Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

<u>A </u>	For the	2018 calendar year, or tax year beginning and	ending	·						
В	Check if	C Name of organization		D Employer identific	ation number					
4	applicable	ALBERT WISNER PUBLIC LIBRARY								
	Addres	5								
_	Name change			20-3272640						
F	Initial return		Room/suite	E Telephone number						
F	Final	ONE MCEARLAND DETTE	,	•	986-1047					
	return∕ termin-				180,000.					
	ated Amend	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$						
늗	return Applica	WARWICK, NI 10330		H(a) is this a group re						
ᆫ	Final and address of principal officer. GIENT F. DICKED									
_	ONE MCFARLAND DR., WARWICK, NY 10990 H(b) Are all subordinates included?									
		mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) (or 527	if "No," attach a	list. (see instructions)					
<u>J \</u>	Websit	e: > WWW.ALBERTWISNERLIBRARY.ORG		H(c) Group exemption	number 🕨					
K	Form of	organization: X Corporation Trust Association Other ▶	L Year	of formation: 2005 M	State of legal domicile: NY					
Pi	art I	Summary								
_	1	Briefly describe the organization's mission or most significant activities: TO R	AISE F	UNDS IN SUP	PORT OF THE					
ဦ	[']	ALBERT WISNER PUBLIC LIBRARY.								
ă	1	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	sate					
ğ	2	•		1 1	ວວເວ. ວ					
Governance	3	Number of voting members of the governing body (Part VI, line 1a)			3					
•5	• '	Number of independent voting members of the governing body (Part VI, line 1b)								
16.	1	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		[- 1	0					
₹.	,	Total number of volunteers (estimate if necessary)		, ,	3					
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.					
	b1	Net unrelated business taxable income from Form 990-T, line 38		7b	0.					
	1		<u>_</u>	Prior Year	Current Year					
•	8	Contributions and grants (Part VIII, line 1h)	150,567.	171,919.						
Revenue	9 1	Program service revenue (Part VIII, line 2g)	0.	0.						
Š	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		5,022.	8,081.					
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
	1	·		155,589.	180,000.					
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		55,207.	84,035.					
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	<u> </u>					
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
Š	b b	Total fundraising expenses (Part IX, column (D), line 25)	00.							
ú	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,631.	<u>5,487.</u>					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>59,838.</u>	89,522.					
	19	Revenue less expenses. Subtract line 18 from line 12		95,751.	90,478.					
SOC.				ginning of Current Year	End of Year					
Sign	20	Total assets (Part X, line 16)		440,885.	509,560.					
Net Assets Fund Balar	21	Total liabilities (Part X, line 26)		0.	0.					
E E	21	Net assets or fund balances. Subtract line 21 from line 20		440,885.	509,560.					
		Signature Block		330,000.	307,300.					
					at the state of th					
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and beller, it is					
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich preparei	r has any knowledge.						
Sig	ın	Signature of officer		Date						
Here GLENN P. DICKES, TREASURER										
	1	Type or print name and title								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN					
Pair	,	GARY C THEODORE, CPA 4 Call	ſ	1 / 28 / 19 self-employ	P00129967					
	14-1567370									
	parer	Firm's name NUGENT & HAEUSSLER, P.C.		Firm's EIN	74 TO(1)(A					
U\$6	Only	Firm's address 101 BRACKEN ROAD			F 4FM 1100					
		MONTGOMERY, NY 12549		Phone no. 8 4	5-457-1100					
<u>Ma</u>	y the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No					
8320	001 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instructi	ons.		Form 990 (2018)					

ALBERT WISNER PUBLIC LIBRARY FOUNDATION. INC.

