Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

\overline{A}	For the	= 2022 calendar year, or tax year beginning $$	JUN 30, 2023	•		
			D Employer identific			
	Check if applicable	INFOLINK, THE EASTERN NEW JERSEY REGIONAL				
Г	Addres					
F	Name change	T TDD A DAT TNIAN T	─ **-**96	0.4		
F	Initial	g				
F	return Final	2300 STUYVESANT AVENUE	uite E Telephone numbe (732)752			
L	return/ termin	· •				
г	ated Amend	City or town, state or province, country, and ZIP or foreign postal code TRENTON, NJ 08618	G Gross receipts \$	2,089,767.		
F	return Applic		H(a) Is this a group re			
L	tion pendir	F Name and address of principal officer: KALLEN 5. BINGHAM III	for subordinates			
_		SAME AS C ABOVE	H(b) Are all subordinates in			
_			527 If "No," attach a	list. See instructions		
	Websit		H(c) Group exemptio			
	_		ear of formation: 1985 $_{ m N}$	1 State of legal domicile: ${f NJ}$		
Р	art I	Summary				
ø	1	Briefly describe the organization's mission or most significant activities: ${ t LIBRARYL}$	INKNJ FORMALL	Y KNOWN AS		
Governance		INFOLINK IS A NONPROFIT, MULTI-TYPE LIBRARY	ORGANIZATION	ESTABISHED		
ž	2	Check this box if the organization discontinued its operations or disposed of r	nore than 25% of its net as			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	15		
ত জ		Number of independent voting members of the governing body (Part VI, line 1b)	4	15		
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	7		
Ϋ́	6	Total number of volunteers (estimate if necessary)		15		
Activities	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.		
⋖	Ь	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.		
		, ,	Prior Year	Current Year		
4	8	Contributions and grants (Part VIII, line 1h)	1,659,124.	1,797,051.		
nue	9	Program service revenue (Part VIII, line 2g)	117,671.	242,516.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,255.	50,200.		
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.		
			1,780,050.	2,089,767.		
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	130,095.	102,743.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	130,033.	0.		
	1	Benefits paid to or for members (Part IX, column (A), line 4)	565,545.			
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 29,704.	0.	0.00,741.		
ē	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.		
X	- _ b		1 1 2 7 2 0 4	1 206 200		
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,127,384.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,823,024.	2,039,692.		
	19	Revenue less expenses. Subtract line 18 from line 12	-42,974.	50,075.		
Net Assets or			Beginning of Current Year	End of Year		
Sset	[20	Total assets (Part X, line 16)	1,540,628.	1,295,293.		
F. A.	21	Total liabilities (Part X, line 26)	1,099,878.	804,468.		
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	440,750.	490,825.		
_	art II	Signature Block				
		lties of perjury, I declare that I have examined this return, including accompanying schedules and sta		y knowledge and belief, it is		
tru	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.			
		Observation of afficers	Data			
Si		Signature of officer	Date			
He	re	RALPH S. BINGHAM III, EXECUTIVE DIRECTOR				
		Type or print name and title	I Doto	I DTIN		
		Print/Type preparer's name Preparer's signature	Date Check	PTIN		
Pa		PATRICIA DIAZ, CPA Jatricia Xian	2-19-2024 self-employ			
	eparer	Firm's name DORFMAN ABRAMS MUSIC, LLC	Firm's EIN *	*-***5803		
Us	e Only	Firm's address 250 PEHLE AVE., SUITE 702				
		SADDLE BROOK, NJ 07663	Phone no. 20	1-403-9750		
M	y the IE	RS discuss this return with the preparer shown above? See instructions		X Yes No		

