\*\* PUBLIC DISCLOSURE COPY \*\*
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

B   Control	_		e 2022 calendar year, or tax year beginning $\mathrm{JUL}1,2022$	JUN 30, 2023	
Second					
Doing business as   Number and street (or P.0. box if mail is not delivered to street address)   Room/suite   E Telephonen number   207-363-2818		Check if applicab	e: C Name of organization	D Employer Identification	
Dairy Duciness as   Ducing business   Ducing b		Addre	ss Vork Dublic Library		
Number and street (or P.O. box it mails not delivered to street address)   Room/Sulfe   207-363-2818	-	Name		1 01-03602	56
15 Long Sands Road   207-363-2818					
City or town, state or province, country, and ZIP or foreign postal code Vor.N. MB 03909  Tax excempts states or province or p	-	and the same			
North   Name and address of principal officer: SteVen   Gendron   Holp is this a group return for subordinates?   Yes   X No   No   No   No   No   No   No		— return			
Figure 1 Summary For the Control of Same and address of principal officer. Steven Gendron For subcordinates? For subcordinates Park Same as C above High real subcordinates (Per S No America) For Same as C above High Real subcordinates (Per S No America) For Same as C above High Real subcordinates (Per S No America) For Same as C above High Real subcordinates (Per S No America) For Same as C above High Real subcordinates (Per S No America) For Same as C above High Real subcordinates (Per S No America) For Same as C above High Rea		ated	City or town, state or province, country, and ZIP or foreign postal code		
Same as C above   Tax-exempt status: \$\sqrt{1}\$ 501(c)(s) \$\sqrt{5}\$ 501(c)   (insert no.) \$\sqrt{4947(a)(1) or \$\sqrt{5}\$ 22}\$   Help Scroup exemption number or organization: \$\sqrt{1}\$ Corporation   Trust   Association   Other   Lever of formation: \$19.22 \text{ M State of legal domicile: ME Part I Summary}		lreturn	101K, ME 03909		77
Taxecempter status   Mission   Soft (a)   Soft (b)		tion			
J Website: www.yorkpubliclibrary.org   Hick Group exemption number   K Form of romalization: X Corporation   Trust   Association   Other   L Year of formation: 1922 M State of legal demicible: ME   Part   Summary			same as C above		
Name   Part   Summary	<u>T</u>	Tax-ex	empt status: LX 501(c)(3)		
Briefly describe the organization's mission or most significant activities. To provide a library for the citizens of York, Maine.   Check this box					
Briefly describe the organization's mission or most significant activities: To provide a library for the citizens of York, Maine	THE OWNER WHEN	COLUMN ASSESSMENT		rear of formation: 1922	M State of legal domicile: ME
C1E1 zens   Ot York   Maine	P	art I	Summary	J 1. h	for the
Notificed of Indiperiodic Unit Principles (1987)   1.00	ė	1	Briefly describe the organization's mission or most significant activities: 10 prov1	de a library	Tor the
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Notificed of Indiperiodic Unit Principles (1987)   1.00	δ	1			
B Net unrelated business taxable income from Form 990-T, Part I, line 11  B Courrent Year  Current Year  Current Year  Current Year  Refres  8 Contributions and grants (Part VIII, line 1h)  8 68 8, 800 . 905, 356 .  9 Program service revenue (Part VIII, line 1h)  8 68 8, 800 . 905, 356 .  10 Investment income (Part VIII, loclumn (A), lines 3, 4, and 7d)  11 Offer revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 15-10)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II   Signature Block  Primi's admost 313  Middle Street  Primi's address 133  Middle Street  Portland, ME 04101  Phone no. 207-775-3496	ø	4	Number of independent voting members of the governing body (Part VI, line 1b)		
B Net unrelated business taxable income from Form 990-T, Part I, line 11  B Courrent Year  Current Year  Current Year  Current Year  Refres  8 Contributions and grants (Part VIII, line 1h)  8 68 8, 800 . 905, 356 .  9 Program service revenue (Part VIII, line 1h)  8 68 8, 800 . 905, 356 .  10 Investment income (Part VIII, loclumn (A), lines 3, 4, and 7d)  11 Offer revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 15-10)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II   Signature Block  Primi's admost 313  Middle Street  Primi's address 133  Middle Street  Portland, ME 04101  Phone no. 207-775-3496	es	1			
B Net unrelated business taxable income from Form 990-T, Part I, line 11  B Courrent Year  Current Year  Current Year  Current Year  Refres  8 Contributions and grants (Part VIII, line 1h)  8 68 8, 800 . 905, 356 .  9 Program service revenue (Part VIII, line 1h)  8 68 8, 800 . 905, 356 .  10 Investment income (Part VIII, loclumn (A), lines 3, 4, and 7d)  11 Offer revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), lines 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 13)  14 Benefits paid to or for members (Part IX, column (A), lines 13)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Professional fundraising fees (Part IX, column (A), line 11e)  17 Other expenses (Part IX, column (A), line 11e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), lines 15-10)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  20 Total assets (Part X, line 26)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Net assets or fund balances. Subtract line 21 from line 20  24 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. Deglaration of preparer (other than officer) is based on all information of which preparer has any knowledge.  Part II   Signature Block  Primi's admost 313  Middle Street  Primi's address 133  Middle Street  Portland, ME 04101  Phone no. 207-775-3496	ivit	6	Total number of volunteers (estimate if necessary)		
B Net unrelated business taxable income from Form 990 T, Part I, line 11  B Courrent Year  Current Year  Prior Year  Refrom Current Year  Refrom Sear Sear Sear Sear Sear Sear Sear Sear	Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		