Form	990 (2018) FOUNDATION,	NC.	20-32	72640	Page 2
	t III Statement of Program Service Ac	complishments		,	
	Check if Schedule O contains a response or r	note to any line in this Part III		· · · · · · · · · · · · · · · · · · ·	
1	Briefly describe the organization's mission:				
	TO PROVIDE SUPPLEMENTAL F	NANCIAL SUPPORT	TO THE ALBERT WISNEL	R PUBLI	<u>C</u>
	LIBRARY, A TAXPAYER FUNDEI	PUBLIC LIBRARY	THEREBY ENHANCING		
	OPPORTUNITIES FOR THE LIBI	CARY'S CONTINUED	GROWTH AND SERVICE	TO THE	
	COMMUNITY.				
2	Did the organization undertake any significant prog	ram services during the year whi	ch were not listed on the		
	prior Form 990 or 990-EZ?			Yes [X No
	If "Yes," describe these new services on Schedule				
3	Did the organization cease conducting, or make sig	nificant changes in how it condu	icts, any program services?	Yes [X No
	If "Yes," describe these changes on Schedule O.	· ·			
4	Describe the organization's program service accom	plishments for each of its three!	argest program services, as measured b	ov expenses.	
•	Section 501(c)(3) and 501(c)(4) organizations are re				nd
	revenue, if any, for each program service reported.	denne to tobott mo amount or 8.			
4a	(Code:) (Expenses \$ 84,00	35 - including graphs of \$	84,035.) (Revenue \$	171,9	19.1
70	FUNDRAISING FOR THE ALBERT				+2 '
	PONDRAIDING FOR THE ADDER.	. WIDNER TODDIC I	210144(1.		
				·	
					
					
					
					
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$	inchesian proper of \$) (Revenue \$		
70	(Code / (Expenses a	molecuing grants of 3	/ (Nevelue \$		
					
			·		
4d	Other program services (Describe in Schedule O.)				
	(Expenses \$ including gra) (Revenue \$)	
40	Total program service expenses ▶	84,035.			
				Form 99	0 (2018)

20-3272640 Page 3 FOUNDATION, INC. Form 990 (2018) 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)? X If "Yes," complete Schedule A X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X public office? If "Yes," complete Schedule C, Part I 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 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or

B3200	3 12-31-18			(2018)
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1
20a	The state of the s	20a		X
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
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
- •	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	"" 		
13	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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	1-10	_	 ^
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
D	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			
14a		14a		^_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
46	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
þ	Was the organization included in consolidated, independent audited financial statements for the tax year?			1,
	Schedule D, Parts XI and XII	12a		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ł
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
•	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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	''		••
c	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
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
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
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.			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	If "Yes," complete Schedule D, Part IV	9		Х
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	, ,		ĺ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			-
0	Schedule D, Part III	8		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	1		^
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
9	is the organization a section 30 f(c)(4), 30 f(c)(5), or 30 f(c)(6) organization that receives members in the discovery dues, assessments, or	li		

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1		
	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	1		
	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		}	
	Schedule K. If "No," go to line 25a	24a	ļ	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
Lou	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		\vdash	 _
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Oct of the Land	25b	ĺ	X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
26	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		}	
		200		v
	complete Schedule L, Part II	26	\vdash	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV	ļ	l	1
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1	1	
	director, trustee, or direct or indirect owner? 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			
	contributions? If "Yes," complete Schedule M	30	<u> </u>	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1	1	1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes, " complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	1	1	1
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	_33		X
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		X
35a	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			
	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?			T
	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 in Schedule O for Part VI, lines 11b and 19?			<u> </u>
	Note, All Form 990 filers are required to complete Schedule O	38	X	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	, ,,,,,	. 	
تتت	Check if Schedule O contains a response or note to any line in this Part V			
		*********	Vac	<u> </u>
	Enter the number reported in Pay 2 of Form 1006 Fater 0 if not enableship	_	Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4	1	1
b		4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1.		
	(gambling) winnings to prize winners?	1c	<u> </u>	┸

Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return. Formal		990 (2018) FOUNDATION, INC. 20-3272	<u>640</u>	Р	age 5
2a Eleter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements. 2a 0 b If at least one is reported on line 2a, did the organization file all required fected employment tax eletime? Note, if the sum of lines 1s and 2a ig greater than 250, you may be required to e-rife (see instructions). 2b If Yes, This I filed a form 950°T for this year? If Yo' To line 30, provide an explanation in Schedule 0 3b If Yes, This I filed a form 950°T for this year? If Yo' To line 30, provide an explanation in Schedule 0 3b If Yes, This I filed a form 950°T for this year? If Yo' To line 30, provide an explanation in Schedule 0 3b If Yes, This I filed a form 950°T for this year? If Yo' To line 30, provide an explanation in Schedule 0 3c If Yes 10 and during the calendary year, did the organization have an interest in, or a significant or other filed in Accounts (FBAR). 3c If Yes 10 and provide the sense of the foreign country; Yes 3c If Yes 10 and year and year of year and year of year of year and year of	Ра	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		,	
filed for the calendar year ending with or within the year covered by this return by If at least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 22	29	Enter the number of employees reported on Form W.3. Transmittel of Wags and Tay Statements		Yes	No
b If at least one is reported on line 2a, did the organization file all required feorers employment tax returns? Note, if the sum of lines is and 28 is greater than 250, you may be required to 4-feb; genitarutions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If "Yes," has if filed a form 907 for this year? "I "Ye' to fire 80, provide an explanation in Schedule 0. 4c. At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country." 5c. If "Yes," where the name of the foreign country." 5c. If "Yes is "when the name of the foreign country." 5c. Was the organization in a foreign country. Such as a bank account, securities account, or other financial accounts (FBAR). 5c. Was the organization of the profit of the xes heter transaction of the financial Accounts (FBAR). 5c. Was the organization of the organization that it was or is a party to a prohibitot as whether transaction? 5c. Comment of the organization shall be a prohibited tax schedule transaction? 5c. Comment of the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deducelibles of exhirable contributions? 6c. X 6d. X 6d. Yes, "did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not act adeducelibles of exhirable contributions? 7c. Yes, "did the organization include with every solicitation an express statement that such contributions or grits were not tax deducelibles a charitable contributions? 7c. Yes, "indicate the number of Forms 8282 filed during the year? 7d. Did the organization state and the promise of tangible personal property for which it was required to the Form 8282? 7c. X 7d. If "Yes," indicate the number of Forms 8282 filed during the year? 9c. Did the organization neceived a contrib	Za				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	h		a L		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has filled a Form 990" for this year? If "No * to line 30, provide an explanation in Schedule 0 b If "Yes," enter the name of the foreign country; leuch as a bank account, so cruelles account, or other financial account in a foreign country deuch as a bank account, securities account, or other financial accounts (FBAR). b If "Yes," enter the name of the foreign country; leuch as a bank account, securities account, or other financial Accounts (FBAR). 5 Was the organization apart to a prohibetia tax sheller transaction at any time during the tax year? 6 A Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization file from 8886*7. 5 Lif "Yes* to line Sa or 5b, did the organization file Form 8886*7. 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization netwee apyment in excess of \$5 made partly as a contribution and partly for goods and services provided to the Form 8820* and to tille Form 8822* (and the organization end to the Form 882*) are quited to the Form 882* (and the organization end to a contribution of qualified intellectual property, did the organization file a Form 1098 C? 5 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 C? 5 Prohosoring organization make a			20		
b II "Yes," has it filled a Form 990-T for this year? If "No 1 for lar QL, provide an explanation in Schedule O. 4 At any time during the celeand year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts? 5 II "Yes," enter the name of the foreign country; Seven as a bank account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Dd any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8866-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is an ormally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible is an ormally greater than \$100,000, and did the organization solicit any contribution and party for goods and services provided to the payor? 7 or Organizations that may receive deductible contribution and party for goods and services provided to the payor? 7 or Did the organization self, and payor than the payor of the very self-tax of the goods or services provided? 7 or Did the organization self, and any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 or Did the organization received a contribution of qualified intellectual property, did the organization flee a form 1098-07 or the very large and the organization received a contribution of qualified intellectual property. did the organization flee a form 109	3a	Did the expenientian have unrelated business many income of 04 000 and the state of the control	2-		v
4a At any time during the catendary year, did the organization have an interest in, or a signature or other authority over, a financial account is a foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5b If "Yea," enter the name of the foreign country. ► 5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions have vere not tax deductible form 8868-7. 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that mear receive deductible contributions under section 170(c). 5d If "Yes," did the organization to titx deductible as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8d If "Yes," did the organization notify the donor of the value of the goods of services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the form 8882? 8d If "Yes," indicate the number of Forms 8822 filed during the year 9 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Ty X X 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization was contribution of qualified intellectual property, did the organization file a Form 1098-07 8 Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advised, nor related person? 9 Sponsoring organizations make a distribution to a donor, donor advised, nor related person? 9 Do th					^
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1000 miles	16		46		y
		If "Yes," complete Form 4720, Schedule O.	10		<u> </u>

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Form 990 (2018) FOUNDATION, INC. 20-3272640 Page
Part VI Governance, Management, and Disclosure For each "Yes' response to lines 2 through 7b below, and for a "No" response

	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	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			
	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 in Schedule 0.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1 _ 1		
	officer, director, trustee, or key employee?	2	-	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
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	77	X
6	Did the organization have members or stockholders?	6	X	-
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	<u> X</u>	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
_			Yes	No
10a		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		,	l
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		-
¢	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
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
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			l
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> X</u>
þ	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			1
	exempt status with respect to such arrangements?	16b		L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► <u>MY</u>			
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)	availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	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 🕨			
	GLENN P. DICKES, TREASURER - 845-986-1047			
	ONE MCFARLAND DRIVE, WARWICK, NY 10990			

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Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highe	est Compensated	
Er	mployees, and Independent Contractors		
Ch	neck 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 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 and/or Box 7 of Form 1099-MISC) 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization (A) Name and Title	(B) Average hours per week	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other			
	(list any hours for related organizations below line)	Individual trustee or director	Institutional frustee	Officer	Key employes	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ROSEMARY COOPER	10.00								_	
SECRETARY		X				<u> </u>	ļ	0.	0.	0.
(2) COLLEEN LARSEN	1.00	١								
VICE PRESIDENT	1 2 2 2	X	<u> </u>			-	├	0.	0.	0.
(3) GLENN P. DICKES	10.00	∤	1					0.	0.	0.
TREASURER	1 00	X	-	\vdash		┼-	-	0.	0.	
(4) KATHLEEN GEORGALAS	1.00	x						0.	0.	0.
ASSISTANT SECRETARY		 ↑	-	-	\vdash	┼	├─	·		<u></u>
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	ATION, INC.								20-327	26	40	Pa	ge 8
Part VII Section A. Officers, Directors			0 05,	and	H	ghe	st C	ompensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	box,	not ch unles er and	s per	tion more son	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related		Estir amo ot	(F) mate- unt c ther	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fror orgar and i	n the nizati relate	on ed
						_				-			
							_						
							_						
		_				-						·	
										-			
		_								_			
1b Sub-total		<u>_</u>			<u> </u>			0.		0.			0.
c Total from continuation sheets to d Total (add lines 1b and 1c)	Part VII, Section A				·····		▶	0.		0.			0.
2 Total number of individuals (includin compensation from the organization		nose	liste	d a	bov	e) w	h o I	received more than \$100	0,000 of reportable		- ,	Yes	No
3 Did the organization list any former line 1a? If "Yes," complete Schedule											3	103	X
4 For any individual listed on line 1a, is and related organizations greater th	s the sum of reportab	le c	omp	ens	atio	n an	d of	ther compensation from		[4		х
5 Did any person listed on line 1a rece rendered to the organization? If "Ye											5		х
Complete this table for your five hig the organization. Report compensations.										ensa	tion fro	om	
	(A) usiness address		ON		vy1(11	I Or V	VICI	(B) Description of	1	Со	(C)	satio	n
			•										
													
2 Total number of independent contra		not i	imite	ed to	the	ose I	iste	d above) who received	more than				
\$100,000 of compensation from the	Olganization				_	<u>v</u>				F	orm S	90 (2018

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Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D)
Revenue excluded from tax under sections
512 - 514 (B) Related or Total revenue exempt function business revenue revenue , Gifts, Grants vilar Amounts 1 a Federated campaigns 1a Membership dues 1b c Fundraising events 1c d Related organizations Contributions, and Other Simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ______1f 171,919. g Noncash contributions included in lines 1a-1f: \$____ 171,919. h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 8,081. 8,081. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _ contributions reported on line 1c). See Part IV, line 18 _____a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from garning activities. See Part IV, line 19 b Less: direct expenses b c Net income or (loss) from gaming activities . 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold _____ b c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a _ d All other revenue e Total. Add lines 11a-11d

180,000

0.

0.

12 Total revenue. See instructions

Form 990 (2018) FOUNDATION, INC.
Part IX Statement of Functional Expenses

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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 respons	Check if Schedule O contains a response or note to any line in this Part IX										
	ot include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to domestic organizations											
	and domestic governments. See Part IV, line 21	84,035.	84,035.		·· · · · · · · · · · · · · · · · · · ·							
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		ĺ	i								
	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											
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		· ·									
8	Pension plan accruals and contributions (include											
	section 401(k) and 403(b) employer contributions)											
9	Other employee benefits											
10	Payroll taxes											
11	Fees for services (non-employees):											
а	Management											
b	Legal											
c	Accounting	2,500.		2,500.								
d	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.)											
12	Advertising and promotion	1,000.			1,000.							
13	Office expenses	125.		125.								
14	Information technology											
15	Royalties											
16	Occupancy				·							
17	Travel				<u>-</u>							
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											
23	Insurance	1,810.		1,810.								
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)											
а	PAYPAL FEES	52.		52.								
b												
c												
d												
	All other expenses											
25	Total functional expenses. Add lines 1 through 24e	89,522.	84,035.	4,487.	1,000.							
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)											
_												

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year Cash - non-interest-bearing 2,321. 1 195 Savings and temporary cash investments 159,756. 2 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ______ 10a b Less: accumulated depreciation 10b 10c Investments · publicly traded securities 278,808. 340,132. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 16 Total assets, Add lines 1 through 15 (must equal line 34) 440,885 509,560. 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 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 third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 0. 26 0. Organizations that follow SFAS 117 (ASC 958), check here and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 0. 31 0. Retained earnings, endowment, accumulated income, or other funds 509,560. 32 440,885. 32 Total net assets or fund balances 33 440,885.33 509,560.

440,885. 34

Total liabilities and net assets/fund balances

Form	990 (2018) FOUNDATION, INC.	<u> 20-327</u>	<u> 2640 </u>	Pag	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	·····			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>oo.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>22.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	90	, 4	<u>78.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	440),8	85.
5	Net unrealized gains (losses) on investments	5	-21	. , 8	03.
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 in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	509	,5	60.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О.			ľ
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 reviewe	d on a			
	separate basis, consolidated basis, or both:				İ
	X 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 separate				
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				ĺ
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit.	1 1		ŀ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	1
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				1
	Act and OMB Circular A-133?	•	3a		x
ь	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
_	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		l
			Form (agn /	(2018

832012 12-31-18

SCHEDULE A

(Form 990 or 990-EZ)

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

4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

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Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. ALBERT WISNER PUBLIC LIBRARY

Inspection Employer identification number

Name o	f the organization ALBE	RT WISNER	PUBLIC LIBRA	RY			Employer	identification number			
	FOUN	DATION, IN	C.				2	0-3272640			
Part I	Reason for Public	Charity Status (All organizations must co	mplete th	is part.) Se	e instruction	s				
The orga	nization is not a private found	dation because it is: ((For lines 1 through 12, o	heck only	one box.)						
1 🗔	A church, convention of ch	urches, or association	on of churches described	in sectio	n 170(b)(1	I)(A)(i).					
2	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	1 990 or 9	90-EZ).)						
з 🗔	A hospital or a cooperative	hospital service org	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4	A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,			
	city, and state:										
5 🗀	An organization operated for	or the benefit of a co	ollege or university owner	or opera	ted by a g	overnmental	unit describ	ed in			
	section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6 🗆	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in										
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8 🗆	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9 🗀	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college			
	or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	, and state o	f the colleg	e or			
	university:							·			
10 🗔	An organization that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contribution	ons, member	ship fees, a	nd gross receipts from			
	activities related to its exer	npt functions - subje	ct to certain exceptions,	and (2) no	o more tha	n 33 1/ 3% of	its support	t from gross investment			
	income and unrelated busin	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the o	rganization	after June 30, 1975.			
	See section 509(a)(2). (Co	mplete Part III.)									
11 🗀	An organization organized	and operated exclus	sively to test for public sa	fety. See	section 50	09(a)(4).					
12	An organization organized	and operated exclus	sively for the benefit of, to	perform	the functio	ons of, or to c	arry out the	purposes of one or			
	more publicly supported or	rganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). (Check the box in			
_	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete lines	s 12e, 12f, an	d 12g.				
a L	Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s),	typically by	giving			
	the supported organization	on(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or trust	ees of the s	supporting			
_	organization. You must o	complete Part IV, Se	ections A and B.								
ь	Type II, A supporting org	janization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	iving			
	control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	ported			
_	organization(s). You mus										
c [Type III functionally interest	egrated. A supportin	ng organization operated	in connec	tion with,	and functions	ally integrate	ed with,			
_	its supported organizatio		•	-							
d L	Type III non-functionally	y i <mark>ntegrated. A</mark> supp	porting organization oper	ated in co	nnection v	with its suppo	rted organi	zation(s)			
	that is not functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness			
_	requirement (see instruct	tions). You must co i	mplete Part IV, Section	s A and D	, and Part	V.					
• [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, o	r Type III non-functio	onally integrated support	ing organi	zation.						
f Er	iter the number of supported	organizations			.,						
g Pr	ovide the following information			. (lu) is the ora	anization listed	I () ()		(a) a			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1.10		anization listed ing document?	(v) Amount of support (see	-	(vi) Amount of other support (see instructions)			
	organization		above (see instructions))	Yes	No	support (see		support (see instructions)			
					1						
					ļ <u> </u>						
						1					
					ļ						
			1		1						
					<u> </u>						
					[
					<u> </u>						

Schedule A (Form 990 or 990 EZ) 2018 FOUNDATION, INC.

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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) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 46,146 99,928. 184,385. 150,567. 171,919. 652,945. 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 46,146 99,928. 150,567. 4 Total. Add lines 1 through 3 184,385. 171,919. 652,945. 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) 76,638. 57<u>6,30</u>7. 6 Public support, Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 **(b)** 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 7 Amounts from line 4 46,146 99,928 <u>184,385</u> 150,567 171,919. 652,945. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, ,327 1,489 2.702 5,022 and income from similar sources 8,081 18,621. 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 ,566. 12 Gross receipts from related activities, etc. (see instructions) 13 First five 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 14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 85.82 % 15 Public support percentage from 2017 Schedule A, Part II, line 14 15 % 16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2017. 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 - 2018. 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 meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2017. 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

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990 EZ) 2018 FOUNDATION, INC.

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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) ► 🕍	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and				[
	membership fees received. (Do not		1				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
_					 	 	
	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support					<u> </u>	·
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	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						
С	Add lines 10a and 10b					<u> </u>	
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					<u> </u>	
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)				 	 	
	Total support. (Add lines 9, 10c, 11, and 12.)	the erganization'	s first second this	d fourth or fifth t	av voar og a sectio	501/c\/3\ esancia	
		•		•	•		
	check this box and stop heretion C. Computation of Public						
						145	0/
	Public support percentage for 2018 (lin			column (i)) ,	***************************************	15	<u>%</u>
	Public support percentage from 2017 stion D. Computation of Inves			<u></u>		16	%
	/ Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 / 9						
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2018. If the c						\
	more than 33 1/3%, check this box and 33 1/3% support tests - 2017. If the control is the control is the control is the control in the control is the control in the control is the control in the control is the control in the control is the control in the control is the control in the contro	•	•	•			.,
	line 18 is not more than 33 1/3%, chec	-					
	Private foundation. If the organization		-				
<u> ~~</u>	THE OLIVERY	C.S FICK CITOCK A	200 On 1110 17, 18	CI OF TOO CHOCK !	DON GITO 300 III		

Schedule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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.)

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Part IV Supporting Organizations (continued) Yes No.	Sch	edule A (Form 990 or 990-EZ) 2018 FOUNDATION, INC.	20-327264	0 Pa	age 5
11 Has the organization accepted a gift or contribution from any of the following persons? A person who directly or infecting controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization? 1 A family member of a person described in (a) or (b) above? A 35% controlled entity of a person described in (a) or (b) above? A 35% controlled entity of a person described in (a) or (b) above? Did the directors, fluitese, or members/lijl of one or more supported organizations have the power to regularly appoint or efect at least a majority of the organizations of directors or trustees at all times during the tax year? If 'No,' securible in Part VI how the supported organizations described anong the supported organizations of directors or trustees were ablorated among the supported organization and with conflict in an oral supported organization and with conflict in an oral supported organization and with conflict in an oral supported organization and with the previous or restrictions, if any, applied to enth powers directly that operated a 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? 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 organizations. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees of each of the organization supported organizations in a supported organization in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed the supported organization is a supported organization in the same persons that controlled or managed the supported organization was vested in the same persons that controlled or managed th					
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	u		30		
	b	·······································	34		
			3b		

	edule A (Form 990 or 990 EZ) 2018 FOUNDATION, INC.			<u>20-3272640 Page 6</u>
Ь—	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	_		Part VI.) See instructions.
Sect	other Type III non-functionally integrated supporting organizations must clion A - Adjusted Net Income	ompiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	······································	(optional)
_ <u>-</u> _	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			
U	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		
_8 Sect	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)		(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):			1
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
Ī	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 1-1/2% of line 3 (for greater amount,			
•	see instructions)	4		
-5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	1-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
6	Multiply line 5 by .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 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	7		
•	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting or	ganization (see
•	instructions).	,togra	Typo iii sopporting of	aczanon 1000
	11 10 11 00 11 10 11 10 11 10 11 11 11 1			