Pai	t III 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:
	LIBRARYLINKNJ FORMALLY KNOWN AS INFOLINK IS A NONPROFIT, MULTI-TYPE
	LIBRARY ORGANIZATION ESTABISHED UNER THE NEW JERSEY LIBRARY NETWORK
	LAW AND THE REGULATIONS UNDER NEW JERSEY ADMINISTRATIVE CODE 15:22.
	LIBRARYLINKNJ FOSTERS LIBRARY INNOVATION, CONTINUING EDUCATION,
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 1,099,003. including grants of \$) (Revenue \$ 225,788.)
	INTERLIBRARY LOAN - DELIVERY SERVICES
	MILE OFFICIAL TAMEDIA TOPADA ACAM DEL TIMENA GERIAGE DEL TIMENA GERIAGE
	THE STATEWIDE INTERLIBRARY LOAN DELIVERY SERVICE DELIVERS LIBRARY
	MATERIALS TO AND FROM LLNJ MEMBER LIBRARIES IN NEW JERSEY. MEMBERS
	SHARE IN THE COST FOR THIS SERVICE. IN FY 23 MEMBERS PAID \$3.98 PER
	STOP BASED ON THE NUMBER OF STOPS PER WEEK. MEMBERS ARE GIVEN A BASE
	NUMBER OF DELIVERY DAYS BASED ON VOLUME OF BOOKS BEING SHIPPED TO OTHER
	MEMBER LIBRARIES. ANY ADDITIONAL DELIVERY DAYS REQUESTED BY THE MEMBER
	LIBRARY IS CHARGED AT FULL COST.
4b	(Code:) (Expenses \$ 85,743 • including grants of \$ 85,743 •) (Revenue \$)
40	(Code:) (Expenses \$ 05,745. including grants of \$ 05,745.) (Revenue \$) LEVEL-UP YOUR LIBRARY MINI GRANT (SUB-GRANT)
	THE LEVEL UP YOUR LIBRARY MINI-GRANT PROGRAM ASKED APPLICANT
	INSTITUTIONS TO IDENTIFY PROJECTS, PROGRAMS, OR AREAS OF SERVICE THAT
	WOULD BENEFIT FROM IMPROVEMENT, EXPANSION, OR REVITALIZATION. 24
	PROJECTS WERE FUNDED STATEWIDE TOTALING.
	01 010
4c	(Code:) (Expenses \$ 21,010 • including grants of \$) (Revenue \$)
	WEBINARS & PROGRAMS EXPENSES DELAMED DO DESCENDED EFES AND DESCENDED AN
	EXPENSES RELATED TO PRESENTER FEES AND TECHNOLOGY COST. WEBINARS ARE
	SCHEDULED FOR NEW JERSEY LIBRARIANS TO HAVE THE KNOWLEDGE, SKILLS, AND TOOLS THEY NEED TO CONFIDENTLY SERVE THEIR COMMUNITY. WE ARE ABLE TO
	RECORD THESE WEBINARS AND STORE THEM ON OUR DATA BASE FOR ON-DEMAND
	USE.
	ODE:
	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ 728,942 • including grants of \$ 17,000 •) (Revenue \$ 16,728 •)
4e	Total program service expenses 1,934,698.
	Form 990 (2022)

-*9604

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		Х
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		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
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			Х
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f	- 22	
ıza		12a	х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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		Х
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
2 0a		20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	l

Form 990 (2022) LIBRARY COOPERATIVE, INC.

Part IV Checklist of Required Schedules (continued)

			V	NI-
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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			l
	Schedule J	23		X
24a	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	24a		x
b	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	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			
		25b		x
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		Х
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			37
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"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
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		X
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	-		
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			17
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
Ь	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
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?		x	
Pai	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	38		
· al	Check if Schedule O contains a response or note to any line in this Part V			
	entering contradict of contains a responde of flote to diffy fille in this flat v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 19			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

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,				
	filed for the calendar year ending with or within the year covered by this return	2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		_		37
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut		۵.		
_	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	wines provided to the powers	7-		Х
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 8282?		7c		Х
d	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7 f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:	1 1			
	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.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state?		ısa		
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the				
5	organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
		100	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investmen	t income?	16		Х
	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 ac	tivities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

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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 1	5							
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 1b 15								
2									
	officer, director, trustee, or key employee?								
3									
	of officers, directors, trustees, or key employees to a management company or other person?								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6	Х						
7a		۳							
	more members of the governing body?	7a	X						
b		<u> </u>							
	persons other than the governing body?	7b	Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	10							
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	+	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00	1	╫					
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x					
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	The state of the section broquests information about policies not required by the internal nevertice section		Yes	No					
102	Did the organization have local chapters, branches, or affiliates?	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	108	+						
J	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
112	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	77						
b		110							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	+						
		120	+						
·	on Schedule O how this was done	120	X						
13	Did the organization have a written whistleblower policy?	13	X						
14	Did the organization have a written document retention and destruction policy?	14	X						
		14							
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?								
•		15a	Х						
a h	Other officers or key employees of the organization	15a	77						
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130	+						
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
IUa		16a		Х					
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	102							
J	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
		16b							
Sec	exempt status with respect to such arrangements?	100							
17	List the states with which a copy of this Form 990 is required to be filed NONE								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s on	v) avai	ahle					
10	for public inspection. Indicate how you made these available. Check all that apply.	ا ان درد	,, avaii	2010					
	X Own website Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fin	ancial						
19	statements available to the public during the tax year.	iiu III le	ai iolai						
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
20	RALPH S. BINGHAM III, EXECUTIVE DIRECTOR - 732-752-7720								
	2300 STUYVESANT AVENUE, TRENTON, NJ 08618								

INFOLINK, THE EASTERN NEW JERSEY REGIONAL

LIBRARY COOPERATIVE, INC.