8   Contributions and grants (Part VIII, line 1h)   868,800.   905,356.     9   Program service revenue (Part VIII, line 2g)   5,533.   8,116.     10   Investment income (Part VIII, column (A), lines 3, 4, and 7d)   68,461.   81,758.     11   Other revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12)   0.   6,745.     12   Total revenue add lines 8 through 11 (must equal Part VIII, column (A), lines 12)   942,794.   1,001,975.     13   Grants and similar amounts paid (Part IX, column (A), lines 13)   0.   0.   0.     14   Benefits paid to or for members (Part IX, column (A), lines 13)   0.   0.   0.     15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 16)   706,768.   764,118.     16a   Professional fundraising fees (Part IX, column (A), lines 11e)   0.   0.   0.     17   Other expenses (Part IX, column (A), lines 11e)   0.   0.   0.     18   Total expenses Add lines 13-17 (must equal Part IX, column (A), lines 25)   114,574.     19   Revenue less expenses. Subtract line 18 from line 12   472,747.   436,456.     19   Revenue less expenses. Subtract line 18 from line 12   7,085,661.   6,962,766.     20   Total assets (Part X, line 16)   7,085,661.   6,962,766.     21   Total liabilities (Part X, line 26)   7,085,661.   6,962,766.     22   Net assets or fund balances. Subtract line 21 from line 20   6,748,399.   6,692,305.     Part II   Signature Block		b	Net unrelated business taxable income from Form 990-T, Part I, line 11		
Program service revenue (Part VIII, line 2g)  9 Program service revenue (Part VIII, column (A), lines 3, 4, and 7d)  10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  12 Total revenue - add lines 8 through 111 (must equal Part VIII, column (A), line 12)  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)  14 Benefits paid to or for members (Part IX, column (A), lines 1-3)  15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  16 Benefits paid to or for members (Part IX, column (A), line 4)  17 Other expenses (Part IX, column (A), line 11e)  18 Total fundraising expenses (Part IX, column (A), line 11e)  19 Total fundraising expenses (Part IX, column (A), line 25)  10 Total fundraising expenses (Part IX, column (A), line 25)  11 Other expenses (Part IX, column (A), line 25)  11 Other expenses (Part IX, column (A), line 25)  11 Other expenses (Part IX, column (A), line 25)  11 Other expenses (Part IX, column (A), line 25)  12 Total fundraising expenses (Part IX, column (A), line 25)  13 Otal assets (Part X, line 16)  20 Total assets (Part X, line 16)  21 Total fundraising expenses (Part IX, column (A), line 25)  22 Net assets or fund balances. Subtract line 21 from line 20  23 Total liabilities (Part X, line 26)  24 Total liabilities (Part X, line 26)  25 Let assets or fund balances. Subtract line 21 from line 20  26 Total liabilities (Part X, line 26)  27 Total liabilities (Part X, line 26)  28 Let assets or fund balances. Subtract line 21 from line 20  29 Total liabilities (Part X, line 26)  20 Total liabilities (Part X, line 26)  20 Total assets or fund balances. Subtract line 21 from line 20  20 Total assets or fund balances. Subtract line 21 from line 20  21 Total fundraising expenses (Part IX, column (A), line 25)  21 Total liabilities (Part X, line 26)  22 Total liabilities (Part X, line 26)  23 Total liabilities (Part X, line 26)  24 Let a subtract VIII					
1	evenue	8	Contributions and grants (Part VIII, line 1h)		
1		9	Program service revenue (Part VIII, line 2g)		
1		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	68,461.	
13   Grants and similar amounts paid (Part IX, column (A), lines 1-3)   0   0   0   0   14	<u> </u>	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   70   6,768   764,118       16a   Professional fundraising expenses (Part IX, column (A), line 11e)   0   0   0   0       17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   17   Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   18   Total expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   19   Revenue less expenses. Subtract line 18 from line 12   -236,721   -198,599       20   Total assets (Part X, line 16)   -236,721   -198,599       21   Total liabilities (Part X, line 26)   -337,262   -270,461       22   Ret assets or fund balances. Subtract line 21 from line 20   -6,748,399   -6,692,305       23   Ret assets or fund balances. Subtract line 21 from line 20   -6,748,399   -6,692,305       24   Part II   Signature Block		1		942,794.	1,001,975.
14   Benefits paid to or for members (Part IX, column (A), line 4)   15   Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   706, 768    764, 118    16a   Professional fundraising fees (Part IX, column (D), line 11e)   0		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
16a Professional fundraising fees (Part IX, column (A), line 11e)   0.		1			
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  337, 262.  270, 461.  28 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.  Sign  Signature of officer  Steven Gendron, Treasurer  Type or print name and title  Print/Type preparer's name  David J. Shorette, CPA  Print/Type preparer's name  David J. Shorette, CPA  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type or print name and title  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type or print name Purdy Powers & Company  Firm's name Purdy Powers & Company  Firm's address 130 Middle Street  Portland, ME 04101  Phone no. 207-775-3496	S	15		706,768.	764,118.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  337, 262.  270, 461.  28 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.  Sign  Signature of officer  Steven Gendron, Treasurer  Type or print name and title  Print/Type preparer's name  David J. Shorette, CPA  Print/Type preparer's name  David J. Shorette, CPA  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type or print name and title  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type or print name Purdy Powers & Company  Firm's name Purdy Powers & Company  Firm's address 130 Middle Street  Portland, ME 04101  Phone no. 207-775-3496	nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 111-24e)  18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses. Subtract line 18 from line 12  20 Total assets (Part X, line 16)  21 Total liabilities (Part X, line 26)  22 Net assets or fund balances. Subtract line 21 from line 20  337, 262.  270, 461.  28 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.  Sign  Signature of officer  Steven Gendron, Treasurer  Type or print name and title  Print/Type preparer's name  David J. Shorette, CPA  Print/Type preparer's name  David J. Shorette, CPA  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type or print name and title  Print/Type preparer's name  Paid David J. Shorette, CPA  Print/Type or print name Purdy Powers & Company  Firm's name Purdy Powers & Company  Firm's address 130 Middle Street  Portland, ME 04101  Phone no. 207-775-3496	cbe	b	Total fundraising expenses (Part IX, column (D), line 25) 114,574.		
