514 numbers on t			changed and se			, , , ,	501(c)(3) Organi mployer identifica	
	address changed		THE NYACK LI			on and ou	,		 (8	Employees' trust, s istructions)	ee
	mpt under sectio	n Print or	59 S. BROADW							13-186741	Ω
	501(c) (() 3) 408(e) - 2 20(NYACK, NY 10						F	Inrelated busines:	
	108(e) 2 20(108A 530(- (See instructions)	
-	529(a)									531110	
C Book	value of all assets	F Group	exemption number (See instruct	ions)	·				301110	
at en	nd of year 12,836,526	0 0	k organization type			c) corporation	n	(c) trust	401(a)	trust C	ther trust
H Ent			's unrelated trades or			<u>> 1</u>	<u></u>		only (or first)		
		-	PROPERTY (A		PAI				, ,	ne, complete	Parts I-V
lf r	nore than one, de	escribe the firs	t in the blank space	at the end	of the		entence, co	mplete Par	ts I and II,	complete a Sc	hedule M
			ss, then complete F								
			oration a subsidiary				rent-subsid	iary control	led group?	Yes	X No
			fying number of the	parent cor	poration	on P				45 050 00	
	books are in care	U	ON ALFANO			/A\ In				45-358-33	
Part	_ · · · · · ·	_	Business Income	-	_	(A) III	come	(B) EX	penses	(C) N	<u>e(</u>
	Gross receipts or a less returns and allowa			Balance►	1 c				.,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	į
_	ess returns and allowa Cost of goods sold			Dalance	2			 			
	Gross profit Subtr				3			-		 	
	Capital gain net in				4a				<u> </u>	1	
			7) (attach Form 4797)		4b				1 5		
	Capital loss deduc		,,(1.1.1		4c			/	- 	CEIVED	
5 In	ncome (loss) from	a partnership o	r an S corporation					 	Ξ.		72
•	attach statement)				5		_/	ļ	S JAI	√ 2. 7. 2021	
	Rent income (Sch	•	(C-1-1-1- E)		6			-	O JAI	2.021	12
	Inrelated debt-fin		•		7		20,614.		OG	1) Ehi 117	
			om a controlled organizati , (9), or (17) organization		8	/			00	DEN, UT	
	Exploited exempt	. , , ,		(Schedule G)	10/	/		 		i	
	Advertising incom	•	* · · · · · · · · · · · · · · · · · · ·		11			<u> </u>			
			attach schedule)		<u> </u>						
12.	other moome (ee				12			• • •	• • •		
13 T	otal. Combine lin	es 3 through 1	2		13		20,614.	 	0.	-2	0,614.
Part			en Elsewhere (S	ee instru	ction			deductio	ns.) (Ded		
	directly co	onnected wi	th the unrelated	business							
			ors, and trustees (S	chedule K)					14	1	<u>-</u>
	Salaries and wage								15		
	Repairs and maint	tenance							16		
	Bad debts								17		
	nterest (attach sc		nstructions)						18		
	axes and license						1 00 1		19		
	Depreciation (atta						20	·		-	
		cialmed on So	hedule A and elsew	mere on ret	urn		21 a		21 b	<u> </u>	<u> </u>
	Depletion								22	<u> </u>	
	Contributions to d Employee benefit		nsauon pians						23	 	
	Excess exempt ex		dula I)						25		
	Excess exempt ex Excess readership								26		
	Other deductions								27		
	otal deductions.								28	 	
29 (Inrelated busines	s taxable inco	me before net opera					m line 13	29	-2	0,614.
	,		n tax years beginning on o			8 (see instruct	ions).		30		
			me Subtract line 30		29			==	31		0,614.
RAK F	or Panamork Re	eduction Act N	lotice, see instruction	one						Form 996)-T (2019)

<u>Par</u>	t III	Total Unrelated Business Tax	able Income					
32		of unrelated business taxable income ctions)	computed from all unrelated trades	s or businesses (se	e	32	-20	,614.
33	Amou	nts paid for disallowed fringes				33		<u></u>
34	Charit	able contributions (see instructions fo	r limitation rules)			34		
35		unrelated business taxable income be im of lines 32 and 33	fore pre-2018 NOLs and specific de	eduction Subtract I	ine 34 frøm	35	-20	,614.
36	Deducti	on for net operating loss arising in tax years beg	ee St 1	36		,		
37		of unrelated business taxable income		line 36 from line 3	₅ 1	37	-20	,614.
		fic deduction (Generally \$1,000, but se				38		,
	Unrei	ated business taxable income. Subtra the smaller of zero or line 37			7,	39	-20	,614.
Par	t IV	Tax Computation				1		
40		nizations Taxable as Corporations. Mu			•	40		0.
	on lin	s Taxable at Trust Rates. See instructi e 39 from.		ax on the amount	•	41		
	-	tax. See instructions			•	42		
		ative minimum tax (trusts only)				43		
_		n Noncompliant Facility Income. See				44		
		Add lines 42, 43, and 44 to line 40 o	r 41, whichever applies			45		0.
		Tax and Payments		1 -2 -71				
	-	n tax credit (corporations attach Form	n 1118; trusts attach Form 1116)	46 a				
		credits (see instructions)	(and unstructions)	46 b				
		al business credit Attach Form 3800 for prior year minimum tax (attach Fo		46 c 46 d		1,		
		credits. Add lines 46a through 46d	om 6601 of 6627)	400		46 e		0.
		act line 46e from line 45				47	·	0.
		taxes Check if from Form 4255	Form 8611 Form 8697 For	m 8866	ì			
		ther (attach schedule)				48		
49	Total	tax. Add lines 47 and 48 (see instruct	tions)		[49		0.
50	2019	net 965 tax liability paid from Form 96	5-A or Form 965-B, Part II, column	(k), line 3		50		
51 a	Paym	ents A 2018 overpayment credited to	2019	51 a	Ì			
b	2019	estimated tax payments		51 b				
С	: Tax d	eposited with Form 8868		51 c		4177		
		gn organizations: Tax paid or withheld	at source (see instructions)	51 d				
		up withholding (see instructions)		51 e				
		for small employer health insurance i		51 f		7.76		
9		credits, adjustments, and payments	Form 2439	-				
		orm 4136 Oth	ner Total	► 51 g		50		_
		payments. Add lines 51a through 51g	4 F 2220			52		0.
53		ated tax penalty (see instructions). Ch				53		
54		ue. If line 52 is less than the total of li				54		
55	-	payment. If line 52 is larger than the to			D-6d-d	55		
56		the amount of line 55 you want Cred		 	Refunded -	56		
	t _i VI							
5/	_	time during the 2019 calendar year, did	_	-	-		Ye	s No
		tial account (bank, securities, or other) in a		-	IIIE FINCEIN	FOIIII	114,	
		t of Foreign Bank and Financial Accounts		=				X
58		g the tax year, did the organization red		ne grantor or, or tr	ansieror to, a	roreig	n trust/	X
		, see instructions for other forms the org	·	6	_		1	10
59	Enter	the amount of tax-exempt interest receive		hadules and statements	0.	f my know	wledge and	
Sigr	n	Under penalties of perjury, Teleclare that have ex belief, it is true concept, and complete deelaration	n of preparer (other than taxpayer) is based on	all information of which				
Here		Cili 10 1 1 2 2		President		the prepa	RS discuss this re rer shown below (turn with (see
		Signature of officer	Date	Little		ınstructioi	^{ns)?} X Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check 1 if	PTIN		
Paic Pre-		Albert Coster, CPA	afleta	1/7/21	self-employed	PO	0296210	
pare		Firm's name Baldessari & C	Coster, LLP	 .	· · ·		518786	
Use		Firm's address 84 Covert Ave						
Only		Stewart Manor,	NY 11530		Phone no	(51	6) 326-25	582
BAA		200,420 1,41,01,	TEEA0202L 02/21/20		<u> </u>		Form 990-T	

13-1867418

Page 2

Form 990, T. (2019) THE NYACK LIBRARY

Schedule A — Cost of Good	Sold. Enter metho	d of inve	entory valuatı	on '	>						
1 Inventory at beginning of year			6	Invento	ory at	6					
2 Purchases	2			7	Cost of	f good	ls sold. Subtract				
3 Cost of labor	3				line 6 f	rom li	ne 5 Enter here				
4 a Additional section 263A costs (attach s	chedule)				and in	Part I	, line 2	7		T.,	
	4 a			_	.					Yes	No
b Other costs	4 b			8			of section 263A (wit duced or acquired fo				
(attach sch) 5 Total. Add lines 1 through 4b	5				to the			1 1034	ic, apply		
Schedule C – Rent Income (From Real Prope	rty and	d Personal	Pre	perty	Leas	sed With Real Pi	ropei	ty) (see ı	nstructi	ions)
1 Description of property											
(1)											
(2)										_	
(3)											
(4)							Ψ				
2	Rent received or acc						3(a) Deduction	s direc	rtly conner	ted wit	h
(a) From personal proper (if the percentage of rent for p property is more than 10% b more than 50%)	eal and perso entage of ren ceeds 50% o I on profit or i	t for r if t	persona ne rent	al	the income in	ons directly connected with in columns 2(a) and 2(b) ttach schedule)					
(1)											
(2)				•							
(3)					•						
(4)											
Total	Total										
(c) Total income. Add totals of columbere and on page 1, Part I, line 6, o		nter -				·	(b) Total deductions & here and on page 1, Par l, line 6, column (B)				
Schedule E - Unrelated Deb	t-Financed Incon	ne (see	instructions)				<u> </u>				
1 Description of debt-f	nanced property		2 Gross inc			3 De	eductions directly co debt-finar			allocab	le to
t Description of debt-ii	nanced property		or allocable to debt- financed property			depr	(a) Straight line eciation (attach sch)		(b) Other deductions (attach schedule)		
(1)						 		+			
(2)										•	
(3)							•		-		
(4)						<u> </u>					
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	dıvıde				7 Gross income ortable (column 2 x column 6)		Allocable o column 6 lumns 3(a)	x total	of		
(1)					%						
(2)					8				•		
(3)					४						
(4)					४						
	•					Enter Part	here and on page I, line 7, column (A)	Par	er here and t I, line 7,	d on pa column	ige 1, i (B)
Totals					•						
Total dividends-received deduction	s included in column	88					0	-			
ВАА		TE	EA0203L 09/19/	19					Form	990-T (2019)

Form 990-T (2019) THE NYA	CK LI	BRARY						_		13-1	8674	18	Page 4	
Schedule F - Interest, A	nnuiti	es, Royalti						Orga	nizations	(see in	structio	ons)		
			Exen	npt Con	trolled O	rgai	nizations							
organization ider		Employer ntification number	3 Net unrelated income (loss) (see instructions)		4	4 Total of speci payments ma	5 Part of column 4 that is included in the controlling organization's gross income			6 Deductions directly connected with income in column 5				
(1)														
(2)						$oldsymbol{\perp}$								
(3)						_			_					
(4)														
Nonexempt Controlled Organiz		 	1 4		, , , , , , , , , , , , , , , , , , , 	. 1	100 1 6		0.11. 1 .		11.0			
7 Taxable Income	ind	et unrelated come (loss) instructions)			f specified nts made	a	ıncluded ır	n the d	controlling connecti		cted	ions directly with income umn 10		
(1)														
(2)														
(3)			ļ			_								
(4)			╽							 				
Totals							Add columns here and on p 8, co		, Part I, line		e and o	n pa	6 and 11 Enter age 1, Part I, line imn (B)	
Schedule G - Investmen	it Inco	me of a Se	ction	1 501(c)(7), (9), (or (17) Organ	nizati	on (see in	structio	ns)			
					3	De	ductions		4 Set-aside	s	5 To		deductions and	
<u> </u>	1 Description of income		2 Amount of Income		4,, 00,		ly connected (ach schedule)		(attach schedule)		plus column		des (column 3 s column 4)	
(1))							1						
(3))												··· = ·	
(4)									-					
		Enter here an Part I, line 9,											here and on page 1, , line 9, column (B)	
Totals.														
Schedule I – Exploited E	xemp			ne, Otl	her Tha	Г								
1 Description of exploited a	ictivity	2 Gross unrelate busines income fro trade of busines	ed s om r	conne prod of u	nses directly ected with duction nrelated ess income	fro or 2 r	Net income (loss) m unrelated trade business (column ninus column 3). a gain, compute umns 5 through 7	activ unrela			7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)														
(2)														
(3)												_		
Enter he on pa Part I, I colum		Enter here on page Part I, line column (e 1, on page 1, ne 10, Part I, line 10		page 1, I, line 10,	i i	k			-			Enter here and on page 1, Part II, line 25	
Totals.	, l											l		
Schedule J - Advertising					meel!d-		l Posis							
Part I Income From Pe	rioaic	2 Gross			nsolida Direct			F 0		C D			7.5	
1 Name of periodical		advertisii	ng	adve	ertising osts	1 (Advertising gain or oss) (col 2 minus col 3) If a gain, compute cols. 5 through 7		income costs costs (7 Excess readership costs (col. 6 minus col. 5, but not more than col 4)			
(1)				Ī.,									· · · · · · · · · · · · · · · · · · ·	
(2)										_				
(3)						-						\dashv		
(4)						+								
Totals (carry to Part II, line (5))) '	•												

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

% ► Page 5

Part II. Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) 4 Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols 5 through 7 2 Gross 3 Direct 5 Circulation 6 Readership 7 Excess readership costs (col 6 minus col 5, but not more than col 4). advertising advertising income costs 1 Name of periodical ıncome costs (1) (2) (3) (4) • Totals from Part I Enter here and Enter here and Enter here and on page 1, Part I, line 11, on page 1, Part I, line 11, on page 1, Part II, line 26 column (A) column (B) Totals, Part II (lines 1-5) Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3 Percent of 4 Compensation attributable 2 Title 1 Name time devoted to unrelated business to business 왕 왕

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Form **990-T** (2019)

Federal Statements

Page 1

Client 59

1/07/21

THE NYACK LIBRARY

13-186741809 47AM

Statement 1 Form 990-T, Part III, Line 36 Net Operating Loss Deduction

Loss Year Ending	O.	riginal Loss	Loss Previou Used	sly	A	Loss vailable
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 6/30/16 6/30/17 Net Operating Loss Taxable Income		124,147. 107,507. 92,073. 71,459. 72,915. 85,780. 35,552. 56,043. 57,907. 42,567. 29,045.		100,828. 0. 0. 0. 0. 0. 0. 0.	\$	23,319. 107,507. 92,073. 71,459. 72,915. 85,780. 35,552. 56,043. 57,907. 42,567. 29,045. \$ 674,167. \$ -20,614.
Net Operating Loss	Deduction	(Limited to T	axable Income	e)		<u>\$ 0.</u>