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

Ar	or the	e 2023 calendar year, or tax year beginning and	enaing	_									
B (Check if pplicabl	C Name of organization ALBERT WISNER PUBLIC LIBRARY		D Employer identifi	cation number								
	Addre:	FOUNDATION, INC.											
	Name chang	Doing business as		20-32726	40								
	_lnitial _return _Final _return/	Number and street (or P.O. box if mail is not delivered to street address) ONE MCFARLAND DRIVE	Room/suite	E Telephone numbe									
	termin ated			G Gross receipts \$	227,249.								
	Ameno			H(a) Is this a group re									
	Applic			for subordinates									
	pendir	ONE MCFARLAND DR., WARWICK, NY 10990		H(b) Are all subordinates in									
1 7	ax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions								
	Vebsit			H(c) Group exemptio									
		organization: X Corporation Trust Association Other	L Year		■ State of legal domicile: NY								
	art I	Summary			<u> </u>								
_	1	Briefly describe the organization's mission or most significant activities: ${ m { t TO}} \;\; { m R}$	AISE F	UNDS IN SUP	PORT OF THE								
Activities & Governance		ALBERT WISNER PUBLIC LIBRARY.											
/err		Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.											
9				3	5								
∞		Number of independent voting members of the governing body (Part VI, line 1b)			0								
ties	l	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			0								
ξį	l	Total number of volunteers (estimate if necessary)			0.								
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.								
	D	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year								
Revenue	8	Contributions and grants (Part VIII, line 1h)		194,783.	192,262.								
	l			0.	0.								
š		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		23,169.	34,987.								
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.								
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		217,952.	227,249.								
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		54,729.	67,560.								
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.								
S	15	Salaries other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.								
Se	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.								
Expenses	b	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 3,2	61.		-								
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,656.	9,700.								
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		67,385.	77,260.								
		Revenue less expenses. Subtract line 18 from line 12		150,567.									
Ses				ginning of Current Year	End of Year								
vet Assets or und Balances	20	Total assets (Part X, line 16)		1,138,434.	1,420,390.								
ASS d Bas	21	Total liabilities (Part X, line 26)		0.	0.								
캺	22	Net assets or fund balances. Subtract line 21 from line 20		1,138,434.	1,420,390.								
Pa	art II	Signature Block											
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedule	s and statem	ents, and to the best of m	y knowledge and belief, it is								
true,	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.									
		0											
Sig	n	Signature of officer		Date									
Her	е	GLENN P. DICKES, TREASURER											
		Type or print name and title) - I = -	I DTIN								
		Print/Type preparer's name Preparer's signature		Date Check	PTIN								
Paid		GARY C THEODORE, CPA	0	3/04/24 if self-employ	P00129967								
-	oarer	Firm's name NUGENT & HAEUSSLER, P.C.		Firm's EIN 1	4-1567370								
use	Only	Firm's address 101 BRACKEN ROAD MONIFICOMERN NW 135.40		0.4	E 157 1100								
		MONTGOMERY, NY 12549		Phone no. 8 4	5-457-1100								
May	the If	RS discuss this return with the preparer shown above? See instructions			X Yes No								
/		Hamaniyaniy Hadiyatian Aat Blatica aaa tha aanayata inabyyatiana	10 01 00		Lorm Hull (2002)								

20 - 3272640

Part III	Stat	ement of Program S	ervice Acco	omplishme	nts
Form 990 (2	2023)	FOUNDA	TION, II	NC.	
		ALBERT	WISNER	PUBLIC	LIBRARY