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   1,179,515.   1,200,574.     19 Revenue less expenses. Subtract line 18 from line 12   -236,721.   -198,599.     20 Total assets (Part X, line 16)   7,085,661.   6,962,766.     21 Total liabilities (Part X, line 26)   337,262.   270,461.     22 Net assets or fund balances. Subtract line 21 from line 20   6,748,399.   6,692,305.     Part II   Signature Block   Signature Block   Signature Officer   Date   Date	ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	472,747.	436,456.
19   Revenue less expenses. Subtract line 18 from line 12   -236,721.   -198,599.				1,179,515.	1,200,574.
Beginning of Current Year   End of Year		1	• 15 2 2 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4 3 4		-198,599.
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.  Sign Signature of officer  Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Paid David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101 Phone no. 207-775-3496	or			Beginning of Current Year	
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.  Sign Signature of officer  Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Paid David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101 Phone no. 207-775-3496	ets	20	Total assets (Part X, line 16)		
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.  Sign Signature of officer  Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Paid David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101 Phone no. 207-775-3496	ASS	21			
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Sign Here Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101  Phone no.207-775-3496					1
Sign Here Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101  Phone no.207-775-3496	Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	y knowledge and belief, it is
Sign Here Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101  Pate David J. Shorette, PTIN Firm's EIN 01-0463013 Preparer Phone no. 207-775-3496					
Steven Gendron, Treasurer  Type or print name and title  Print/Type preparer's name David J. Shorette, CPA  Preparer Firm's name Purdy Powers & Company Firm's address  130 Middle Street Print/Type preparer's signature Firm's name Purdy Powers & Company Firm's address  130 Middle Street Phone no.207-775-3496				2/2/3	24
Here Steven Gendron, Treasurer Type or print name and title  Print/Type preparer's name David J. Shorette, CPA Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101  Print/Type preparer's name Print/Type preparer's name Print/Type preparer's name Poate Check PTIN PO01/26/24 self-employed P00086553 PO01/26/24 self-employed P00086553 Preparer Prim's address Prim's address Prim's address Phone no.207-775-3496	Sia	n	Signature of officer	Date	
Type or print name and title  Print/Type preparer's name  Paid David J. Shorette, CPA  Preparer  Firm's name  Purdy Powers & Company  Firm's address  130 Middle Street  Portland, ME 04101  Date Check PTIN  PO0086553  PO0096553  Print/Type preparer's name  Poster Date Check PTIN  Po1/26/24 self-employed P00086553  Pool Pirm's EIN 01-0463013  Phone no. 207-775-3496			Steven Gendron, Treasurer		
Print Type preparer's name  David J. Shorette, CPA  Preparer  Firm's name  Purdy Powers & Company  Firm's address  130 Middle Street  Portland, ME 04101  Phone no. 207-775-3496		Ū	Type or print name and title		
Paid         David J. Shorette, CPA         / w/d         Short/ft 01/26/24 self-employed         P00086553           Preparer         Firm's name         Purdy Powers & Company         Firm's EIN 01-0463013           Use Only         Firm's address         130 Middle Street           Portland, ME 04101         Phone no.207-775-3496			Print/Type preparer's name Pr@arer's signature	, O110011	PTIN
Preparer Firm's name Purdy Powers & Company Firm's address 130 Middle Street Portland, ME 04101 Phone no. 207-775-3496	Paid	i	/ / / / /	01/26/24 if self-employ	P00086553
Use Only Firm's address 130 Middle Street Portland, ME 04101 Phone no.207-775-3496					1-0463013
Portland, ME 04101 Phone no.207-775-3496		5			
T				Phone no. 20	7-775-3496
	May	the IF			X 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:  To provide a library for the citizens of York, Maine.
	10 provide a library for the citizens of fork, marile:
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?  Yes X No
	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
3	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	
ıu	(Code:) (Expenses \$ 987,167. including grants of \$) (Revenue \$
	minds, and creating community. The library serves residents of the
	Yorks as well as a large summer population each year in providing
	access to both digital and print materials, meeting rooms, a range of
	services, and a wealth of educational, recreational, and cultural
	programs. As a member of the Minerva consortium of 60+ libraries across
	the state, cardholders have access to hundreds of thousands of items
	and an array of online subscription databases. Access is free to all -
	regardless of age, race, religion, socio-economic background,
	immigration status, gender expression, or ability.
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	· · · · · · · · · · · · · · · · · · ·
4c	(Code:) (Expenses \$ including grants of \$ ) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 987,167.
	Form <b>990</b> (2022)