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 FOUNDATION, 1			U-32/264U Page 7
Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
<u>Sect</u>	ion D - Distributions	·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	IS	
_4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		·	
6	Other distributions (describe in Part VI). See instructions.	··.		
7	Total annual distributions, Add lines 1 through 6.	· · · · · · · · · · · · · · · · · · ·		
8	Distributions to attentive supported organizations to which t	the organization is responsive	•	
	(provide details in Part VI). See instructions.	·		
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	·		
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	From 2017			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D.	1		- · · · · · · · · · · · · · · · · · · ·
7	line 7: \$			
_	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
J	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.	}		
6	Remaining underdistributions for 2018. Subtract lines 3h			
J	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
		ļ	 	
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.	<u> </u>		
8	Breakdown of line 7:		 	
	Excess from 2014			
	Excess from 2015	 	<u> </u>	
	Excess from 2016			
	Excess from 2017			
_	Excess from 2018	1	I	1

Schedule A (Form 990 or 990-EZ) 2018

	(Form 990 or 990 EZ) 2018 FQUNDATION, INC.	20-32/2640 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 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 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 D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section C, , Section B, line 1e; Part V,
		
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SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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.

► Attach to Form 990.

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

ALBERT WISNER PUBLIC LIBRARY

2018

Open to Public Inspection

Schedule I (Form 990) (2018)

Employer identification number Name of the organization 20-3272640 FOUNDATION, INC. General Information on Grants and Assistance Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (h) Purpose of grant (c) IRC section (d) Amount of (e) Amount of (a) Description of 1 (a) Name and address of organization (b) EIN valuation (book, noncash assistance or assistance non-cash (if applicable) cash grant or government FMV, appraisal, assistance other) ALBERT WISNER PUBLIC LIBRARY ONE MCFARLAND DRIVE LIBRARY SUPPORT 84 035. 14-1561039 WARWICK NY 10990 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table

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

832102 11-02-18

Part IV Supplemental Information: Provide the information required in Part I, line 2: Part III_column (b); and any other additional information.	Schedule I (Form 990) (2018) FOUNDATION,	INC.				20-3272640	Page
recipients cash grant cash assistance (book, FMV, appraisal, other)	Part III Grants and Other Assistance to Domestic Indiv Part III can be duplicated if additional space is need	iduals. Complete if the eded.	e organization ansv	wered "Yes" on Form	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 noncast	assistance
Part IV Supplemental Information. Provide the information required in Part II, line 2; Part III, column (b); and any other additional information.			1		,		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.							
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	Part IV Supplemental Information Provide the information	on required in Part I lin	ne 2: Part III. colum	on (b): and any other a	dditional information	L <u></u>	
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Schedule I (Form 990) (2018)

SCHEDULE O (Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ALBERT WISNER PUBLIC LIBRARY

Employer identification number 20-3272640

FOUNDATION, INC.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS. THE ORGANIZATION DOES NOT HAVE STOCKHOLDERS.
FORM 990, PART VI, SECTION A, LINE 7A:
THE MEMBERS, BY A MAJORITY VOTE, ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION B, LINE 11B:
A DRAFT COPY OF FORM 990 IS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY
FOR THEIR REVIEW BEFORE IT IS FILED WITH THE INTERNAL REVENUE SERVICE.
FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION HAS FINANCIAL INFORMATION AVAILABLE UPON REQUEST.

