	aan
Form	330

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047 Open to Public Inspection

AF	or the	2021 calendar year, or tax year beginning and o	ending							
Bo	heck if	C Name of organization D Employer identification number								
a	pplicable:	ALBERT WISNER PUBLIC LIBRARY								
	Address change									
	Name change	Doing business as		20-32726	40					
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number						
	Final return/	ONE MCFARLAND DRIVE		845-986-3						
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	216,041.					
	Amende return	WARWICK, NY 10990		H(a) Is this a group re						
	Applica-	F Name and address of principal officer. Guidining F • DICKID		for subordinates	? Yes X No					
	pending	ONE MCFARLAND DR., WARWICK, NY 10990		H(b) Are all subordinates in	cluded? Yes No					
LT	ax-exer	mpt status: 🚺 501(c)(3) 🔲 501(c).()◀ (insert no.) 🗌 4947(a)(1) c	or 🛄 527	If "No," attach a	list. See instructions					
J٧	Vebsite	WWW.ALBERTWISNERLIBRARY.ORG		H(c) Group exemption	n number 🕨					
K F	orm of o	organization: 🔲 Corporation 📄 Trust 📄 Association 📄 Other 🕨	L Year	of formation: 2005 M	State of legal domicile: NY					
Pa		Summary								
4	1 B	riefly describe the organization's mission or most significant activities: ${ m TO}$ ${ m R}$	AISE F	UNDS IN SUP	PORT OF THE					
nce	A	ALBERT WISNER PUBLIC LIBRARY.								
rna	2 0	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.					
ove		lumber of voting members of the governing body (Part VI, line 1a)			5					
Ğ		lumber of independent voting members of the governing body (Part VI, line 1b)			5					
80		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			0					
vitie		otal number of volunteers (estimate if necessary)		0						
Activities & Governance		otal unrelated business revenue from Part VIII, column (C), line 12			0.					
<		let unrelated business taxable income from Form 990-T, Part I, line 11			0.					
				Prior Year	Current Year					
¢	8 C	Contributions and grants (Part VIII, line 1h)	199,169.	198,694.						
inu		Program service revenue (Part VIII, line 2g)		0.	0.					
Revenue		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	12,787.	17,347.						
£	11 0	ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.					
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		211,956.	216,041.					
	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		31,575.	40,564.					
	14 B	enefits paid to or for members (Part IX, column (A), line 4)		0.	0.					
Ś	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.					
Expenses		rofessional fundraising fees (Part IX, column (A), line 11e)		0.	0.					
g	b T	otal fundraising expenses (Part IX, column (D), line 25) 🕨6 , 13	39.							
ш	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,616.	12,577.					
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		42,191.	53,141.					
	19 R	evenue less expenses. Subtract line 18 from line 12		169,765.	162,900.					
or			Be	ginning of Current Year	End of Year					
Net Assets or Fund Balances	20 T	otal assets (Part X, line 16)		898,596.	1,173,899.					
d Bis		otal liabilities (Part X, line 26)		0.	0.					
Fun		let assets or fund balances. Subtract line 21 from line 20		898,596.	1,173,899.					
		Signature Block								
			and statem	ante and to the bast of m	Irooutladaa and ballof it in					

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign X	Signature of officer		Date				
Here	BLENN P. DICKES, TREAS						
	Print/Type preparer's name	Fieparer S Signature	Date Check PTIN				
Paid	GARY C THEODORE, CPA	Girth 0	2/16/22 self-employed P00129967				
Preparer	Firm's name 🕨 NUGENT & HAEUSSL		Firm's EIN 🕨 14–1567370				
Use Only	Firm's address 101 BRACKEN ROAD						
MONTGOMERY, NY 12549 Phone no.845-457-1100							
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
132001 12-	09-21 LHA For Paperwork Reduction Act Notic	e, see the separate instructions.	Form 990 (2021)				