# Form 990 (2022) York Public Library Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?  If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
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		x
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		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?  If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	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,		v	
	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		х
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		Х
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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	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		Х
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		Х
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	40		x
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
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
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<del></del>
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		Х

# Form 990 (2022) York Public Library Part IV 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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
04-	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	240		х
h	Schedule K. If "No," go to line 25a	24a 24b		
D	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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,			
а	instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes, " complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 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			Х
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
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		Х
35 a	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	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?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
4.	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 4		Yes	No
ıa b				
C	Enter the number of Forms with a line fat. Enter of infort approache			
·	(gambling) winnings to prize winners?	1c	Х	

# Form 990 (2022) York Public Library Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		_		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	22			
	filed for the calendar year ending with or within the year covered by this return	23		37	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	X
	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		3b		_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		4-		х
h	financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		
D	If "Yes," enter the name of the foreign country  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
52	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		<del></del>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solic		-		
	any contributions that were not tax deductible as charitable contributions?	- 1	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts				
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the	payor?	7a		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				
	to file Form 8282?		7с		X
	If "Yes," indicate the number of Forms 8282 filed during the year				
_	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			7g		_
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 109	98-C?	7h		
8	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?		8		
9	sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.				
а			9a		
	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				
11	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders 11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	-	12a		
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?	- 1	13a		
и	Note: See the instructions for additional information the organization must report on Schedule O.		ioa		
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans				
С	Enter the amount of reserves on hand				
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		16		X
47	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		17		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	n 100, complete i em ecce.				

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							
Sec	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 la										
	If there are material differences in voting rights among members of the governing body, or if the governing	1									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent 1b 12										
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1									
_	officer, director, trustee, or key employee?	2		Х							
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		х							
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 become aware during the year of a significant diversion of the organization have members or stockholders?										
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X							
<i>1</i> a	more members of the governing body?	7a	Х								
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	- ra									
b		7b		x							
8	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76									
		00	Х								
a	The governing body?  Each committee with authority to act on behalf of the governing body?	8a 8b		Х							
b		OD									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	9		х							
500	organization's mailing address? If "Yes," provide the names and addresses on Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	9		21							
360	tion b. Folicies (mis Section & requests information about policies not required by the internal nevenue code.)		V	Na							
100	Did the examination have lead shorters branches as offiliates?	100	Yes	No X							
	Did the organization have local chapters, branches, or affiliates?	10a									
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	106									
110	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		Х							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?  • Properties on School the Other process, if any, used by the organization to review this Form 900.										
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
	12a Did the organization have a written conflict of interest policy? If "No," go to line 13										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		Х							
C		100	Х								
10	on Schedule O how this was done	12c	X								
13	Did the organization have a written whistleblower policy?		21	Х							
14	Did the organization have a written document retention and destruction policy?	14		-25							
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-	Х								
a	The organization's CEO, Executive Director, or top management official	15a	X	-							
D	Other officers or key employees of the organization	15b	Λ								
40-	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	40-		x							
	taxable entity during the year?	16a									
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										
<u> </u>	exempt status with respect to such arrangements?	16b									
	tion C. Disclosure  List the states with which a copy of this Form 990 is required to be filed None										
17	Elot the states with which a copy of this form cost is required to be med										
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	) avail	able							
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website X Another's website X Upon request 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, are	d finai	ncial								
_	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										
	Steve Gendron, Treasurer - 207-363-2818										
	15 Long Sands Road, York, ME 03909										