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	
CHECK II SCHEUUIE O COITAILIS A LESDOUSE OFHOLE LO ALIVIILLE III LIIS FAIL VII	

-*9604

Page 7

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 n	or any related	orga	aniza	ation	cor	npei	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		er an	u a u	recio	or/trus	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	ruste	l trus		ee	nben		1099-NEC)	1099-1420)	and related
	below	dualt	itiona	L	oldu	st co.	<u></u>	10001120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			3
(1) BONNIE LAFAZAN	2.00									
TRUSTEE		Х						0.	0.	0.
(2) ALLAN KLEIMAN	2.00									
TRUSTEE		Х						0.	0.	0.
(3) LAURIE MATASSA	2.00									
TRUSTEE		Х						0.	0.	0.
(4) CHRIS CARBONE	2.00									
TRUSTEE		Х						0.	0.	0.
(5) JENNIFER PODOLSKY	2.00									
TRUSTEE		Х						0.	0.	0.
(6) RANJNA DAS	2.00									
TRUSTEE		Х						0.	0.	0.
(7) JANINA KALDAN	2.00									
TRUSTEE		Х						0.	0.	0.
(8) JOAN M. SERPICO	2.00									
TRUSTEE		Х						0.	0.	0.
(9) VICKIE VOLYN	2.00									
TRUSTEE		Х						0.	0.	0.
(10) JOHN FOGLIA	2.00									
TRUSTEE		Х						0.	0.	0.
(11) JENNIE PU	2.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(12) COREY FLEMING	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(13) WILL PORTER	2.00									
TREASURER		Х		Х				0.	0.	0.
(14) PHILLIP BERG	2.00									
ASSISTANT TREASURER	0.00	Х		Х				0.	0.	0.
(15) KATHY DEMPSEY	2.00									_
SECRETARY	25 22	Х	_	Х		_	<u> </u>	0.	0.	0.
(16) RALPH S. BINGHAM III	35.00	1		,,				101 001	_	04 016
EXECUTIVE DIRECTOR		_	_	Х			_	121,801.	0.	24,816.
		ļ								

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (es (continued)					
	(A)	(B)			_ (0	C)			(D)	(E)			(F)	
	Name and title	Average	(do	not c	Pos heck	itior more	than	one	Reportable	Reportable			stimate	
		hours per week					is bot or/trus			compensation		ar	nount	
		(list any	_					Ú	from the	from related organization		com	other pensa	
		hours for	Individual trustee or director				P		organization	(W-2/1099-MI			om th	
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	trust	Institutional trustee		yee	mbel		` 1099-NEC)	<i>'</i>		ı ~	d relat	
		below	id ual	tution	ь	Key employee	est co	je.				orga	anizati	ons
		line)	Indi	Insti	Officer	Keye	Highest compensated employee	Former						
1b	Subtotal							<u>. </u>	121,801.		0.	2	4,8	16.
С	Total from continuation sheets to Part V								0.		0.			0.
d	Total (add lines 1b and 1c)								121,801.		0.	2	4,8	16.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wł	no r	received more than \$100	0,000 of reportab	le			4
	compensation from the organization												V	No
•	Did the consequention list and former of the	-1:							-1	.1			Yes	NO
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s											3		х
4	For any individual listed on line 1a, is the su								ther compensation from			j		
•	and related organizations greater than \$15	•		-						-		4		Х
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedul	e J f	or su	uch	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co										npens	ation	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithi		year.			•	
	(A) Name and business	address							(B) Description of s	ervices	С)) ompe		'n
TF	ORCE FINAL MILE, PO BOX	x 20284	GI	REI	3LI	ΞY			'			<u> </u>		
SQ									DELIVERY SER	VICES		88	9,8	84.
2	Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ste	L d above) who received m	nore than				
	\$100,000 of compensation from the organi	•					1		•					

Form 990 (2022)

-*9604 LIBRARY COOPERATIVE, Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 1,797,051. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f 1,797,051. h Total. Add lines 1a-1f **Business Code** 900099 242,516. 242,516. 2 a LIBRARY SERVICE INCOME Program Service Revenue f All other program service revenue 242,516. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 50,200. 50,200. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis Other Revenue and sales expenses 7b c Gain or (loss) ______7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a

d All other revenue

Total revenue. See instructions

e Total. Add lines 11a-11d

2,089,767.

242,516.

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).

3601	ion 501(c)(3) and 501(c)(4) organizations must com			implete column (A).	
	Check if Schedule O contains a respon		this Part IX(B)	(C)	<u>(D)</u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	05 540	25 542		
	and domestic governments. See Part IV, line 21	85,743.	85,743.		
2	Grants and other assistance to domestic	15 000	15 000		
	individuals. See Part IV, line 22	17,000.	17,000.		
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,	146,442.	131,798.	8,786.	5,858.
_	trustees, and key employees	140,442.	131,790.	0,700.	3,030.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)	345,964.	311,367.	20,758.	13,839.
7 8	Other salaries and wages Pension plan accruals and contributions (include	J=J, J04•	311,307.	20,750•	13,033.
0	section 401(k) and 403(b) employer contributions)	37,017.	33,315.	2,221.	1.481.
9	Other employee benefits	61,884.	55,696.	3,713.	1,481. 2,475.
10	Payroll taxes	39,434.	35,491.	2,366.	1,577.
11	Fees for services (nonemployees):	00 / 10 1 1	00,101		
	Management				
	Legal	10,288.	2,058.	8,230.	
	Accounting	28,884.	5,777.	23,107.	
	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 0.)	16,000.	16,000.		
12	Advertising and promotion				
13	Office expenses	10,025.	9,019.	604.	402.
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	15,463.	15,463.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	7 202	3,646.	3,646.	
23	Insurance Other expanses Itamize expanses not severed	7,292.	3,040.	3,040.	
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.)				
а	REGIONAL SERVICES	1,183,227.	1,183,227.		
b	TELEPHONE	24,278.	19,422.	1,214.	3,642.
С	EQUIPMENT	10,751.	9,676.	645.	430.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,039,692.	1,934,698.	75,290.	29,704.
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)				
	0 10 10 00				Earm 990 (2022)