4e	Total program service expenses ► 40,564.	E 000 (2024)
	(Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	2	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
-10	/ [ελριτού ψ] / [heterlub ψ	/
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
	FURNATOING FOR THE ADDRI WIGNER FUDDIC DIDRART.	
4a	(Code:) (Expenses \$40,504. including grants of \$40,504. (Revenue \$) (Revenue \$] (Revenue \$) (Revenue \$_	
A -	revenue, if any, for each program service reported. (Code:) (Expenses \$40,564. including grants of \$40,564. (Revenue \$	198 694
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
4	Describe the organization's program service accomplishments for each of its three largest program services, as me	
	If "Yes," describe these changes 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 new services on Schedule O.	
	prior Form 990 or 990-EZ?	Yes X No
2	Did the organization undertake any significant program services during the year which were not listed on the	
	COMMUNITY.	
	OPPORTUNITIES FOR THE LIBRARY'S CONTINUED GROWTH AND SERV	
	LIBRARY, A TAXPAYER FUNDED PUBLIC LIBRARY, THEREBY ENHANC	
1	Briefly describe the organization's mission: TO PROVIDE SUPPLEMENTAL FINANCIAL SUPPORT TO THE ALBERT W	TSNER DIIRLTC
	Check if Schedule O contains a response or note to any line in this Part III	
Pa	rt III Statement of Program Service Accomplishments	
		0-3272640 Page 2
	ALBERT WISNER PUBLIC LIBRARY	

 ALBERT WISNER PUBLIC LIBRARY

 Form 990 (2021)
 FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

-			N	
	le the experimetion described in section $E(1/2)(2) \approx 40.47(2)(1)$ (other then a private foundation)?		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
0	If "Yes," complete Schedule A	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	2	- 23	
3	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	0	-	
4	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
0	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,	0		
1	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
· ·	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
2	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		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			
-	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		1	
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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 (2021) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

20-	32	72	640	Page 4
-----	----	----	-----	--------

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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			37
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04.		
	any tax-exempt bonds?	24c 24d		
		24u		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disgualified 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	200		
a	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		į.,	v
	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	0.1		x
	Part V, line 1	34 35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	308		-
a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		ĺ –
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	335		
36	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			
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa				
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	005	Ĺ
		Form	990	(2021)

20-	3	2	7	2	6	4	0	Page 5
-----	---	---	---	---	---	---	---	--------

Form	990 (2021) FOUNDATION, INC. 20-3272	640	P	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb		
4a	At any time during the calendar 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 account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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 as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
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.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand 13c		-	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

FOUNDATION, INC.

Form 990 (2021)

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		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	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		X
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	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	X	
b	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:			
	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			
Ŭ	organization's mailing address? If "Yes," provide the names and addresses on 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	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
~	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	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	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		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
Ŭ	on 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		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?			
2	The organization's CEO, Executive Director, or top management official	15a		х
	Other officers or key employees of the organization	15b		X
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	100		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	16a		х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	104		
D	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	TIOD		
	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright NY			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	l)s only) availa	ahle
18	for public inspection. Indicate how you made these available. Check all that apply.	, s only	, availe	2010
	Own website Another's website X Upon request Other (explain on Schedule O)			
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
19		iu iiidl	ivial	
00	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
20	GLENN P. DICKES, TREASURER - 845-986-1047			
	ONE MCFARLAND DRIVE, WARWICK, NY 10990			

ALBERT	WISNER	PUBLIC	LIBRARY
FOINDAT	TON T	JC.	

20	20	70	610	Page 7
20-	- 3 4	14	640	Page /

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, 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.

Form 990 (2021)

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	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-MISC/ 1099-NEC)	compensation from the organization and related organizations	
(1) ROSEMARY COOPER	10.00							0	0	0	
SECRETARY	1 00	X	_		-	-		0.	0.	0.	
(2) COLLEEN LARSEN	1.00	x						0.	0.	0.	
VICE PRESIDENT	10.00	Δ			-	-	-			0.	
(3) GLENN P. DICKES TREASURER	10.00	x						0.	0.	0.	
(4) DR. WAYNE ROSSI	1.00										
PRESIDENT		X						0.	0.	0.	
					-						
		-									

E 000	ALBERT W			LIC	C 1	LI.	BR	AR'	Y	20-327	2610		age 8
Form 990 Part VII	· · · · · · · · · · · · · · · · · · ·			000	an	чн	iaho	et (Compensated Employe		2040	, г	age O
	(A) Name and title	(B) Average hours per week	(do box	not c , unie	Pos Pos check iss pe	C) itior more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		(F) stimat mount other	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/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	t org ar	npensa from th ganiza nd rela janizat	ne tion ted
											_		
					-						-		
							-				_		
							-						
							$\left \right $						
							F						
	total I from continuation sheets to Part VI								0.	0			0.
d Tota	I (add lines 1b and 1c)								0. eceived more than \$100	0,000 of reportable	•		0.
com	pensation from the organization 🕨											Yes	0 No
line 1	the organization list any former officer, 1a? If "Yes," complete Schedule J for s	uch individual								-	3		x
and	any individual listed on line 1a, is the su related organizations greater than \$150	0,000? If "Yes,'	" coi	mple	ete S	Sche	edule	e J f	or such individual		4		x
rend	any person listed on line 1a receive or a ered to the organization? If "Yes," com								-		5		x
1 Com	 Independent Contractors plete this table for your five highest co 										sation	from	
the c	organization. Report compensation for (A) Name and business					/ith	or w	ithin	(B)		(Compe	C)	
	Name and business	audress	NC	ONE	<u>ن</u>				Description of se		compe	insauo	
									=				
	I number of independent contractors (i 0,000 of compensation from the organiz	-	ot lin	niteo	d to	tho: (-	ted	above) who received m	ore than			

ALBERT	WISNEF	PUBLIC	LIBRARY
FOUNDAT	TION, I	INC.	
of Dovonue			

			NDATI	ON,]	INC.			20-3272	640 Page 9
Pa	rt VI	II Statement of Rev	venue						
		Check if Schedule O c	ontains a I	response	or note to any lin		(5)	(0)	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b			1b					
Page Age	c	E 1 3 5		1c					
Sift; ar /	d			1d					
inil S	е			1e					
tion str	f	All other contributions, gifts, g	rants, and						
ibu		similar amounts not included a	above	1f	198,694.	8,694.			
dut	g	Noncash contributions included in I	lines 1a-1f	1g \$					
<u>ਹ ਸ</u>	h	Total. Add lines 1a-1f				198,694.			
					Business Code				
ice	2 a	3							
erv	b	b							
n S /en	c								
Be	d								
Program Service Revenue	e	All - 11-							
-		All other program service re Total. Add lines 2a-2f							
_	3	Investment income (includi							
	3	other similar amounts)			17,347.			17,347.	
	А	 Income from investment of tax-exempt bond pro 			11/04/*			1,01,0	
	5	Royalties							
	Ŭ			Real	(ii) Personal				
	6 a	Gross rents	6a						
	b		6b						
	с		6c						
	d	Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Se	curities	(ii) Other				
		assets other than inventory	7a						
	b	Less: cost or other basis							
Jue			7b						
evenue			7c						
ц,		Net gain or (loss)			····· •				
Other Ro	8 a	Gross income from fundraising	• •	ot					
Ò		including \$		of					
		contributions reported on li	-						
		Part IV, line 18							
		Less: direct expenses Net income or (loss) from fL							
		Gross income from gaming			·····				
	9 d	Part IV, line 19							
	h	Less: direct expenses							
		Net income or (loss) from g							
		Gross sales of inventory, le	-	· · · · · · · · · · · · · · · · · · ·					
		and allowances							
	b	Less: cost of goods sold							
	с	Net income or (loss) from sa	ales of inv	entory	▶				
s					Business Code				
eon	11 a								
en	b								
Miscellaneous Revenue	c								
ž		All other revenue							
		Total. Add lines 11a-11d . Total revenue. See instruction			•	216,041.	0.	0.	17,347.
	12	TUTAL REVENUE, SEE INSTITUTION	0				U al	U	

Form 990 (2021) FOUNDATION, INC.
Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response of include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations		expensed	goneral expenses	0,001000
	and domestic governments. See Part IV, line 21	40,564.	40,564.		
	Grants and other assistance to domestic				
i	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
(organizations, foreign governments, and foreign				
i	individuals. See Part IV, lines 15 and 16				
4 E	Benefits paid to or for members				
5 (Compensation of current officers, directors,				
t	trustees, and key employees				
6 (Compensation not included above to disqualified				
F	persons (as defined under section 4958(f)(1)) and				
ľ	persons described in section 4958(c)(3)(B)				
7 (Other salaries and wages				
	Pension plan accruals and contributions (include				
5	section 401(k) and 403(b) employer contributions)				
	Other employee benefits				
	Payroll taxes				
11 E	Fees for services (nonemployees):				
aľ	Management				
b l	Legal				
c /	Accounting	3,950.		3,950.	
dl	Lobbying				
	Professional fundraising services. See Part IV, line 17 🗋				
f I	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	6,139.			6,139
13 (Office expenses	325.		325.	
1 4	Information technology				
1 5 F	Royalties				
1 6 (Occupancy				
17 7	Travel				
18 F	Payments of travel or entertainment expenses				
f	for any federal, state, or local public officials \dots				
19 (Conferences, conventions, and meetings				
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization			0.005	
	nsurance	2,005.		2,005.	
a I	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A), product line 24e expenses on Safetyle Q.)				
	amount, list line 24e expenses on Schedule 0.)	158.		158.	
-		T.0.			
b					
с 					
d	All other expenses				
	Fotal functional expenses. Add lines 1 through 24e	53,141.	40,564.	6,438.	6,139
	Joint costs. Complete this line only if the organization	2217470	TOLOCIO	0,100	0,100
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
e	Check here if following SOP 98-2 (ASC 958-720)				

ALBERT WISI	NER PUBLIC	LIBRARY
FOUNDATION	, INC.	

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		12,760.	1	28,791.
	2	Savings and temporary cash investments		181,643.	2	186,168.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current or				
	-	trustee, key employee, creator or founder, subst				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disquali				
		under section 4958(f)(1)), and persons described			6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	10a					
		basis. Complete Part VI of Schedule D	10a			
	ь				10c	
	11	Investments - publicly traded securities		704,193.	11	958,940.
	12	Investments - other securities. See Part IV, line 1			12	
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		898,596.	16	1,173,899.
	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 F			21	
ŝ	22	Loans and other payables to any current or form	er officer, director,			
Liabilities		trustee, key employee, creator or founder, subst				
abi		controlled entity or family member of any of thes			22	
Ë	23	Secured mortgages and notes payable to unrela	1		23	
- 0	24	Unsecured notes and loans payable to unrelated			24	
- 1	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow FASB ASC 958, che	ck here 🕨 🔛			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions			27	
Ва	28	Net assets with donor restrictions			28	
pur		Organizations that do not follow FASB ASC 9	58, check here 🕨 🔀			
Ē		and complete lines 29 through 33.				
s o	29	Capital stock or trust principal, or current funds		0.	29	0.
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or eq	uipment fund	0.	30	0.
As	31	Retained earnings, endowment, accumulated ind	come, or other funds	898,596.	31	1,173,899.
Net	32	Total net assets or fund balances		898,596.	32	1,173,899.
	33	Total liabilities and net assets/fund balances		898,596.	33	1,173,899.
						Form 990 (2021)

Form 990 (2021)
Part X Balance Sheet

-

ALBERT	WISNER	PUBLIC	LIBRARY
		NC	

Form	1990 (2021) FOUNDATION, INC.	20-3	272640	Pag	je 12				
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			41.				
2	Total expenses (must equal Part IX, column (A), line 25)	2			41.				
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> 162</u> 898		00.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	5 Net unrealized gains (losses) on investments 5								
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1,173	3,8	99.				
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: 🔀 Cash 📃 Accrual 🗌 Other		-						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul			_					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<u>2</u> a	X					
	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:								
	X Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?		<u>2</u> b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,							
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the								
	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 Sci								
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	_							
	Act and OMB Circular A-133?		<u>3a</u>		X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ								
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits								

Form **990** (2021)

SCHEDULE A		DULE A				OMB No. 1545-0047				
(F)	orm 99) 0)			rity Status ar					2021
			C		nization is a section 50 47(a)(1) nonexempt cha			or a section		
		of the Treasury			Attach to Form 990 or I					Open to Public
_		nue Service	L	Go to www.irs.go	v/Form990 for instructi	ons and t	he latest i	nformation.		Inspection
Na	ne of	the organizati			PUBLIC LIBRA	RY				r identification number
				DATION, IN						0-3272640
<u> </u>	art I				(All organizations must o				ıs.	
	organ				(For lines 1 through 12, o					
1	H	-			on of churches describe		on 170(b)(*	1)(A)(i).		
2	님				(Attach Schedule E (Forr		NII. 1 (4) (4) (
3					anization described in so onjunction with a hospita			•	Viii) Enter	the hospital's name
4		city, and state	_	allon operated in co	лјанскоп мата позрпа	I described	a in sectio		Amj. Enter	the hospital s hame,
5				or the benefit of a co	ollege or university owne	d or opera	ted by a d	overnmental	unit descrit	bed in
0				Complete Part II.)	subge of children, child					
6					mental unit described in	section 1	70(b)(1)(A)	(v).		
7	X	-		-	antial part of its support				he general	public described in
		section 170(I)(1)(A)(vi). (C	omplete Part II.)		-			-	
8					(1)(A)(vi). (Complete Par	t II.)				
9		An agricultura	al research org	ganization described	in section 170(b)(1)(A)	ix) operate	ed in conju	unction with a	land-grant	college
		or university of	or a non-land-	grant college of agric	culture (see instructions)	. Enter the	name, city	y, and state o	f the colleg	e or
		university:								
10		-		-	than 33 1/3% of its sup					
		activities relat	ed to its exer	npt functions, subje	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of	its support	from gross investment
					e (less section 511 tax) fr	om busine	esses acqu	ired by the or	ganization	after June 30, 1975.
				mplete Part III.)						
11				•	sively to test for public sa					
12		-	-		sively for the benefit of, to					
					ed in section 509(a)(1) o					JNECK THE DOX ON
		-	•		of supporting organizatio supervised, or controlled		-		-	(diving
ź					egularly appoint or elect a					
				complete Part IV, S		amajonty				opporting
k	,			•	d or controlled in connec	tion with if	ts support	ed organizatio	onís), by ha	ivina
		<i>.</i>		•	anization vested in the s			-		-
			-	t complete Part IV,		·			•	
c	; []				ng organization operated	in connec	tion with, a	and functiona	lly integrate	ed with,
		its supporte	d organizatio	n(s) (see instruction	s). You must complete l	Part IV, Se	ections A,	D, and E.		
c	ı 🗌] Type III noi	n-functionally	y integrated. A supp	porting organization oper	ated in co	nnection v	vith its suppo	rted organi	ization(s)
		that is not f	unctionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement an	d an attent	iveness
	_	requiremen	t (see instruct	ions). You must coi	mplete Part IV, Sections	A and D,	and Part	V.		
e			-		written determination fro			а Туре I, Туре	II, Type III	
					onally integrated support					
1							•••••			
		i) Name of suppo		n about the support (ii) EIN	ed organization(s).	(iv) is the orga	inization listed	(v) Amount of	monetary	(vi) Amount of other
	``	organization		(1) 2.13	(described on lines 1-10	in your governi Yes	no document? No	support (see in		support (see instructions)
					above (see instructions))	163	110			
Tota	al									

	A	LBERT WIS	NER PUBLI	C LIBRARY	•				
		OUNDATION					2640 Page 2		
Pa	art II Support Schedule for	-							
	(Complete only if you checke			-	n failed to qualify	under Part III. If the	e organization		
	fails to qualify under the tests	s listed below, plea	ase complete Part	.)					
Se	ction A. Public Support								
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	150,567.	171,919.	197,513.	199,169.	198,694.	917,862.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
З	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	150,567.	171,919.	197,513.	199,169.	198,694.	917,862.		
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)						342,527.		
	Public support. Subtract line 5 from line 4.						575,335.		
Se	ction B. Total Support								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total		
7	Amounts from line 4	150,567.	171,919.	197,513.	199,169.	198,694.	917,862.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources \dots	5,022.	8,081.	12,567.	12,787.	17,347.	55,804.		
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.)						080 666		
11	Total support. Add lines 7 through 10						973,666.		
12	Gross receipts from related activities,					12			
13	First 5 years. If the Form 990 is for th								
C.	organization, check this box and stor								
	ction C. Computation of Publ			aluman (6)		14	59.09 %		
14	Public support percentage for 2021 (I		-				59.09 % 72.81 %		
15	Public support percentage from 2020 33 1/3% support test - 2021. If the c								
168									
i.	stop here. The organization qualifies 33 1/3% support test - 2020. If the c						1500		
D									
17~	and stop here. The organization qual 10% -facts-and-circumstances test								
174	and if the organization meets the fact								
	meets the facts-and-circumstances te					vine organiz			
h	10% -facts-and-circumstances test	-							
							·		
	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 organizatio		-				s 🕨 🗖		
							(Form 990) 2021		

ALBERT	WISNER	PUBLIC	LIBRARY

Schedule A (Form 990) 2021 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.)

Se	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20)21	(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				1			
	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					r		
	Add lines 7a and 7b					/		
_	Public support. (Subtract line 7c from line 6.)					1		
	ction B. Total Support					12 15 0.0		1121
	ndar year (or fiscal year beginning in) 🕨 _	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 20	121	(f) Total
	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
b	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975							
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.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) or	ganization,	
	check this box and stop here		,					🕨 🗌
Sec	tion C. Computation of Public							
15	Public support percentage for 2021 (lir	ne 8, column (f), c	livided by line 13,	column (f))		15		%
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16		%
Sec	tion D. Computation of Inves	tment Incom	e Percentage					
17	Investment income percentage for 202	1 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17		%
	Investment income percentage from 2					18		%
	33 1/3% support tests - 2021. If the c					33 1/3%, ar	nd line 17 is	not
	more than 33 1/3%, check this box an							
b	33 1/3% support tests - 2020. If the c	•	-				1/3%, and	
	line 18 is not more than 33 1/3%, chec							
20	Private foundation. If the organization							14.5.2

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

20-3272640 Page 4

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes

No

Schedule A (Form 990) 2021 FOUN Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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 ElN 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, Ioan, 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.)

FOUNDATION

20-	32	72	640	Page 5
-----	----	----	-----	--------

2

1

Yes

No

No

Yes

Pa	rt IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI. 11c		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		

	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
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.

Section C. Type II Supporting Organizations

Schedule A (Form 990) 2021

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).

Section 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			í
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		l
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		l
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		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.
- The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). С
- 2 Activities Test. Answer lines 2a and 2b below.
- a 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.
- 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.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a 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.
- 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.

2a

2h

За

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

	edule A (Form 990) 2021 FOUNDATION, INC.			20-3272640 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti			
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	-		Part VI). See instructions.
-	All other Type III non-functionally integrated supporting organizations mu	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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-functiona	ally integrate	d Type III supporting or	ganization (see
	instructions).			

Schedule A (Form 990) 2021

20-	32	72	<u>640</u>	Page	7
-----	----	----	------------	------	---

2021	FOUNDATION,	INC.

Sche	dule A (Form 990) 2021 FOUNDATION, I	NC.)-3272640 Page 7
Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 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) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)			_	
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2021

Schedule A	(Form 990) 2021	ALBERT FOUNDAT			LIBRARY	20-3272640 Page
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D, I	mation. Prov 2, 3b, 3c, 4b, 4 ines 2 and 3; P	ride the expla 4c, 5a, 6, 9a Part IV, Sectio	anations requir , 9b, 9c, 11a, 1 on E, lines 1c, 2	1b, and 11c; Part I\ 2a, 2b, 3a, and 3b; I	0; Part II, line 17a or 17b; Part III, line 12; V, Section B, lines 1 and 2; Part IV, Section C, Part V, line 1; Part V, Section B, line 1e; Part V, part for any additional information.
5						
<u>. </u>						
<u></u>						

SCHEDULE I (Form 990)		Comple	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.	ler Assistand Id Individual answered "Yes"	ce to Organ s in the Unit on Form 990, Par	izations, ted States t IV, line 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			Go to www.ir	 Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. 	n 990. r the latest inform	ation.		Open to Public Inspection
Name of the organization	tion ALBERT WISNER FOUNDATION, IN	SNER PUBLIC N. INC.						Employer identification number 20-3272640
Part I General I	General Information on Grants and Assistance	nd Assistance						
1 Does the organi	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	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	
	criteria used to award the grants or assistance?	tance?	terretaria de la constante de l La constante de la constante de	والمترافع والمسترجلة والمسترك				X Yes No
Part II Grants ar	Gent ratio whe organization sprocedures or momenting the use or grant funds in 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.	Cedures for morn Domestic Organi: 55,000. Part II can	Onling the use of grant. zations and Domestic be duplicated if additi	or grant rurids in the United States. Domestic Governments. Complete 1 if additional space is needed.	a states. omplete if the orga led.	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and a or gc	1 (a) Name and address of organization or government	(a)	(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	BLIC LIBRARY IVE							
WARWICK NY 10990	0	14-1561039		40,564.	0.			LIBRARY SUPPORT
	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government or	ganizations listed in th	le line 1 table				
	Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table	*********************				
LHA For Paperworl	For Paperwork Reduction Act Notice, see the Instructions for Form	see the Instruct	ions for Form 990.					Schedule I (Form 990) 2021

Schedule (Form 990) 2021 FOUNDATION INC.					20-3272640 Page 2
er Assist uplicated	s. Complete if the	organization answ	ered "Yes" on Form 9	90, 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 required in	quired in Part I, lin	e 2; Part III, columr	Part I, line 2; Part III, column (b); and any other additional information.	dditional information.	
132102 10-26-21					Schedule I (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization 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. ALBERT WISNER PUBLIC LIBRARY Employ



Employer identification number 20-3272640

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

FOUNDATION, INC.

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

Open to Public Inspection

1.General Information						
For Fiscal Year Beginning (mm/dd/yyyy) 01/01/2021 and Ending (mm/dd/yyyy) 12/31/2021						
Check if Applicable:	Name of Organization: ALBERT WISNER	PUBLIC LIBRAR	Y FOUNDATION,	Employer Identification Number (EIN): $20 - 3272640$		
Name Change	Mailing Address: ONE MCFARLAND	DRIVE		NY Registration Number: 21-56-81		
Final Filing	City / State / ZIP: WARWICK , NY 1	.0990		Telephone: 845 986-1047		
Reg ID Pending	Website: WWW.ALBERTWISN	IERLIBRARY.ORG		Email: WARREF@RCLS.ORG		
Check your organization's registration category:	s 🗌 7A only 🗌 EPTL	only X DUAL (7A &		Confirm your Registration Category in the Charities Registry at <u>www.CharitiesNYS.com</u> .		
2. Certification						
See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.						
				e best of our knowledge and belief,		
they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.						
President or Authorized Officer:						
Signature Print Name and Title Date						
	5		GLENN P. D	ICKES		
Chief Financial Officer or			TREASURER			
	Signature		Print Name	e and Title Date		
3. Annual Reporting	g Exemption					
Check the exemption(s) t	hat apply to your filing. If your	r organization is claiming an	exemption under one cate	egory (7A or EPTL only filers) or both		
				ied Char500. No fee, schedules, or		
	re required. If you cannot clair nts and pay applicable fees.	m an exemption or are a DL	IAL filer that claims only or	e exemption, you must file applicable		
Schedules and attachmen	its and pay applicable lees.					
🔄 3a. 7A filin	g exemption: Total contribution	ons from NY State including	g residents, foundations, g	overnment agencies, etc. did not		
	· —	id not engage a professiona	al fund raiser (PFR) or fund	raising counsel (FRC) to solicit		
contributions during the fiscal 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 Attachments						
	4. Schedules and Attachments					
		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				
See the following page		our organization use a prot	include relation fund	reising councel or commercial co venturer		
See the following page for a checklist of	Yes X No 4a. Did y					
See the following page	Yes X No 4a. Did y	our organization use a prof raising activity in NY State?				
See the following page for a checklist of schedules and	Yes X No 4a. Did y for fund		P If yes, complete Schedul	e 4a.		
See the following page for a checklist of schedules and attachments to	Yes X No 4a. Did y for fund	raising activity in NY State?	P If yes, complete Schedul	e 4a.		
See the following page for a checklist of schedules and attachments to complete your filing.	Yes X No 4a. Did y for fund	raising activity in NY State?	P If yes, complete Schedul	e 4a. omplete Schedule 4b.		
See the following page for a checklist of schedules and attachments to complete your filing. 5. Fee See the checklist on the next page to calculate yo	Yes X No 4a. Did y for fund Yes X No 4b. Did t 7A filing fee:	raising activity in NY State?	P If yes, complete Schedul	e 4a. omplete Schedule 4b. Make a single check or money order		
See the following page for a checklist of schedules and attachments to complete your filing. 5. Fee See the checklist on the	Yes X No 4a. Did y for fund Yes X No 4b. Did t 7A filing fee:	raising activity in NY State?	P If yes, complete Schedul	e 4a. omplete Schedule 4b.		

CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

*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.

	•
CHAR500	Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
UNANJUU	Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
Annual Filing Checklist	Your organization is registered as EPTL only and you marked the EPTL filing exemption in P

d 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 F If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund If you answered "yes" in Part 4b, submit Schedule 4b: Government Gra	Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
 Check the financial attachments you must submit with your CHAR500: IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable All additional IRS Form 990 Schedules, including Schedule B (Schedul disclosure and will not be available for public review. Our organization was eligible for and filed an IRS 990-N e-postcard. Ou filing year. We have included an IRS Form 990-EZ for state purposes or 	r revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the
If you are a 7A only or DUAL filer, submit the applicable independent Certifie Review Report if you received total revenue and support greater than \$ Audit Report if you received total revenue and support greater than \$1 If the fiscal year begins before that date, an Audit Report is required if No Review Report or Audit Report is required because total revenue an We are a DUAL filer and checked box 3a, no Review Report or Audit R	\$250,000 and up to \$1,000,000 ,000,000 and the fiscal year begins on or after July 1, 2021. total revenue and support is greater than \$750,000 nd support is less than \$250,000
Calculate Your Fee	
	Is my Registration Category 7A, EPTL, DUAL or EXEMPT?
For 7A and DUAL filers, calculate the 7A fee:	Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:
\$0, if you checked the 7A exemption in Part 3a \$25, if you did not check the 7A exemption in Part 3a	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	DUAL films are resistent and an eath 74 and EDT

\$25. if the NET WORTH is less than \$50.000

 \perp \$50, if the NET WORTH is \$50,000 or more but less than \$250,000

 \perp \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000

X \$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

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

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 **DUAL** filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. 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.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- 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)).