#### 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-NEĆ) 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.

Check this box if neither the organization r	or any related	orga	aniza	ation	cor	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	, unle cer an	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	$\vdash$	Cer an	lu a u	recio	)/ ii us	lee)	from	from related	other 
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	mpen		1099-NEC)	1000 NEO)	and related
	below	dualt	utiona	_	Key employee	st co	-E	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Form			
(1) Michelle Sampson	40.00									
Executive Director				Х				97,549.	0.	20,648.
(2) Barbara Chase	1.00									
Trustee		Х						0.	0.	0.
(3) Britton Ryan Garon	2.00									
President		X		Х				0.	0.	0.
(4) Julie Steadman	1.00									
Trustee		Х						0.	0.	0.
(5) Marina Mails	1.00									
Trustee		Х						0.	0.	0.
(6) Mary Behnke	1.00									
Trustee		Х						0.	0.	0.
(7) Mary Marshall	1.00									
Secretary		Х		Х				0.	0.	0.
(8) Nancy Garrick	1.00									
Trustee		Х						0.	0.	0.
(9) Shea Adelson	2.00									
Vice President		Х		Х				0.	0.	0.
(10) Steve Burns	1.00									
Trustee		Х						0.	0.	0.
(11) Steve Gendron	1.00									
Treasurer		Х		Х				0.	0.	0.
(12) Will Ethridge	1.00							_	_	_
Trustee		Х						0.	0.	0.
		1								
		-								
				_	_		$\vdash$			
		1								
-			$\vdash$			$\vdash$				
		1								

Part VII	Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C		es (continued)				
	(A)	(B)			•	C)			(D)	(E)			(F)	
	Name and title	Average		not c		more	than		Reportable	Reportable		l	timate	
		hours per week					is bot or/trus		compensation	compensation		ar	nount	of
		(list any	$\vdash$	<u> </u>		Γ	П	É	from the	from related organization		com	other pensa	tion
		hours for	Individual trustee or director				,		organization	(W-2/1099-MIS		ı	om the	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)		l	anizati	
		organizations	trust	al tru		yee	ompe		` 1099-NEC)	,		_ ~	d relate	
		below	vidua	Institutional trustee	Je.	Key employee	Highest compensated employee	ner				orga	anizatio	วทร
		line)	Indi	Insti	Officer	Key	High	Former						
							$\vdash$	L						
							$\vdash$	L						
			_		_		$\vdash$	┝						
1b Subto	otal								97,549.		0.	2	0,6	
	from continuation sheets to Part VI								0.		0.	2	0 6	0.
	(add lines 1b and 1c)								97,549.				0,6	40.
	number of individuals (including but n	iot limited to tr	ose	liste	ed a	bov	e) wi	no re	eceived more than \$100	,000 of reportab	ole			0
comp	ensation from the organization												Yes	No
3 Did th	e organization list any <b>former</b> officer,	director, trust	ee, l	key e	emp	love	e, o	r hig	hest compensated emp	loyee on				-110
line 1	a? If "Yes," complete Schedule J for s	uch individual							'			3		Х
	ny individual listed on line 1a, is the su													
and re	elated organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
	ny person listed on line 1a receive or a	=				-			-		6			
	red to the organization? If "Yes," com	plete Schedul	e J t	for s	uch	pers	son .					5		X
	Independent Contractors									<b>4400.000.</b> f				
	plete this table for your five highest conganization. Report compensation for										npens	ation	rom	
	(A)								(B)			((		
	Name and business	address	N	INC	≝			4	Description of s	ervices	C	ompe	nsatio	า
								1						
	number of independent contractors (i		ot li	mite	d to	tho	se li	stec	d above) who received m	ore than				
\$100,	000 of compensation from the organi	zation					U					Form	990 c	2022)

Га	I V	Check if Schedule O cont		or note to any lir	ne in this Part VIII			
		Shock in deficultie of confi	anis a response	or note to any in	(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated	( <b>D</b> ) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	A Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contribut  All other contributions, gifts, gran similar amounts not included abo  Noncash contributions included in lines  Total. Add lines 1a-1f	1b 1c 1d 1d 1e 1sts, and 1f	82,867.  746,509.  75,980.  5,000.	905,356.			
			<u> </u>	Business Code	0 116	0.116		
Program Service Revenue	(	Program service	e tees -	519200	8,116.	8,116.		
Pro	4	MI other program convice rove	20110					
	,	f All other program service reverge Total. Add lines 2a-2f			8,116.			
	3	Investment income (including other similar amounts) Income from investment of ta	dividends, intere	est, and proceeds	81,758.			81,758.
	5	Royalties	(i) Real	(ii) Personal				
		a Gross rents 6a b Less: rental expenses 6b c Rental income or (loss) 6c		(II) Personal				
		d Not worded in a core on (loca)	· <u>                                      </u>					
	7 8	a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
er Revenue	(	b Less: cost or other basis and sales expenses 7b C Gain or (loss) 7c	;					
Other R		d Net gain or (loss)  Gross income from fundraising er including \$ contributions reported on line	vents (not of e 1c). See					
		Part IV, line 18 Less: direct expenses Net income or (loss) from fund	8b					
		a Gross income from gaming ac Part IV, line 19 Less: direct expenses	9a					
	(	Net income or (loss) from gan Gross sales of inventory, less	ning activities					
		and allowances  Less: cost of goods sold  Net income or (loss) from sale	10b					
s			cvontory	Business Code				
Miscellaneous Revenue		Book Nook		900099	6,745.	6,745.		
Scel		All all all and an arrangement						
Ξ		d All other revenue			6,745.			
	12	Total revenue. See instructions			1,001,975.	14,861.	0.	81,758.