га	Check if Schoolule O contains a vegenerae or note to any line in this Dout III	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	TO PROVIDE SUPPLEMENTAL FINANCIAL SUPPORT TO THE ALBERT WISNER	PUBLIC
	LIBRARY, A TAXPAYER FUNDED PUBLIC LIBRARY, THEREBY ENHANCING	
	OPPORTUNITIES FOR THE LIBRARY'S CONTINUED GROWTH AND SERVICE T	O THE
	COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	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	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expression of the section of	expenses, and
1-	revenue, if any, for each program service reported. (Code:) (Expenses \$ 67,560 • including grants of \$ 67,560 •) (Revenue \$	192,262.)
4a	(Code:) (Expenses \$67,560 . including grants of \$67,560 .] (Revenue \$)	192,202•
	FUNDRAIDING FOR THE ADDERT WIDNER FUDDIC DIDRART.	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	/ (Expanded —) (Expanded —) (Installed graine of V	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$))
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 67,560.	
		Form 990 (2023)

Form 990 (2023) FOUNDATION, 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)?		х	
2	If "Yes," complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors See instructions	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
3	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			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	7		
8		8		X
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			\ _{3,7}
	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 Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e		X
e f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	Tie		
•	the organization's separate of consolidated limit classical fields of the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		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			v
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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,	16		
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

ALBERT WISNER PUBLIC LIBRARY

Form 990 (2023)

FOUNDATION, INC.

Page 4 Part IV Checklist of Required Schedules (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete X 23 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 Х Schedule K. If "No," go to line 25a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Х 25a 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 Х 25b 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 Х 26 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 Х entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 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): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If X "Yes," complete Schedule L, Part IV X b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If X "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 X Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Х 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Part V line 1 X **35a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? b 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? Х If "Yes," complete Schedule R, Part V, line 2 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 Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	0			
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 re	eporta	able gaming			
	(gambling) winnings to prize winners?			1c		İ

FOUNDATION, INC. Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

	_			Yes	NO			
2 a	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 0						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b		37			
3a			3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				Х			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		Λ			
р	If "Yes," enter the name of the foreign country							
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		En		Х			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a 5b		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5c		21			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5 C					
6a	any contributions that were not tax deductible as charitable contributions?							
h	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
b	were not tax deductible?							
7	Organizations that may receive deductible contributions under section 170(c).		6b					
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		Х			
b								
Ū	to file Form 8282?		7c		х			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c	•	7e		Х			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr		7f		Х			
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							
		•	8					
9	Sponsoring organizations maintaining donor advised funds.							
а	a Did the sponsoring organization make any taxable distributions under section 4966?							
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?							
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:							
а	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a					
	,	12b						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		40-					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
L	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	13b						
С	organization is licensed to issue qualified health plans Enter the amount of reserves on hand	13c						
14a			14a		Х			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu.	le O	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?							
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 investment income?								
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.							

Form 990 (2023) 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	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	Enter the number of voting members included on line 1a, above, who are independent	5							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1							
	officer, director, trustee, or key employee?	2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х					
6	Did the organization have members or stockholders?	6	Х						
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	Х						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1							
~	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:	1.5							
_	a The governing body?b Each committee with authority to act on behalf of the governing body?								
9									
J	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		l x					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)								
	Total Dr. Concrete (This coolida & requeste information about policies for required by the internal revenue code.)		Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100							
-	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	b Describe on Schedule O the process, if any, used by the organization to review this Form 990.								
12a									
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe								
	on Schedule O how this was done	12c							
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14		Х					
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		Х					
	Other officers or key employees of the organization	15b		Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
	taxable entity during the year?	16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	16b							
Sec	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed NY								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) avail	able					
	for public inspection. Indicate how you made these available. Check all that apply.								
	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 fina	ncial						
-	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
-	GLENN P. DICKES, TREASURER - 845-986-1047								
	ONE MCFARLAND DRIVE, WARWICK, NY 10990								

20-3272640

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Form 990 (2023) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box offi	not c , unle	Pos heck ss pe	ition more rson i	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MELISSA LAICO	10.00							_		
SECRETARY		Х						0.	0.	0
(2) COLLEEN LARSEN	1.00							_		
VICE PRESIDENT		Х						0.	0.	0
(3) GLENN P. DICKES	10.00							_		
TREASURER		Х						0.	0.	0
(4) MARK DAMIA	1.00	↓								
PRESIDENT		X						0.	0.	0
		_								
		_								
		_								
_		_								
		4	l	1	1	l				