CHAR500

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2018

Open to Public Inspection

	1.G	enera	l Info	rmation
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I. Welleral IIII Olilla	1011					
For Fiscal Year Beginning	(mm/dd/yy	yy) 01/01/	2018 and Ending	(mm/dd/yyyy) 12/31/	2018	
Check if Applicable:	Name of Or	ganization:			Employer Identification Number (EIN):	
Address Change	ALBER	T WISNER	PUBLIC LIBRA	RY FOUNDATION,	20-3272640	
Name Change	Mailing Add	dress:			NY Registration Number:	
Initial Filing	ONE M	CFARLAND	DRIVE		21-56-81	
Final Filing	City / State	/ZIP:			Telephone:	
Amended Filing	WARWI	CK, NY 1	0990		845 986-1047	
Reg ID Pending	Website:				Email:	
	WWW.A	<u>LBERTWISN</u>	ERLIBRARY.OR	<u> </u>	WARREF@RCLS.ORG	
Check your organization's	3				One firm the Parishatian Cotana in the	
registration category:	7A c	only 🔲 EPTL	only X DUAL (7A		Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.	
2. Certification					oranio region, at immenation of oran	
	ication requi	rements, Imprope	r certification is a violatio	n of law that may be subject	to penalties. The certification requires	
two signatories.	,					
We certify under r	enalties of c	periury that we revi	ewed this report, includi	ng all attachments, and to the	e best of our knowledge and belief,	
				vs of the State of New York		
President or Authorized	Officer:					
1 TOSIGOTIL OF MALIFORIZOG	01110011	Signature		Print Nam	e and Title Date	
		Signature		GLENN P. D		
Chief Financial Officer of	. T			TREASURER	ICKES	
Chief Financial Officer of	r i reasurer:	Cinneture		Print Name	e and Title Date	
		Signature		rini nam	e and Title Date	
3. Annual Reporting	r Evemnt	ion				
			organization is eleiming	an everytien under one oot	egory (7A or EPTL only filers) or both	
1 - '					fied Char500. No fee, schedules, or	
additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.						
schedules and attachmen	nts and pay	аррисаон неез.				
0. 78 400		Takat a aakiibi dia	ma duama NIV Camaa laabud			
3a. 7A filing exemption: Total contributions from NY State including residents, foundations, government agencies, etc. did not						
exceed \$25,000 <u>and</u> the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.						
Continuousons during the neon year.						
3b. EPTL filing exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time						
during the fiscal year.						
4. Schedules and A	Hachman					
	illaciiii ei	11.5				
See the following page						
for a checklist of Yes X No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer						
schedules and for fund raising activity in NY State? If yes, complete Schedule 4a.						
attachments to						
complete your filing. Yes X No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.						
5. Fee						
See the checklist on the	7A filir	ng fee:	EPTL filing fee:	Total fee:		
next page to calculate yo	į	J :==:			Make a single check or money order	
fee(s). Indicate fee(s) you	[payable to:	
are submitting here:	\$	25.	\$ <u>100.</u>	\$125.	"Department of Law"	
1 and opportunity flore.	" 		1 ·		I	

CHAR500 Annual Filing for Charitable Organizations (Updated January 2019)

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filling exemption in Part 3.
- · Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- · Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4: If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants	(PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
Check the financial attachments you must submit with your CHAR500: X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable X All additional IRS Form 990 Schedules, including Schedule B (Schedule of Cordisclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenufiling year. We have included an IRS Form 990-EZ for state purposes only.	
If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Review Report if you received total revenue and support greater than \$250,00 Audit Report if you received total revenue and support greater than \$750,000 No Review Report or Audit Report is required because total revenue and support We are a DUAL filer and checked box 3a, no Review Report or Audit Report is	0 and up to \$750,000.
Calculate Your Fee	
For 7A and DUAL filers, calculate the 7A fee: \$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	Is my Registration Category 7A, EPTL, DUAL or EXEMPT? Organizations are assigned a Registration Category upon registration with the NY Charities Bureau: 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")
For EPTL and DUAL filers, calculate the EPTL fee:	EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.
\$0, if you checked the EPTL exemption in Part 3b \$25, if the NET WORTH is less than \$50,000	DUAL filers are registered under both 7A and EPTL.
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000 \$ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 \$ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 \$ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 \$ \$1500, if the NET WORTH is \$50,000,000 or more	EXEMPT filers have registered with the NY Charities Bureau and meet conditions in <u>Schedule E - Registration</u> <u>Exemption for Charitable Organizations</u> . These organizations are not required to file annual financial reports but may do so voluntarily.
	Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com .
Send Your Filing	Where do I find my organization's NET WORTH?
Send your CHAR500, all schedules and attachments, and total fee to:	NET WORTH for fee purposes is calculated on:
	IRS FORM MAIL PART LITTING 22

NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com

Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).