Form 990 (2022)

York Public Library

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	<u>'</u>		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		схрензез	general expenses	САРСПЗСЗ
·	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	98,448.	65,837.	22,766.	9,845.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	526,365.	455,553.	33,086.	37,726.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	29,261.	25,654.	1,327.	2,280.
9	Other employee benefits	57,710.	48,033.	2,831.	6,846.
10	Payroll taxes	52,334.	11,647.	2,389.	38,298.
11	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	8,559.		8,559.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	26,153.	10,388.	14,925.	840.
12	Advertising and promotion				
13	Office expenses	23,293.	19,030.	1,246.	3,017.
14	Information technology				
15	Royalties				
16	Occupancy	60,024.	55,869.	1,810.	2,345.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	12,070.	11,037.	483.	550.
21	Payments to affiliates	125 225	100 005	F 400	0.410
22	Depreciation, depletion, and amortization	135,805.	122,225.	5,432.	8,148.
23	Insurance	10,333.	8,753.	790.	790.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)	75 706	71 046	1 020	0 100
а	Maintenance Contracts	75,796.	71,846.	1,830.	2,120.
b	Acquisitions	74,263.	72,756.	0.	1,507.
С	Repairs & Maintenance	6,911.	6,452.	199.	260.
d	Miscellaneous	3,249.	2,087.	1,160.	2.
	All other expenses	1 200 574	007 167	00 022	111 [7]
25	Total functional expenses. Add lines 1 through 24e	1,200,574.	987,167.	98,833.	114,574.
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)				F 000 (2022)

Pa	πχ	Balance Sheet					
		Check if Schedule O contains a response or note	to an	y line in this Part X			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1		
	2	Savings and temporary cash investments			59,557.	2	44,915
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current or f	ormer	officer, director,			
		trustee, key employee, creator or founder, substa	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these		5			
	6	Loans and other receivables from other disqualified					
		under section 4958(f)(1)), and persons described				6	
şţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			15,764.	9	20,111
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	6,736,470.			
	b	Less: accumulated depreciation	10b	2,786,102.	4,027,608.	10c	3,950,368
	11	Investments - publicly traded securities	2,982,732.	11	2,947,372		
	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 equal			7,085,661.	16	6,962,766
	17	Accounts payable and accrued expenses			56,500.	17	25,536
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa				21	
es	22	Loans and other payables to any current or forme					
≝		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these			200 762	22	244 025
	23	Secured mortgages and notes payable to unrelate			280,762.	23	244,925
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X			
		of Schedule D		·····	227 262	25	270 461
	26	Total liabilities. Add lines 17 through 25			337,262.	26	270,461
S		Organizations that follow FASB ASC 958, chec	k here	e X			
ü		and complete lines 27, 28, 32, and 33.			5,505,698.		E 201 1EE
<u>ala</u>	27	Net assets without donor restrictions			1,242,701.	27	5,394,155 1,298,150
<u> </u>	28	Net assets with donor restrictions			1,242,701.	28	1,290,130
Ψ		Organizations that do not follow FASB ASC 956	s, cne	eck nere			
ō	000	and complete lines 29 through 33.			00		
ets	29	Capital stock or trust principal, or current funds				29	
\SS	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inco			6,748,399.	31	6,692,305
Ž	32	Total net assets or fund balances			7,085,661.	32	
	33	Total liabilities and net assets/fund balances			7,005,001.	33	6,962,766

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
					4 0			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,00				
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,20				
3	Revenue less expenses. Subtract line 2 from line 1	3			-198,599			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	(		,748,399.			
5	Net unrealized gains (losses) on investments	5		14	2,5	05.		
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		6,69	2,3	05.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.					
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the								
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

Form **990** (2022)

### **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

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

York Public Library Employer identification number 01-0360256

Pa	rt I	Reason for Public (	Charity Status.	All organizations must c	omplete th	nis part.) S	ee instructions.	
Γhe	organ	ization is not a private found	lation because it is: (For lines 1 through 12, check only one box.)					
1		A church, convention of ch						
2		A school described in <b>sect</b> i						
3		A hospital or a cooperative				(b)(1)(A)(ii	ii).	
4	$\Box$	A medical research organiz						the hospital's name
		city, and state:		ngan onon man a moopha		000		,
5		An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a d	overnmental unit describ	ned in
J				liege of difficulty owner	а ог орога	iou by u g	overnmental and accord	500 III
6		section 170(b)(1)(A)(iv). (Complete Part II.)						
6	X	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b> An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in						
′	21			riliai part of its support i	rom a gov	emmentai	unit or from the general	public described in
_		section 170(b)(1)(A)(vi). (C	. ,	(4)(A)(-1) (Ol-t- D	L II \			
8	H	A community trust describe						
9		An agricultural research org				-	-	•
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of the colleg	e or
		university:						
10		An organization that norma						
		activities related to its exen						
		income and unrelated busin		(less section 511 tax) from	om busine	sses acqu	ired by the organization	after June 30, 1975.
		See section 509(a)(2). (Cor	'					
11	$\vdash$	An organization organized a	="	•	•			
12		An organization organized a	•	•	•			
		more publicly supported or	_					Check the box on
		lines 12a through 12d that	* *			-		
а			· · · · · · · · · · · · · · · · · · ·					
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting
		organization. <b>You must o</b>						
b			•					•
		control or management o			ame perso	ons that co	ontrol or manage the sup	ported
		organization(s). <b>You mus</b>	-					
С								ed with,
		its supported organization	n(s) (see instructions	s). You must complete I	Part IV, Se	ctions A,	D, and E.	
d								• •
		that is not functionally int		,	•		•	iveness
		requirement (see instruct	ions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	V.	
е		☐ Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated support	ing organiz	zation.		
f		er the number of supported o						
g		vide the following information  i) Name of supported			(iv) Is the orga	nization listed	(a) Amount of monotons	(vi) Amount of other
	(	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See metractions)	Support (See motradions)
Tot:								
165	**							