Form 990 (2023) 332007 12-21-23

	990 (2023) FOUNDATIC									20-32	<u> 172</u>	640	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees			ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	erage lirs per ceek Position (do not check more than one box, unless person is both an officer and a director/trustee)					h an	(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 trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org an	pensa om the anizat d relat anizati	e ion ed
-16	Cubbatal								0.		0.			0.
c <u>d</u>	Subtotal Total from continuation sheets to Part VII Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but no compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	0,000 of reportable	э ——		Yes	(No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for so	uch individual										3		Х
4 5	For any individual listed on line 1a, is the su and related organizations greater than \$150 Did any person listed on line 1a receive or a	0,000? If "Yes,	" coi	mple	ete S	Sche	edule	e J f	for such individual			4		Х
Sec	rendered to the organization? If "Yes," comption B. Independent Contractors											5		X
1	Complete this table for your five highest conthe organization. Report compensation for t										pens	ation 1	from	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	services		ompe		n
											—			
2	Total number of independent contractors (in	-	ot lir	mite	d to		_	sted	d above) who received n	nore than				
	\$100,000 of compensation from the organiz	zation				(<u>) </u>						000 4	

Page 9

ALBERT WISNER PUBLIC LIBRARY Form 990 (2023) FOUNDAT:
Part VIII Statement of Revenue FOUNDATION, INC.

			Check if Schedule O	cont	ains a respons	e or note to any lir	ne in this Part VIII			
							(A)	(B)	(C)	(D) Revenue excluded
							Total revenue	Related or exempt function revenue	Unrelated business revenue	from tax under
								Tariotion revenue	Buomicoo reverido	sections 512 - 514
nts 1ts	1	l a	Federated campaigns		1a					
ᅙᆲ		b	Membership dues		1b					
S, (С	Fundraising events		1c					
<u>a</u> =		d	Related organizations		1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ibuti	ions) 1e					
흔		f	All other contributions, gifts,	grant	ts, and					
ᇎ			similar amounts not included	abov	ve 1f	192,262.				
<u> </u>		g	Noncash contributions included in	lines	1a-1f 1g \$					
र्वे ठ		h	Total. Add lines 1a-1f				192,262.			
						Business Code				
<u>ce</u>	2	2 a								
e Z		b								
en S		С								
₹ Be		d								
Program Service Revenue		е								
<u> </u>		f	All other program service	reve	nue					
	_	g								
	3	3	Investment income (include	ding	dividends, inte	erest, and	24 007			34,987.
		_					34,987.			34,90/•
	4		Income from investment of		•	•				
	5	•	Royalties	·····	(i) Real	(ii) Personal				
	_				(i) Neai	(II) Personal				
	6) а	Gross rents	6a						
		b	Less: rental expenses	6b						
		_	Rental income or (loss)	<u>6c</u>	<u> </u>					
	_	d ,	Net rental income or (loss) 	(i) Securities	(ii) Other				
	7 a Gross amount from sales of assets other than inventory b Less: cost or other basis		(ii) Oti lei							
<u>o</u>		D	and sales expenses	7b						
Other Revenue		С	Gain or (loss)	7c						
ا <u>چ</u>			Net gain or (loss)		•					
e	g		Gross income from fundraising							
睛		, u	including \$	-	` .					
			contributions reported on							
					8	a				
		b	Less: direct expenses			b				
			Net income or (loss) from							
	9		Gross income from gamin		_					
			Part IV, line 19		9	а				
		b	Less: direct expenses		9	b				
		С	Net income or (loss) from	gam	ning activities_					
	10) a	Gross sales of inventory,	ess	returns					
			and allowances							
		b	Less: cost of goods sold		10	Ob				
		С	Net income or (loss) from	sale	s of inventory					
န္						Business Code				
ne o	11	l a								
Miscellaneous Revenue		b								
Re		C								
Ξ			All other revenue							
			Total revenue See instruction				227,249.	0.	0.	34,987.
	12	<u> </u>	Total revenue. See instruction	IIIS			441,449•	ι .	ı 0.	J4,30/•

	ALBERT WISNE	ER PUBLIC LI	BRARY		
Forn	n 990 (2023) FOUNDATION ,	INC.		20-3	272640 Page 10
Pa	rt IX Statement of Functional Expense	es			
Sect	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	ner organizations must co	omplete column (A).	
	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 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	67. 560	67 560		
	and domestic governments. See Part IV, line 21	67,560.	67,560.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				

4,475.

4,475.

10	Office experises	_ · · ·	- , ,	
14	Information technology			
15	Royalties			

16	Occupancy		
17	Travel		
18	Payments of travel or entertainment expenses		
	for any federal, state, or local public officials		

21	Payments to affiliates			L
22	Depreciation, depletion, and amortization			l
		1 017	1 017	-

Fees for services (nonemployees):

a Management

c Accounting Lobbying Professional fundraising services. See Part IV, line 17

Legal

Conferences, conventions, and meetings

Interest

if following SOP 98-2 (ASC 958-720)

11

19

20

Check here [

b

23	Insurance	1,917.	1,917.	
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				
b				
С				
٨				

е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	77,260.	67,560.	6,439.	3,261
26	Joint costs. Complete this line only if the organization				

<u> </u>	Total full cholial expelises. Add lilles Tull ough 246	77,200•	07,500•	0,400.	5,40
3	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form 990 (2023)

Part X | Balance Sheet

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	31,545.	1	16,188.
	2	Savings and temporary cash investments		2	207,739
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from 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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ď	9	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 depreciation10b		10c	
	11	Investments - publicly traded securities	920,627.	11	1,196,463
	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)	1,138,434.	16	1,420,390
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule 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 third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
Š		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
ala	27	Net assets without donor restrictions		27	
<u>Б</u>	28	Net assets with donor restrictions		28	
ב		Organizations that do not follow FASB ASC 958, check here			
ō		and complete lines 29 through 33.	0		0
ets	29	Capital stock or trust principal, or current funds		29	0
\SS(30	Paid-in or capital surplus, or land, building, or equipment fund	4 4 2 2 4 2 4	30	•
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	1,420,390
ž	32	Total net assets or fund balances		32	1,420,390 1,420,390
	33	Total liabilities and net assets/fund balances	1 1,130,434.	33	1,440,390

Form 990 (2023)

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			7,2	
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,2	
3	Revenue less expenses. Subtract line 2 from line 1	3				89.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,13		
5	Net unrealized gains (losses) on investments	5		13	1,9	67.
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	1	,42	0,3	90.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					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 on Schedule					
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	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,			
	consolidated basis, or both:					
	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	e audi	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
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?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b		

Form **990** (2023)

SCHEDULE A

(Form 990)