Form 990 (2022)
Part X Balance Sheet

Pa	πλ	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this	s Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	170,146.	1	458,871
	2	Savings and temporary cash investments		2	821,653
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	7,395
	5	Loans and other receivables from any current or former officer, dir			
		trustee, key employee, creator or founder, substantial contributor,	or 35%		
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as de	efined		
		under section 4958(f)(1)), and persons described in section 4958(d	c)(3)(B)	6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
₹	9	Prepaid expenses and deferred charges		9	7,374
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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 line 33)		16	1,295,293
	17	Accounts payable and accrued expenses	108,895.	17	21,797
	18	Grants payable		18	
	19	Deferred revenue	2,082.	19	821
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule	e D	21	
es	22	Loans and other payables to any current or former officer, director	,		
≝		trustee, key employee, creator or founder, substantial contributor,	or 35%		
Liabilities		controlled entity or family member of any of these persons		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related the	hird		
		parties, and other liabilities not included on lines 17-24). Complete			
		of Schedule D	988,901.	25	781,850
	26	Total liabilities. Add lines 17 through 25	1,099,878.	26	804,468
ģ		Organizations that follow FASB ASC 958, check here			
ဥ		and complete lines 27, 28, 32, and 33.	440 550		400 005
a a	27	Net assets without donor restrictions		27	490,825
Ö	28	Net assets with donor restrictions		28	
Š		Organizations that do not follow FASB ASC 958, check here			
Ĕ		and complete lines 29 through 33.			
ţ	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund $\ \dots$		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other fun	440 ==0	31	400 005
Š	32	Total net assets or fund balances		32	490,825
	33	Total liabilities and net assets/fund balances	1,540,628.	33	1,295,293

Form 990 (2022)

	INI ODINK, IIID DIBIDIK NOW ODIKODI KEGIOMED				
	1990 (2022) LIBRARY COOPERATIVE, INC.	**-**	9604	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				Ш.
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,089	7, 6	67.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,039	9,6	<u>92.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			75.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	440),7	50.
5	Net unrealized gains (losses) on investments	5			
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	490),8	25.
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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	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 the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	,	2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	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?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	ar guidite, avalain why an Cabadula O and describe any stone taken to undergo such audite		26		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public Inspection

OMB No. 1545-0047

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

INFOLINK, THE EASTERN NEW JERSEY REGIONAL LIBRARY COOPERATIVE, INC.

Employer identification number **-***9604

Pa	rt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.		
The	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 churches, or association of churches described in section 170(b)(1)(A)(i).							
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or a cooperative		•		(b)(1)(A)(ii	i).		
4		A medical research organiza						the hospital's name.	
		city, and state:		.,,				and morphian o manne,	
5		An organization operated for	or the benefit of a co	ullege or university owner	d or operat	ted by a d	overnmental unit descri	ned in	
5		section 170(b)(1)(A)(iv). (C		liege of difficulty owner	и ог орста	ica by a g	overnmental and desem	ocu III	
6				nantal unit dagarihad in 1	saatian 17	70/6\/4\/A\	6.4		
6	X	A federal, state, or local gov							
′	21	An organization that normal	•	initial part of its support i	rom a gov	emmentai	unit or from the general	public described in	
_		section 170(b)(1)(A)(vi). (Co	•	(4)(A)(-i) (Olete Deut					
8	Н	A community trust describe						!!	
9	ш	An agricultural research org				_	-	•	
		or university or a non-land-g	rant college of agric	culture (see instructions).	Enter the	name, city	, and state of the collec	ge or	
		university:							
10	ш	An organization that normal							
		activities related to its exem							
		income and unrelated busin		(less section 511 tax) fro	om busine	sses acqu	ired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Cor	•						
11	Н	An organization organized a	•	•	-				
12		An organization organized a	· ·	•	•		· · · · · · · · · · · · · · · · · · ·		
		more publicly supported or						Check the box on	
		lines 12a through 12d that o				-			
а				•					
		the supported organization			a majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must c	=						
b			·					-	
		control or management of			ame perso	ons that co	ontrol or manage the sup	oported	
		organization(s). You mus	-						
С			=				• •	ed with,	
		its supported organization		· ·					
d			•					` '	
		that is not functionally into	egrated. The organiz	zation generally must sat	isfy a dist	ribution re	quirement and an attent	tiveness	
		requirement (see instructi	ons). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		□ Check this box if the orga	inization received a	written determination fro	m the IRS	that it is a	ı Type I, Type II, Type III		
		functionally integrated, or	* *	nally integrated supporti	ing organiz	zation.			
f		er the number of supported o	•						
g		vide the following information	about the supporte	ed organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(a) Amount of monotons	(vi) Amount of other	
	,	i) Name of supported organization	(11) =114	(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 instructions)	
							-		

Schedule A (Form 990) 2022

LIBRARY COOPERATIVE, INC.