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar 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 756,005. 916,197 873,136. 868,800. 912,100. 4326238. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 916,197. 873,136. 868,800. 912,100. 756,005. 4326238. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) 4326238. 6 Public support. Subtract line 5 from line 4. Section B. Total Support **(e)** 2022 Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (f) Total 912,100 916,197. 873,136. 868,800. 756,005. 4326238. 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 118,424. 90,541. 62,454. 68,461 81,759. 421,639. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 4747877. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 91.12 14 % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 90.43 15 Public support percentage from 2021 Schedule A, Part II, line 14 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization

Schedule A (Form 990) 2022

meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

### 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.)

Se	ction A. Public Support	elow, please com	piete Part II.)				
	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	(a) 2010	(2) 2010	(0) 2020	(4) 2021	(0) 2022	(i) rotal
·	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-						
	to a constant of 10						
1	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
5	or expended on its behalf The value of services or facilities						
3	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	· · · · · · · · · · · · · · · · · · ·						<del>                                     </del>
7 6	Amounts included on lines 1, 2, and						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received						<del>                                     </del>
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	· · · · · · · · · · · · · · · · · · ·	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						<del>                                     </del>
106	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources			+			<del>                                     </del>
K	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 20, 1075						
	· · · · · · · · · · · · · · · · · · ·						
11	Add lines 10a and 10b  Net income from unrelated business			+			
•••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	504( )(0)	<u></u>
14	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
Sa	check this box and stop here ction C. Computation of Publi	ic Support De	rcentage				L
	-			l (f)		15	
	Public support percentage for 2022 (I					<del>                                     </del>	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u>%</u>
	· · · · · · · · · · · · · · · · · · ·					17	0/
	Investment income percentage for 20					<del>                                     </del>	<u>%</u>
	Investment income percentage from 2					18	% 17 is not
198	33 1/3% support tests - 2022. If the						I / IS NOT
	more than 33 1/3%, check this box at						
k	33 1/3% support tests - 2021. If the	•			•	•	
00	line 18 is not more than 33 1/3%, che						
<b>Z</b> U	Private foundation. If the organizatio	ri dia riot check a	. DOX ON IINE 14, 19	יa, or ישם, check t	iiis dox and see ir	ISTRUCTIONS	

### Part IV | Supporting Organizations

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

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *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.)

1		Yes	No
	1		
	2		
	_		
	3a		
	od		
	3b		
	3с		
	4a		
	46		
	4b		
	4c		
	F-		
	5a		
	5b		
	5с		
	6		
	J		
	_		
	7		
	8		
	9a		
	9b		
	35		
	0-		
	9с		
	10a		
	10b		
dule	A (Forr	n 990	2022

Par	t IV   Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sect	ion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	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		
Sect	ion 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 yea(see instructions	s).		
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	nstructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	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		_
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt v   Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(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		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see

Schedule A (Form 990) 2022

instructions).

York Public Library 01-0360256 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 4 Amounts paid to acquire exempt-use assets 4 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 9 10 Line 8 amount divided by line 9 amount 10

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

## Schedule B

### Schedule of Contributors

butors OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

2022

Name of the organization Employer identification number York Public Library 01-0360256 Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\_\_\_\_\_\_\$

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

## York Public Library

01-0360256

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,000.	Person X Payroll
(a) No.	(b)	(c) Total contributions	(d)
	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.

Name of organization Employer identification number

## York Public Library

01-0360256

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

Name of organization **Employer identification number** York Public Library 01-0360256 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

York Public Library

Employer identification number 01-0360256

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	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		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?	······································	Yes No
Pai	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (for example, recreating	tion or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation 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	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva	ation easements during the year
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footn	note to the organization's financial statem	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	, ,	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furt	herance 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		\$
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
h	Assets included in Form 990, Part X		\$