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 20-3272640

OMB No. 1545-0047

Pa	art I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instructions.		
The	orgar	nization is not a private founc							
1		A church, convention of ch		·					
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3	一	A hospital or a cooperative				/h//1//Δ//i	ii)		
4	一							the hospital's name	
_		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:							
_		An organization operated for	or the benefit of a co	llogo or university evene	d or opera	tod by a a	avaramantal unit dagarik	and in	
5		· ·		niege of university owner	or opera	ted by a g	overninental unit descrit	Jeu III	
_		section 170(b)(1)(A)(iv). (C				-0/1 \/ 4\/ 4\			
6		A federal, state, or local go							
7	X	An organization that norma		intial part of its support f	rom a gov	ernmental	unit or from the general	public described in	
		section 170(b)(1)(A)(vi). (C							
8	\vdash	A community trust describe							
9	Ш	An agricultural research org	-			-		-	
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	y, and state of the collec	e or	
		university:							
10		An organization that norma	Illy receives (1) more	than 33 1/3% of its supp	oort from	contribution	ons, membership fees, a	nd gross receipts from	
		activities related to its exer	npt functions, subjec	ct to certain exceptions;	and (2) no	more tha	n 33 1/3% of its support	from gross investment	
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	iired by the organization	after June 30, 1975.	
		See section 509(a)(2). (Co	mplete Part III.)						
11	Ш	An organization organized	and operated exclus	ively to test for public sa	fety. See s	section 50	09(a)(4).		
12		An organization organized	and operated exclus	ively for the benefit of, to	perform t	the functio	ons of, or to carry out the	purposes of one or	
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3). (Check the box on	
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line:	s 12e, 12f, and 12g.		
a	ıL	☐ Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	giving giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority	of the dire	ctors or trustees of the s	supporting	
		organization. You must o	complete Part IV, Se	ections A and B.					
k	, \square	Type II. A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organization(s), by ha	ving	
		control or management of	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manage the sur	ported	
		organization(s). You mus			·			•	
(, 🗀	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functionally integrat	ed with,	
		its supported organizatio	n(s) (see instructions	s). You must complete F	Part IV, Se	ections A,	D, and E.		
c	ı 🗆	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection \	with its supported organ	zation(s)	
		that is not functionally int					• • • •	, ,	
		requirement (see instruct	-	•	•		•		
e	, [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					31 31 31		
1	Ente	er the number of supported o							
ç	P ro	vide the following information	n about the supporte	ed organization(s).					
	((i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other	
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)	
	al								
							i		

Schedule A (Form 990) 2023

NDATION, INC. 20-3272640 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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) 2019 **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 198,694. 199,169 194,783. 192,262. 982,421. include any "unusual grants.") 197,513. 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 199,169 198,694. 194,783. 192,262. 197,513. 982,421. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 541,334. column (f) 441,087. 6 Public support. Subtract line 5 from line 4. Section B. Total Support (a) 2019 197,513. Calendar year (or fiscal year beginning in) **(b)** 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total 194,783. 982,421. 199,169 198,694. 192,262 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, 12,567. 12,787 17,347. 23,169 34,987 100,857. and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 1083278. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 40.72 14 % 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage from 2022 Schedule A, Part II, line 14 49.21 15 % 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and X stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2022. 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 - 2023. 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 - 2022. 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) 2023

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.)

Section A. Public Support	below, piedoe com	piete i dit ii.j				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and		, ,	, ,			.,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
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						
7a 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.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6	(a) 2013	(6) 2020	(6) 2021	(d) ZOZZ	(6) 2020	(i) rotar
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	;					
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI.)						
14 First 5 years. If the Form 990 is for the		irst, second, third.	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here			······			·····
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2023	(line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom					
17 Investment income percentage for 2	:023 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	ı 2022 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2023. If th	e organization did				33 1/3%, and line	17 is not
more than 33 1/3%, check this box						
b 33 1/3 % support tests - 2022. If th	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch	neck this box and s t	top here. The orga	nization qualifies	as a publicly supp	orted organization	
20 Private foundation. If the organization	ion did not check a	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.)

		Yes	No
	1		
	2		
	3a		
	3b		
	SD		
	3c		
	4a		
	AL		
	4b		
	4c		
	5a		
	- Fla		
	5b 5c		
	6		
	7		
	8		
	j		
	9a		
	9b		
	0.0		
	9c		
	10a		
	10b		
dule	A (Forr	n 990	2023

Pa	rt IV Supporting Organizations (continued)			ago o
	continued)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	140
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
ű	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	1.0		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
-	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			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

instructions).