-*96<u>04 Page 2</u> 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.)

Sec	tion A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	1,925,000.	1,335,282.	1,342,526.	1,659,124.	1,797,051.	8,058,983.	
2	Tax revenues levied for the organ-							
	ization'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			17,556.	32,585.	49,572.	99,713.	
4	Total. Add lines 1 through 3	1,925,000.	1,335,282.	1,360,082.	1,691,709.	1,846,623.	8,158,696.	
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)							
6	Public support. Subtract line 5 from line 4.						8,158,696.	
Sec	tion B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
7	Amounts from line 4	1,925,000.	1,335,282.	1,360,082.	1,691,709.	1,846,623.	8,158,696.	
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	12,474.	11,576.	681.	3,255.	50,200.	78,186.	
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.)							
11	Total support. Add lines 7 through 10						8,236,882.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	776,770.	
13	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	501(c)(3)		
	organization, check this box and stop	here					<u></u>	
	tion C. Computation of Publ						00.05	
	Public support percentage for 2022 (I					14	99.05 %	
	Public support percentage from 2021					15	99.56 %	
16a	33 1/3% support test - 2022. If the o							
	stop here. The organization qualifies							
b	33 1/3% support test - 2021. If the o							
	and stop here. The organization qual							
17a	10% -facts-and-circumstances test							
	and if the organization meets the fact			=	· ·	_		
	meets the facts-and-circumstances te	•			•			
b	10% -facts-and-circumstances test						10% or	
	more, and if the organization meets the				-			
	organization meets the facts-and-circu							
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2022

LIBRARY COOPERATIVE, INC. **-***96<u>04 Page</u>3

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

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

Sec	ction A. Public Support	slow, please com	ipiele Parl II.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	(a) 2016	(b) 2019	(6) 2020	(u) 2021	(e) 2022	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	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-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			ı	•		
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	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			1	+		
-	or loss from the sale of capital						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	I first second third	fourth or fifth tax	vear as a section	1 501(c)(3) organizat	tion
•	check this box and stop here	· ·		,	•	()()	
Sec	ction C. Computation of Publi						
15	Public support percentage for 2022 (li	ne 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inves	tment Incom	ne Percentage	•			
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	<u>%</u>
19a	$33\ 1/3\%$ support tests - 2022. If the	-					17 is not
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	ι box on line 14, 19	a, or 19b, check t	his box and see ir	structions	

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
	4		
	1		
	2		
	За		
	3b		
	3с		
	4a		
	4b		
	TU		
	4c		
	5a		
	5b		
	5c		
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	9a		
	٥.		
	9b		
	00		
	9с		
	10a		
	10b		
dule	A (Forr	n 990)	2022

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Pa	rt IV Supporting Organizations (continued)			.gc C
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			110
	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		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			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		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion 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		
Sec	tion 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			
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)	1		
1 a	The organization satisfied the Activities Test. Complete line 2 below.)-		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	ns)	
2	Activities Test. Answer lines 2a and 2b below.	1311 401101	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		103	140
u	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		
b		-		
	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.			
а				
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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

Schedule A (Form 990) 2022

LIBRARY COOPERATIVE, INC.

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) Net short-term capital gain 1 2 2 Recoveries of prior-year distributions Other gross income (see instructions) 3 4 Add lines 1 through 3. Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): a Average monthly value of securities 1a **b** Average monthly cash balances 1b **c** Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). 4 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 6 Recoveries of prior-year distributions 7 7 8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, column A) 1 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 Enter greater of line 2 or line 3. 4 5 5 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Lheck here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990) 2022

instructions).

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	t V Type III Non-Functionally Integrated 509		anizations (continu	,,od)	*-***9604 Page 7
	ion D - Distributions	(a)(o) capporting orgi	Continu	uea) 	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
_	organizations, in excess of income from activity	71 panpoood on oalphonioa		2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.	3		8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	ns	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				
е	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: \$				
а	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:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

INFOLINK, THE EASTERN NEW JERSEY REGIONAL

-*960<u>4</u> Page 8 LIBRARY COOPERATIVE, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Part VI Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

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

INFOLINK, THE EASTERN NEW JERSEY REGIONAL Name of the organization LIBRARY COOPERATIVE, INC.

Employer identification number **-***9604

	organization answered "Yes" on Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in $\boldsymbol{\nu}$	-	
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can b	pe used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes No
Pai), Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	·	
	Preservation of land for public use (for example, recreated	· —	of a historically important land area
	Protection of natural habitat	Preservation	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 for	
	day of the tax year.		Held at the End of the Tax Yea
а			
b	• • • • • • • • • • • • • • • • • • • •		
С	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a		
	historic structure listed in the National Register		· · · · · · · · · · · · · · · · · · ·
3	Number of conservation easements modified, transferred, release	eased, extinguished, or terminated by t	the organization during the tax
	year		
4	Number of states where property subject to conservation eas	•	_
5	Does the organization have a written policy regarding the per		
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing co	onservation easements during the year
7	Assumed a financiar and in manufacture in a section bound		
7	Amount of expenses incurred in monitoring, inspecting, hand	ing of violations, and emorcing conser-	vation easements during the year
8	Does each conservation easement reported on line 2(d) abov	a satisfy the requirements of section 17	70(b)(4)(B)(i)
Ü	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
9	balance sheet, and include, if applicable, the text of the footn	·	
	organization's accounting for conservation easements.	ote to the organization's infancial state	inents that describes the
Pai	t III Organizations Maintaining Collections of	Art. Historical Treasures. or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		t and balance sheet works
	of art, historical treasures, or other similar assets held for pub		
	service, provide in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 95		
-	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items:	,	<u>-</u>
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical trea		·
_	the following amounts required to be reported under FASB A		3, provide
_	Revenue included on Form 990, Part VIII, line 1	_	2
а			

INFOLINK, THE EASTERN NEW JERSEY REGIONAL

Schedule D (Form 990) 2022 LIBRARY COOPERATIVE, INC.

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Par	rt III Organizations Maintaining Co	llections of Art,	Historical Tr	reasures, o	or Other S	Similar A	Assets (continued)	
3	Using the organization's acquisition, accession	, and other records, o	check any of the	following tha	t make sign	ificant use	of its	
	collection items (check all that apply):							
а	Public exhibition	d [Loan or exc	change progra	am			
b	Scholarly research	e [Other					
С	Preservation for future generations							
4	Provide a description of the organization's colle	ections and explain h	ow they further t	the organizati	on's exemp	t purpose i	n Part XIII.	
5	During the year, did the organization solicit or re							
	to be sold to raise funds rather than to be main	tained as part of the	organization's c	ollection?			Yes	☐ No_
Par	t IV Escrow and Custodial Arrange	ements. Complete	if the organization	on answered	"Yes" on Fo	rm 990, Pa	art IV, line 9, or	
	reported an amount on Form 990, Part	ζ, line 21.						
1a	Is the organization an agent, trustee, custodian	or other intermediar	y for contribution	ns or other as	sets not inc	luded		_
	on Form 990, Part X?						Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII an	d complete the follov	ving table:					
							Amount	
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Forr	n 990, Part X, line 21	, for escrow or c	ustodial acco	ount liability?		L Yes	∐ No
	If "Yes," explain the arrangement in Part XIII. C							
Par	t V Endowment Funds. Complete if the	_						
		a) Current year	(b) Prior year	(c) Iwo year	rs back (d)	Three years	back (e) Four years	back
	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the currer	•	ine 1g, column (a)) held as:				
а	Board designated or quasi-endowment		ó					
b	Permanent endowment	%						
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c should	•						
За	Are there endowment funds not in the possess	ion of the organization	on that are held a	and administe	ered for the		Yes	N _a
	organization by:							NO
	(i) Unrelated organizations							
	(ii) Related organizations		0 1 1 1 50				3a(ii)	_
	If "Yes" on line 3a(ii), are the related organization			'			3b	L
4 Dar	Describe in Part XIII the intended uses of the ort VI Land, Buildings, and Equipme		nent tunas.					
ı aı	Complete if the organization answered "		Part IV line 11a	See Form 990) Part X line	10		
	Description of property	(a) Cost or othe	<u> </u>	t or other	(c) Accu		(d) Book valu	10
	Description of property	basis (investmen	1 ' '	(other)	depred		(d) Book valu	ie
10	Land	`	, 54313	(50101)	асрієс	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Land							
	Buildings						1	
							+	
	Equipment						1	
	Other		oolumn (P) line	100)				0

Schedule D (Form 990) 2022

		EW JERSEY REGION	IAL
Schedule D (Form 990) 2022 LIBRARY COO	PERATIVE, I	NC.	**-***9604 Page 3
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	n: Cost or end-of-year market value
(1) Financial derivatives	 		
(2) Closely held equity interests			
(3) Other	 		
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(G)			
(H)			
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		n: Cost or end-of-year market value
(1)			
(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.	5 000 5 1 11/		
Complete if the organization answered "Yes"		line 11d. See Form 990, Part X,	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u> (7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	 e 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11e or 11f. See Form 990, F	Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCE			781,850.
(3)			
(4)			
(5)			
(6)			
(7)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

781,850.

(8)

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

LIBRARY COOPERATIVE TNC. **-***9604 Page 4

	edule B (1 0111 930) 2022 = ==============================				JUU - Tage I
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem	nents With	Revenue per R	eturr	١.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,139,339.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		49,572.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	49,572.
3	Subtract line 2e from line 1			3	2,089,767.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,089,767.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stater		ı Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				
1	Total expenses and losses per audited financial statements			1	2,089,264.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		40 550		
а	Donated services and use of facilities	2a	49,572.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	49,572.
3	Subtract line 2e from line 1			3	2,039,692.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,039,692.
	rt XIII Supplemental Information.				
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	rt 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:

INFOLINK IS A TAX-EXEMPT ORGANIZATION AS DEFINED BY SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. INFOLINK HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. INFOLINK HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

INFOLINK, THE EASTERN NEW JERSEY REGIONAL **-***9<u>604</u> Page 5 LIBRARY COOPERATIVE, INC. Schedule D (Form 990) 2022 LIBRARY CO Part XIII Supplemental Information (continued)

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Department of the Treasury Internal Revenue Service Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization INFOLINK, THE EASTERN NEW JERSEY REGIONAL LIBRARY COOPERATIVE, INC.							Employer identification number **-**9604	
Part I General Information on Grants a	and Assistance	-				•		
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's prepart II Grants and Other Assistance to recipient that received more than	stance? ocedures for monit Domestic Organi	toring the use of grant	funds in the Unite	d States.			X Yes No	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	

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

3 Enter total number of other organizations listed in the line 1 table .

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

-*9604

Schedule 1 (1 01111 990) 2022 = ==============================		<u> </u>			1 age 2
Part III Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed		organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NJLA EQUITY SCHOLARSHIPS	2	17,000.	0.		
Part IV Supplemental Information. Provide the information re	quired in Part I. lin	e 2: Part III. columr	(b): and any other a	dditional information.	
PART I, LINE 2:		,,	(2), 2002 200		
READY FOR ANYTHING MINI-GRANTS IS	A HIGHLY	COMPETITI	VE PROCESS	. RECIPIENTS	
SUBMITTED AN APPLICATION WHICH WA	S READ, E	VALUATED,	AND DISCUS	SED BY THE	
EVALUATION TASK FORCE, WHO THEN D	ETERMINED	WHICH APE	LICANTS WO	ULD RECEIVE	
FUNDS. A MEMBER OF THE TASK FORCE	COMMUNIC	ATES OCCAS	SIONALLY AN	D ENCOURAGES	
COMMUNICATION WITH THE RECIPIENTS	TO HELP	ENSURE THE	PROJECT S	COPE AND	

TIMELINE OUTLINED IN THE APPLICATION ARE BEING FOLLOWED.

chedule I (Form 990) LIBRARY COOPERATIVE, INC. **-***9604 Page 2
17,000. NJLA EQUITY SCHOLARSHIP RECIPIENTS WERE SELECTED BY AN NJLA
OMMITTEE AND AWARDS WERE ANNOUNCED AT NJLA'S ANNUAL CONFERENCE IN JUNE
023.

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. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

INFOLINK, THE EASTERN NEW JERSEY REGIONAL LIBRARY COOPERATIVE, INC.

Employer identification number **-***9604

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNER THE NEW JERSEY LIBRARY NETWORK LAW AND THE REGULATIONS UNDER NEW JERSEY ADMINISTRATIVE CODE 15:22. LIBRARYLINKNJ FOSTERS LIBRARY INNOVATION, CONTINUING EDUCATION, COOPERATIVE PURCHASES, NETWORKING, AND COLLABORATION AND FACILITATES EFFICIENT AND COST-EFFECTIVE RESOURCE SHARING.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: COOPERATIVE PURCHASES, NETWORKING, AND COLLABORATION AND FACILITATES EFFICIENT AND COST-EFFECTIVE RESOURCE SHARING.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ON SITE ON DEMAND STAFF DEVELOPMENT PROGRAM

LLNJ REIMBURSES MEMBER LIBRARIES FOR STAFF PROFESSIONAL EDUCATION.

LLNJ OFFERS UP TO A \$500 SUBSIDY FOR EACH APPROVED SUBSIDY REQUEST.

LLNJ SETS A BUDGET EACH FISCAL YEAR FOR THIS SERVICE ON A FIRST COME

FIRST SERVE BASIS.

THE CE FUND SUBSIDY OFFER FOR LIBRARY ORGANIZATIONS FOR FY 2023 WAS \$11,020

SUPER LIBRARY SUPERVISOR

THIS SERIES OF TRAINING WORKSHOPS IN SUPERVISORY SKILLS HAS BEEN SERVING THE NEW JERSEY LIBRARY COMMUNITY FOR TWENTY YEARS. SERIES

TOPICS INCLUDE: WHAT IT MEANS TO BE A SUPERVISOR, PERSONNEL

DOCUMENTATION AND EVALUATION, HUMAN RESOURCE BASICS AND COMMUNICATION

AND RESOLVING STAFF CONFLICT. TARGET AUDIENCES ARE LIBRARY Name of the organization INFOLINK, THE EASTERN NEW JERSEY REGIONAL LIBRARY COOPERATIVE, INC.

Employer identification number ** - * * * 9 6 0 4

ARE CURRENTLY SUPERVISORS AND HAVE LESS THAN FIVE YEARS OF SUPERVISORY

EXPERIENCE.

THE WORKSHOPS ARE VIRTUAL WITH TWO SEPARATE BUT IDENTICAL SESSIONS

LIMITED TO 35 PARTICIPANTS PER SESSION. THE COST IS \$159.00 PER

REGISTRANT, INCLUSIVE OF ALL COURSE MATERIALS.

NJLA EQUITY SCHOLARSHIPS

NEW JERSEY LIBRARY ASSOCIATION (NJLA) ANNOUNCED INTENTION TO PROVIDE

EQUITY SCHOLARSHIPS TO NEW JERSEY LIBRARY SCHOOL STUDENTS OF COLOR,

WITH THE INTENTION OF ACTIVELY HELPING TO DIVERSIFY THE LIBRARY

PROFESSION. LLNJ FUNDED TWO \$8,500 SCHOLARSHIPS.

OTHER REGIONAL SERVICE INCLUDE MENTOR NJ IN COLLABORATION WITH NJSL,

MEMBERSHIPS TO LIBRARY ASSOCIATIONS, PROFESSIONAL MATERIALS, PLANING

AND EVALUATION, DRUPAL WEB HOSTING FOR LIBRARIES, STAFF DEVELOPMENT AND

BOARD DEVELOPMENT, PUBLIC RELATIONS, SPONSORSHIP FOR ORGANIZATIONS.

EXPENSES \$ 728,942. INCLUDING GRANTS OF \$ 17,000. REVENUE \$ 16,728.

FORM 990, PART VI, SECTION A, LINE 6:

ALL LIBRARIES AND LIBRARY-RELATED AGENCIES IN NEW JERSEY ARE ELIGIBLE TO BE MEMBERS IN THE COOPERATIVE AND SHALL HAVE ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE MEMBERS OF THE EXECUTIVE BOARD ARE ELECTED BY THE MEMBERS OF THE COOPERATIVE.

FORM 990, PART VI, SECTION A, LINE 7B:

THE GENERAL MEMBERSHIP OF THE COOPERATIVE APPROVES THE ANNUAL BUDGET.

Name of the organization INFOLINK, THE EASTERN NEW JERSEY REGIONAL LIBRARY COOPERATIVE, INC.

Employer identification number ** - * * * 9 6 0 4

FORM 990, PART VI, SECTION A, LINE 8B:

THE BOARD OF TRUSTEES ARE THE ONLY GOVERNING BODY.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER RECEIVING THE DRAFT 990 FROM THE AUDITOR, THE EXECUTIVE DIRECTOR

SUBMITS THE DRAFT 990 TO THE FINANCE COMMITTEE FOR REVIEW. THE FINANCE

COMMITTEE REVIEWS THE DRAFT 990 AND A COPY IS PROVIDED TO THE REMAINING

BOARD MEMBERS FOR REVIEW AND VOTE AT THE LLNJ EXECUTIVE BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE STATE LIBRARY HAS A CONFLICT OF INTEREST POLICY THAT EACH MEMBER OF THE EXECUTIVE BOARD AND STAFF SIGNS. THE STATE LIBRARY IS INFOLINK'S SOLE FUNDER. THE INFOLINK EXECUTIVE DIRECTOR MONITORS THE POLICY AND ALERTS THE BOARD PRESIDENT ON AN AD HOC BASIS SHOULD AN ISSUE ARISE.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE BOARD PERSONNEL COMMITTEE CONDUCTS AN EVALUATION OF THE

EXECUTIVE DIRECTOR. THIS SAME GROUP RECOMMENDS COMPENSATION FOR THE

EXECUTIVE DIRECTOR. THE FULL EXECUTIVE BOARD VOTES TO APPROVE THE FINAL

DECISION. THE PERSONNEL COMMITTEE ALSO RECOMMENDS SALARY INCREASES FOR THE

REMAINING STAFF MEMBERS.

FORM 990, PART VI, SECTION C, LINE 19:

INFOLINK GOVERNING DOCUMENTS (BYLAWS, ANNUAL PLAN) ARE POSTED ON THE
WEBSITE. FINANCIAL STATEMENTS ARE AVAILABLE AT THE OFFICE UPON REQUEST. OUR
MEMBERSHIP ALSO VOTES TO APPROVE THE BUDGET AT ITS ANNUAL SPRING MEMBERSHIP
MEETING. IN ADDITION, THE NEW JERSEY STATE LIBRARY HOLDS THE SIGNED