Sche	edule D (Form 990) 2022 York Pul	olic Library				01-	-03	50256	Page <b>2</b>
Pai	rt III   Organizations Maintaining C	ollections of Art, Hi	storical Tr	easures, or	Other	Similar A	sset	<b>S</b> (continu	ed)
3	Using the organization's acquisition, accession	on, and other records, che	ck any of the	following that n	nake sigr	nificant use	of its	-	-
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	e	Other	9-  9					
c	Preservation for future generations	<u> </u>							
4	Provide a description of the organization's co	llections and explain how	they further t	ne organization	's evemn	t nurnose ii	n Part	XIII	
5	During the year, did the organization solicit or						iii ait	AIII.	
3	to be sold to raise funds rather than to be ma	•		•				Yes	☐ No
Pai	rt IV Escrow and Custodial Arrang						rt I\/ I		110
ı u	reported an amount on Form 990, Par		ie organizatio	ii alisweled Te	55 01110	пп ээо, га	itiv, i	ii le 9, 0i	
	Is the organization an agent, trustee, custodia		or contribution	s or other asse	ts not inc	cluded			
ıu	on Form 990, Part X?	•						Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII a						'	103	110
Б	ii res, explain the arrangement iiri art Ain a	and complete the following	g table.					Amount	
	Paginning halange					1c		7 ti 110 di 11	
	Beginning balance					1d			
	Additions during the year					1e			
•	Distributions during the year					1f			
20	Ending balance  Did the organization include an amount on Fo							Yes	□ No
	If "Yes," explain the arrangement in Part XIII.				•	·		162	
	rt V Endowment Funds. Complete if								
. u	Zilaswilletti allasi complete il	<del>_</del>	Prior year	(c) Two years b	<del>`                                      </del>	Three years	hack	(e) Four v	ears hack
10	Posinning of year helpnos	· · · · · · · · · · · · · · · · · · ·	1,319,611.		<del> </del>	1,197,			46,141.
	Beginning of year balance	56,693.	1,313,011.	1,140,	200.	1,107,	000.		. 40 , 141.
b	Contributions	69,864.	-128,889.	211,	297	1./	887.		51,659.
C	Net investment earnings, gains, and losses	05,004.	120,005.	211,	237.	11,	007.		31,033.
	Grants or scholarships						-		
е	Other expenditures for facilities	40 965	24 742	20	054	6.1	410		
	and programs	40,865.	34,743.	39,	754.	04,	419.		
	Administrative expenses	1 241 671	1 155 070	1 210	611	1 1 / 0	260	1 1	07 000
g	End of year balance	, ,	1,155,979.	, ,	011.	1,148,	200.	1,1	.97,800.
2	Provide the estimated percentage of the curr		1g, column (a	i)) held as:					
а	Board designated or quasi-endowment	%							
b	Permanent endowment 94.1570  Term endowment 5.8430 9	%							
С	<del></del>								
_	The percentages on lines 2a, 2b, and 2c should be a sh	•							
За	Are there endowment funds not in the posses	ssion of the organization t	hat are held a	nd administered	d for the			L.	'aa Ma
	organization by:								es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of the	<u> </u>	t funds.						
Pai	rt VI Land, Buildings, and Equipm		N/ Email 1 a C	Farra 000 F	David V. Kin	- 10			
	Complete if the organization answered		1	1			1		
	Description of property	(a) Cost or other	1 ' '	or other		ımulated		(d) Book v	value
		basis (investment)		(other)	uepre	ciation		102	E 0.1
	Land			3,591.	2 20	0 512	٠	$\frac{493}{3,423}$	<u>,591.</u>
b	Buildings		3,01	4,100.	۷,39	0,513	<u> </u>	0,445	,50/.

3,950,368. Schedule D (Form 990) 2022

33,190.

395,589.

e Other.

c Leasehold improvements

d Equipment

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

428,779.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.	_		
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
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	d-of-vear market value
(1)	(2) 20011 10100	(c) meaned or randomerin ever or en	<u> ,</u>
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (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, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	0.15 \		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin  Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990 Part IV line	11a or 11f See Form 990 Part V line 25	5
(-) December 1 and	Offi Offi 990, Fait IV, line	The of Th. See Form 930, Fart X, line 25	(b) Book value
			(b) Book value
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
organization's liability for uncertain tax positions under		-	
		: :::: :::::::::::::::::::::::::::::::	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

#### Part X, Line 2:

The Library qualifies as an organization exempt from federal income tax under Internal Revenue Code Section 501(c)(3) and files a Form 990 tax With few exceptions, the library is no longer subject to U.S. federal income tax examinations by tax authorities for years before 2013 due to statute of limitations. The Library believes it has no material uncertain tax positions and, accordingly it will not recognize any liability for unrecognized tax benefits.

#### Part XI, Line 2d - Other Adjustments:

Fundraising Expenses Netted With Revenue

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

York Public Library

Employer identification number 01-0360256

Form 990, Part VI, Section A, line 7a:

Members are invited to attend annual meetings to elect the Board of

Trustees and the Board's officer positions.

Form 990, Part VI, Section A, line 8b:

Does not apply

Form 990, Part VI, Section B, line 11b:

Form 990 is reviewed by the Treasurer and the Director prior to filing with the IRS and then reviewed with the Executive Committee after filing with the IRS.

Form 990, Part VI, Section B, Line 12c:

The Library has established a written conflict of interest policy subsequent to June 30, 2017.

Form 990, Part VI, Section B, Line 15:

360 review by way of online survey/questionnaire. Direct reports and Board members with whom the Director works most closely were asked to fill out the form anonymously. Results were collated into a report. Director was presented with the findings at a meeting with the Executive Board.

Form 990, Part VI, Section C, Line 19:

Governing documents are available on request from the Library Director.

Form 990, Part XII, Line 2c: