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#### Form **990-EZ** Department of the Treasury

Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

OMB No 1545-1150

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

АГ	or the a	2009 Calendar year, or tax year beginning	enaing			
BC	heck if pplicable.	Please C Name of organization		D Emp	loyer i	dentification number
	Address	USE IRS AT BERT WISNER PUBLIC LIBRARY				
	Name change	point or FOUNDATION, INC.		20	0-3	272640
	Initial	Number and street (or P O box, if mail is not delivered to street address)	Room/suit			
	Termin-	Specific ONE MCFARLAND DRIVE	84	845-986-1047		
F	Amende	Instruc-		F Grou		
Ε	→ return Application pending				iber 🕨	•
		n 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a complete	d G Acco			X Cash Accrual
	- 000110	Schedule A (Form 990 or 990-EZ).	1	r (specify)	_	
	Vaheito:	▶N/A		ck 🕨	=	he organization is not
		pt status (check only one) — X 501(c) ( 3 ) ◀ (insert no ) 4947(a)(1) or	<del></del>	_		Tule B (Form 990, 990-EZ, or 990-PF)
	heck	if the organization is not a section 509(a)(3) supporting organization <b>and</b> its gross receipts				
		but if the organization chooses to file a return, be sure to file a complete return	o aro morriany	-	ψ.	20,000 7 1000111 13 1100
		5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead o	f Form 990-F7		<b>S</b>	113,061.
		Revenue, Expenses, and Changes in Net Assets or Fund Balance			·	
Fe		ontributions, grfts, grants, and similar amounts received	7000 (110 111		1	110,732.
		rogram service revenue including government fees and contracts		· · · · }	2	110//32.
		•	•	}	3	
	1	embership dues and assessments	•	•	4	
	1	vestment income	-	-	4	
		ross amount from sale of assets other than inventory	_			
	ļ	ess. cost or other basis and sales expenses			F	
- <b>.</b>	,	ain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
<b>Ž</b>		pecial events and activities (complete applicable parts of Schedule G). If any amount is from gami	ing, check here			
. Se		ross revenue (not including \$ of contributions		1		
o		ported on line 1)				
7		ess. direct expenses other than fundraising expenses				
Revenue	C N	et income or (loss) from special events and activities (Subtract line 6b from line 6a)		.	<u>6c</u>	
j	<b>7a</b> G	ross sales of inventory, less returns and allowances				
≤	b Le	ess cost of goods sold				
≤ ≥ ©		ross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
_ 	8 0	ther revenue (describe > INTEREST		} }	8	2,329.
<u> </u>	9 T	ntal revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		<b>•</b>	9	113,061.
<u>_</u>	10 G	rants and similar amounts paid (attach schedule)	<u>2</u> .		10	195,845.
3	11 B	enefits paid to or for members $-1$	n I		11	
<u>-</u>	12 S	enefits paid to or for members	긺 .		12	
ŠUŠ	13 P	rofessional fees and other payments to independent contractors	<u>É</u>		13	1,500.
Expenses 4000	14 0	ccupancy, rent, utilities, and maintenance			14	
ш	15 P.	ccupancy, rent, utilities, and maintenance	. لب		15	
	16 C	ther expenses (describe See Sta	atement	: 1 )	16	8,925.
	17 T	otal expenses. Add lines 10 through 16		▶	17	206,270.
	18 E	xcess or (deficit) for the year (Subtract line 17 from line 9)			18	-93,209.
Net Assets	19 N	et assets or fund balances at beginning of year (from line 27, column (A))				
Ass	1	nust agree with end-of-year figure reported on prior year's return)		.	19	169,543.
je j		ther changes in net assets or fund balances (attach explanation)			20	
Z	1	et assets or fund balances at end of year Combine lines 18 through 20		🏲	21	76,334.
P	rt II	Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form	990 instead o	f Form 990	)-EZ	
•••	··· <u>* ***.1</u>	(See the instructions for Part II.)	(A) Beginnin		T	(B) End of year
22	Cash	savings, and investments		,543	- 22	76,334.
23		and buildings			23	
24		assets (describe ►			24	
24 25			169	,543		76,334.
25 26		assets		0		0.
		sets or fund balances (line 27 of column (B) must agree with line 21)	169	,543		L
932	171			1343	-121	Form <b>990-EZ</b> (2009)
07-1	7-09	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.				FUIIII 33U-EA (2009)

# ALBERT WISNER PUBLIC LIBRARY

	H 990-EZ (2009) FOUNDATION, INC.			<u> </u>	32/20	140 rayez
	art III Statement of Program Service Accomplishme		Part III)		j E	xpenses .
Wha	at is the organization's primary exempt purpose? See Statement	. 5				or section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt pur		se manner, descri	be		4) organizations and
	services provided, the number of persons benefited, and other relevan			-	for others)	7(a)(1) trusts, optional
	RAISED FUNDS FOR THE ALBERT WISNER				lor outurs,	·
20	MAIDED FONDS FOR THE ADDERT WIDNER	FODIIC HIDIAN				
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		_		<del></del> _		
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	ليا	28a	206,270.
29						
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	10 - A - B				00-	
	(Grants \$ ) If this amount includes foreign	grants, check here	<u> </u>	لــــا	29a	
30			·		1	
					1 1	
	(Grants \$ ) If this amount includes foreign	grants, check here	🕨		30a	
31	Other program services (attach schedule)					
•		Granta abaak bara			31a	
22	(Grants \$ ) If this amount includes foreign (	grants, check here				206,270.
32	Total program service expenses (add lines 28a through 31a)	·			32	
P	art IV List of Officers, Directors, Trustees, and Key E	Imployees. List each one ex	ven if not compensated			
		(b) Title and average hours	(c) Compensation		ntributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		mployee fit plans &	account and
	(4) (14)	per week devoted to	-0)		eferred	other allowances
		· ·	,	_	pensation	
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Farm 990-EZ (2009)	FOUNDATION, INC.
Part V Other	Information (Note the statement requirements in the instructions for Part VI.)

	THE TITIOT TITIOT (Note the statement requirements in the instructions for Part VI.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Х
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,		Ì	Ì
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α
36	Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete			
	applicable parts of Sch N	36	•	Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
	Did the organization file Form 1120-POL for this year?	37b		X
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	In a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter	1		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under.	1		
	section 4911 ► 0 • , section 4912 ► 0 • , section 4955 ► 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			Ì
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	-		
	organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	İ	X
41	List the states with which a copy of this return is filed <b>NY</b>			
42 a	The organization's books are in care of $\triangleright$ GLENN P. DICKES, TREASURER Telephone no $\triangleright$ 845-98	6-1	047	
		099		
b	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		Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country.			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	i		
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		ightharpoons	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of		<u> </u>	
·	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be		· · · · · ·	
-	completed instead of Form 990-EZ	45		x
				(2009)

### ALBERT WISNER PUBLIC LIBRARY

Form	990-	F7 /	วกเ	ጎር
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FOUNDATION, INC.

20-3272640

Pane 4

	organizations and section 4947(a)(1) nonexempt ch and 51.	iantable tri	usts must answer ques	tions 46-495 ar	ia con	iplete the tab	es to	r lines 5	50
46 [	Did the organization engage in direct or indirect political campaign a	activities on	behalf of or in opposition	to candidates for	public	<del></del>		Yes	No
							46		X
47 I	Did the organization engage in lobbying activities? If "Yes," compl	lete Sched	lule C, Part II		•		47		X
48 ł	is the organization a school as described in section 170(b)(1)(A)(ii)	? If "Yes,"	complete Schedule E	••			48		X
49a I	Did the organization make any transfers to an exempt non-charitable	e related org	ganization?				49a		X
b I	If "Yes," was the related organization a section 527 organization?						49b		
	Complete this table for the organization's five highest compensated than \$100,000 of compensation from the organization. If there is no			tors, trustees and	l key en	nployees) who	each r	ecerved	more
	(a) Name and address of each employee paid more than \$100,000 NONE		(b) Title and average hou per week devoted to position	irs (c) Compen	sation	(d) Contributio to employee benefit plans deferred compensation	& oti	(e) Expe account her allov	and
	Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated	mdepender	► nt contractors who each re	eceived more that	1 \$100,	000 of compen	sation	from th	B
	organization. If there is none, enter "None " NONE		<del></del>	1					
	(a) Name and address of each independent contractor p	aid more th	an \$100,000	(b) Type	e of ser	VICE	( <b>c)</b> Co	mpensa	tion
d	Total number of other independent contractors each receiving over	\$100,000							
Sign Here	Under penalties of penutry, declare that I have examined this return, in correct, and officiet Declaration of preparer (other than officer) is based of the signature of officer.  Signature of officer.	sed on all info	mpanying schedules and state irmation of which preparer has	ments, and to the ba any knowledge.	est of my	knowledge and b	ehef, it	is true,	
Pald	Preparer's signature		1 7 / 2 / 3 / 3	Check if self-	Prep	arer's identifying i	umber	r (See inst	r)
Prepa Use 0				employed 🕨 🔃				-	
	Firm's name (or yours NUGENT & HAEUSSLER	, P.C	•		EIN D				
	if self-employed), address, and ZIP+4 MONTGOMERY, NY 125	49			Phon no.	e <b>▶</b> 845–4	57.	_110	0
May 41	he IRS discuss this return with the preparer shown above? See inst		·	<del></del>	1		-	res [	No.
iviay (I	ile iuo oisenss tius iefmii aitti tue hiehaigi siinali annas, 266 ilist	aucuons_		<del>.</del>	<del></del>			7 Eorm	

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3)

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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OMB No 1545-0047

Name of t	the organizati	on ALBERT	WISNER PUBLI	C LIB	RARY			E	mployer id	dentification	on nur	mber
			ION, INC.						20	-3272	640	_
Part I	Reason	for Public Char	ity Status (All organiz	zations mu	st complet	te this par	t.) See ins	tructions				
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)	•				
1 🔲			s, or association of chur					١.				
2			<b>'0(b)(1)(A)(ii)</b> . (Attach Sc									
з 🔲	A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4	•		operated in conjunction					(b)(1)(A)(i	ii). Enter th	e hospital	s nam	ie,
	city, and stat	e:			,					·		
5 🔲	An organizati	on operated for the	benefit of a college or u	niversity o	wned or or	perated by	a governi	mental un	t describe	d in		
		(b)(1)(A)(iv). (Comple	· · · · · · · · · · · · · · · · · · ·	•	,	_	_					
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	I)(A)(v).					
7 X			erves a substantial part					or from the	general p	ublic desci	nbed ii	n
	section 170(	b)(1)(A)(vi). (Comple	ete Part II.)									
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contri	butions, n	nembershi	ip fees, and	d gross red	eipts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	aın excepti	ons, and (	2) no more	than 33 1	1/3% of its	support f	rom gross	ınvest	ment
	income and i	inrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization at	fter June 3	0, 197	5.
	See section	<b>509(a)(2).</b> (Complete	e Part III.)									
10 🔲	An organizati	on organized and o	perated exclusively to te	st for publ	lic safety. S	See <b>sect</b> io	n 509(a)(4	4).				
11	An organizati	on organized and o	perated exclusively for the	he benefit	of, to perfo	orm the fu	nctions of,	or to can	y out the p	ourposes o	f one o	or
	more publicly	supported organiza	ations described in secti	on 509(a)(	1) or section	on 509(a)(2	2). See <b>se</b> e	ction 509(	( <b>a)(3).</b> Che	ck the box	that	
	describes the	type of supporting	organization and compl	lete lines 1	1e through	11h.						
	a L Type	b L_	_j Type II	с 📖 Тур	e III - Func	tionally in	tegrated		d 🔲	Type III · C	Other	
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more dis	qualified p	ersons oth	er tha	n
	foundation m	anagers and other t	han one or more publicl	y supporte	ed organiza	ations des	cribed in s	ection 50	9(a)(1) or s	ection 509	(a)(2).	
f	If the organiz	ation received a writ	tten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				_
		rganization, check tl										
9	Since Augus	t 17, 2006, has the o	organization accepted ar	ny gift or c	ontribution	from any	of the foll	owing per	sons?			·
	•		firectly controls, either a	lone or tog	ether with	persons o	described	in (ii) and i	(iii) below,	F	Yes	No
		<u> </u>	upported organization?					-		11g(i)		
	• •	•	n described in (i) above?							11g(ii)		<u> </u>
		-	person described in (i)							11g(iii)		<u> </u>
h	Provide the f	ollowing information	about the supported or	ganization	(s).							
		-	(iii) Type of	k		1		(10)	, the	<del> </del>		
	of supported	(II) EIN	organization		organization sted in your			i organizati	on in col	(vii) Am		f
orga	anization		(described on lines 1-9		document?			(I) organiz U S	red in the	sup	port	
			(see instructions)	Yes	No	Yes	No	Yes	No			
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Total												

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

Schedule A (Form 990 or 990-EZ) 2009

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 14,970. 106,055. 79,351. 110,732. 311,108. 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 14,970. 106,055. 79,351. | 110,732. | 311,108.Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . ..... 311,108. 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008 (c) 2007 (e) 2009 (f) Total 14,970. 106,055. 79,351. 110,732. 311,108. 7 Amounts from line 4 ... 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 1,236. 3,890 2,329 7,455. 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 IV.) ... 318,563. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 97.66 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 % 97.51 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization .......  $\triangleright X$ . .. . . . . . . . . . . b 33 1/3% support test - 2008. 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 - 2009. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support			<u> </u>			
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,		1				
merchandise sold or services per-					·	
formed, or facilities furnished in						
any activity that is related to the						
organization's tax-exempt purpose	<del>-</del>					
3 Gross receipts from activities that						
are not an unrelated trade or bus-					ļ	
iness under section 513						
4 Tax revenues levied for the organ-					ŀ	
ızatıon'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		1				
b Amounts included on lines 2 and 3 received	- <u>-</u>					
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year					<del>  </del>	<u> </u>
c Add lines 7a and 7b		<del>                                     </del>		<del> </del>	<u> </u>	
8 Public support (Subtract line 7c from line 6)	.1	1	<u> </u>	1		<u> </u>
Section B. Total Support		_	1	T		1
Calendar year (or fiscal year beginning in)▶	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6				<u> </u>		
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties						
and income from similar sources				İ		
<b>b</b> Unrelated business taxable income	·					
(less section 511 taxes) from businesses						
acquired after June 30, 1975						]
c Add lines 10a and 10b						<u> </u>
11 Net income from unrelated business		<u> </u>				
activities not included in line 10b,						
whether or not the business is			•			
regularly carried on					<u> </u>	
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)		ļ	-	<u> </u>	ļ	
13 Total support (Add lines 9, 10c, 11, and 12)	<u> </u>	<u></u>				
14 First five years. If the Form 990 is for	the organization	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
check this box and stop here		<u> </u>	<u></u>	<u> </u>	· <u>·</u>	▶∟_
Section C. Computation of Publi	c Support Po	ercentage				
15 Public support percentage for 2009 (li	ne 8, column (f)	divided by line 13,	column (f))		15	9
16 Public support percentage from 2008	Schedule A, Par	t III, line 15			16	9
Section D. Computation of Inves	tment Incon	ne Percentage	·			
17 Investment income percentage for 20	09 (line 10c, colu	ımn (f) dıvıded by lı	ne 13, column (f))		17	9
18 Investment income percentage from 2		• • • • • • • • • • • • • • • • • • • •			18	9
19a 33 1/3% support tests - 2009. If the		•			· <del></del>	17 is not
more than 33 1/3%, check this box ar						▶□
b 33 1/3% support tests - 2008. If the		= -				
• •						
line 18 is not more than 33 1/3%, che						·
20 Private foundation. If the organization	ulo not check a	a DOX ON line 14, 19	a, or 190, cneck t	<u>inis dox and see in</u>	SITUCTIONS	

Form 990-EZ Other Expen	ses	Statement	1
Description		Amount	
SCHOLARSHIPS FUNDRAISING DFFICE INSURANCE			
Fotal to Form 990-EZ, line 16		8,9	25.
Form 990-EZ Cash Grants and All	ocations	Statement	2
Class of Activity/Donee's Name and Address	Donee's Relationship	Amoun	t
Class of Activity/Donee's Name and Address LIBRARY ALBERT WISNER PUBLIC LIBRARY ONE MCFARLAND DRIVE WARWICK, NY 10990		Amoun 195,8	



FORM 990-EZ Information Regarding Transfers Associated with Personal Benefit Contracts		Statement	3
A)	Did the organization, during the year, receive any fun directly or indirectly, to pay premiums on a personal benefit contract?		No
B)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	:? [ ] Yes [X]	No

Form 990-EZ	Part	IV - List of Trustees and	Stater	ment 4		
Name and Address			Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
DUANE W. ALBRO			PRESIDENT 10.00	0.	0.	0.
CHRISTINE STAGE			VICE PRESIDE	NT 0.	0.	0.
GLENN P. DICKES			TREASURER/ V 10.00	ICE CHAIR	0.	0.
JENNIFER O'CONNOR			SECRETARY 10.00	0.	0.	0.
ROSEMARY R. COOPER			DIRECTOR 10.00	0.	0.	0.
DONNA L. APPLEGATE			CHAIR 10.00	0.	0.	0.
DENISE BUSSIERE			DIRECTOR 1.00	0.	0.	0.
ANDREA GAETANO			DIRECTOR 1.00	0.	0.	0.
PATRICK GALLAGHER			DIRECTOR 1.00	0.	0.	0.
ANTHONY LAMPAZZI			DIRECTOR 1.00	0.	0.	0.
COLLEEN LARSEN			DIRECTOR 1.00	0.	0.	0.
MICHELLE MABEE-LOU	GHREN		DIRECTOR 1.00	0.	0.	0.
VIRGINIA MCDEVITT			DIRECTOR 1.00	0.	0.	0.
MICHAEL NEWHARD			DIRECTOR 1.00	0.	0.	0.

ALBERT WISNER PUBLIC LIBRARY	FOUNDATION,		20-	3272640
VERNON H. PETERS	DIRECTOR 1.00	0.	0.	0.
FERRY QUINT	DIRECTOR 1.00	0.	0.	0.
DOLORES SIMON	DIRECTOR 1.00	0.	0.	0.
CHRISTINE STAGE	DIRECTOR 1.00	0.	0.	0.
POLLY VANDERKRUIK	DIRECTOR 1.00	0.	0.	0.
DEBRA VENINGER	DIRECTOR 1.00	0.	0.	0.
Totals Included on Form 990-EZ,	Part IV	0.	0.	0.

990-EZ Pg 2

Statement 5

TO RAISE PRIVATE FUNDS IN SUPPORT OF THE PROGRAMS AND SERVICES OF THE ALBERT WISNER PUBLIC LIBRARY.