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Par	t v Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ıed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ıs	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 to	ne organization is responsive	e		
	(provide details in Part VI). See instructions.		8		
9	Distributable amount for 2023 from Section C, line 6		9		
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	ıs	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
a	From 2018				
b	From 2019				
С	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2019				
b	Excess from 2020				
С	Excess from 2021				
d	Excess from 2022				
е	Excess from 2023				

Schedule A (Form 990) 2023

ALBERT WISNER PUBLIC LIBRARY

20-3272640 Page 8 FOUNDATION, INC. Schedule A (Form 990) 2023

Part VI	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, 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.)

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. Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information.
LIBRARY ALBERT WICHER DIBLIC

FOUNDATIO		IC HIBRARI					20-3272640
Part I General Information on Grants a						L	
Does the organization maintain records criteria used to award the grants or assi Describe in Part IV the organization's pro-	stance? ocedures for monit	oring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
ALBERT WISNER PUBLIC LIBRARY ONE MCFARLAND DRIVE							
WARWICK, NY 10990	14-1561039		67,560.	0.			LIBRARY SUPPORT
				_			
2 Enter total number of section 501(c)(3) a	and government or	nanizations listed in th	ne line 1 table	·			

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

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

Schedule I (Form 990) 2023

LHA 332101 11-01-23

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Schedule	I (Form 990) 2023 FOUNDATION, INC					20-3272640 Page 2
Part III	Grants and Other Assistance to Domestic Individual Part III can be duplicated if additional space is needed.	s. Complete if the	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
Part IV	Supplemental Information. Provide the information red	unional in Doubl. lin	o O. Dark III. a ali ma			
Partiv	Supplemental information. Provide the information rec	quired III Fart I, III	ie z, Fart III, colui III	r (b), and any other a	dditional imormation.	

332102 11-01-23 Schedule I (Form 990) 2023

SCHEDULE 0 (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

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 20-3272640

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

2023

Open to Public Inspection

1.General Information

For Fiscal Year Beginning (mm/dd/yyyy) $01/01/2023$ and Ending (mm/dd/yyyy) $12/31/2023$								
Check if Applicable: Address Change	Name of Organization: ALBERT WISNER	PUBLIC LIBRAR	Y FOUNDATION,	Employer Identification Number (EIN): $20-3272640$				
Name Change Initial Filing	Mailing Address: ONE MCFARLAND	DRIVE		NY Registration Number: 21-56-81				
Final Filing Amended Filing	Telephone: 845 986-1047							
Reg ID Pending	Website: WWW.ALBERTWISM	TERLIBRARY.ORG		Email: WARREF@RCLS.ORG				
Check your organization's registration category: 7A only EPTL only X DUAL (7A & EPTL) EXEMPT* Confirm your Registration Category in the Charities Registry at www.CharitiesNYS.com.								
2. Certification								
See instructions for certif two signatories.	See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires							
	enalties of perjury that we revertue, correct and complete i			e best of our knowledge and belief,				
lifey ai	e true, correct and complete i	II decordance with the laws	OI THE State OF INEW TOTAL	рріїсаріє то тіїз герогт.				
President or Authorized	-							
	Signature		Print Name GLENN P • D					
Chief Financial Officer of	Treasurer:		TREASURER					
	Signature		Print Name	e and Title Date				
3. Annual Reporting	Exemption							
Check the exemption(s) t	nat apply to your filing. If you	r organization is claiming ar	exemption under one cate	egory (7A or EPTL only filers) or both				
				ed Char500. No fee, schedules, or				
	•	m an exemption or are a Dl	JAL filer that claims only or	e exemption, you must file applicable				
schedules and attachme	nts and pay applicable fees.							
20 7A filin		from NIV State includin	idanta faundationa a					
	<u> </u>			overnment agencies, etc. did not raising counsel (FRC) to solicit				
exceed \$2	<u> </u>			overnment agencies, etc. did not raising counsel (FRC) to solicit				
exceed \$2	5,000 <u>and</u> the organization d			G ,				
exceed \$2 contribution	5,000 <u>and</u> the organization d ons during the fiscal year.	id not engage a profession.	al fund raiser (PFR) or fund	G ,				
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

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