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Form 990-EZ

Return of Organization Exempt From Income Tax

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 dohor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

For the 2011 calendar year, or tax year beginning Check if applicable. C Name of organization D Employer identification number ALBERT WISNER PUBLIC LIBRARY Address change FOUNDATION, INC. 20-3272640 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite Telephone number Initial return ONE MCFARLAND DRIVE 845-986-1047 Terminated City or town, state or country, and ZIP + 4 Amended return F Group Exemption WARWICK, NY 10990 Number > X Cash Accrual Accounting Method: Other (specify) H Check the organization is not Website: ► WWW.ALBERTWISNERLIBRARY.ORG required to attach Schedule B Tax-exempt status (check only one) - \times 501(c)(3) \sim 501(c) () \triangleleft (insert no) \sim 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-PF) Check Light organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, 50,793. line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.) X Check if the organization used Schedule O to respond to any question in this Part I 49,200. Contributions, gifts, grants, and similar amounts received ... 2 2 Program service revenue including government fees and contract 3 3 Membership dues and assessments 1,593. hedule O... 4 investment income 4 2012 5a Gross amount from sale of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtra 5c Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) ... Less: direct expenses from gaming and fundraising events 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d Gross sales of inventory, less returns and allowances Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O) 8 8 50,793. 9 45,989. 10 10 11 Salaries, other compensation, and employee benefits 12 12 1,600. 13 Professional fees and other payments to independent contractors 13 14 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 3,656. See Schedule 0 16 Other expenses (describe in Schedule O) 16 51,245. 17 Total expenses. Add lines 10 through 16 17 -452. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) 146,846. (must agree with end-of-year figure reported on prior year's return) 19 2,227. 20 148,621.Net assets or fund balances at end of year. Combine lines 18 through 20

Form 990-EZ (2011)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SCANNED MAR 0

P	Balance Sheets. (see the instructions for Part II.)		=			<u></u>
	Check if the organization used Schedule O to res					
		(A) Beginning of year		r	nd of year
22			146,846		 	148,621.
23				23	<u> </u>	
24	, , , , , , , , , , , , , , , , , , , ,		146 046	24	<u> </u>	140 601
25			146,846			148,621.
26			0			0.
27	()		146,846			148,621.
P	Statement of Program Service Accomplishmen					penses for costion
	Check if the organization used Schedule O to res		n in this Part III	X		for section and 501(c)(4)
Wha	at is the organization's primary exempt purpose? See Schedule C) 			organizatio	ns and section
	onbe the organization's program service accomplishments for each of its three largest program her, describe the services provided, the number of persons benefited, and other relevant inform		In a clear and concise		for others	trusts, optional
	RAISED FUNDS FOR THE ALBERT WISNER	<u> </u>	V			
28	RAISED FUNDS FOR THE ALBERT WISHER	PUBLIC LIBRAR	Ι.			
	(Create &	4			00-	51,245.
29	(Grants \$) If this amount includes foreign of	grants, cneck nere		<u> </u>	28a	31,243.
29						
	(Grants \$) If this amount includes foreign of	avanta abasi basa	•		29a	
30	(Grants \$) If this amount includes foreign (grants, check here	<u></u>	<u>ш</u>	298	
30]	
	(Grants \$) If this amount includes foreign of	aranta chack hara	<u> </u>		30a	
31	Other program services (describe in Schedule O)	grants, check here	·····		304	
J 1	(Grants \$) If this amount includes foreign	ranta abook bara			31a	
32	Total program service expenses (add lines 28a through 31a)	giants, check here	· · · ·	-	32	51,245.
	art IV List of Officers, Directors, Trustees, and Key E	Employees, List each one m	en if not compensated. (can the		
<u></u>	Check if the organization used Schedule O to res				madacaona n	, Talliv,
	The state of the s	(b) Title and average hours	(C) Reportable		ealth benefits,	(e) Estimated
	(a) Name and address	per week devoted to	compensation (Forms	` cont	nbutions to	amount of other
	(a) Namo ana accioco	position	W-2/1099-MISC) (if not paid, enter -0-)	plans,	and deferred	compensation
$\overline{\mathbf{DC}}$	ONNA L. APPLEGATE, ONE MCFARLAND	PRESIDENT		30.1	periodition	
	RIVE, WARWICK, NY 10990	10.00	0.		0.	0.
	DLLEEN LARSEN, ONE MCFARLAND DRIVE,	VICE PRESIDEN				
	ARWICK, NY 10990	10.00	0.		0.	0.
	LENN P. DICKES, ONE MCFARLAND	TREASURER				
	RIVE, WARWICK, NY 10990	10.00	0.		0.	0.
	DSEMARY R. COOPER, ONE MCFARLAND	SECRETARY				
	RIVE, WARWICK, NY 10990	10.00	0.		0.	0.
_	ATHLEEN GEORGALAS, ONE MCFARLAND	ASSISTANT SEC				
	RIVE, WARWICK, NY 10990	10.00	0.		0.	0.
	ERARD BENEDETTO, ONE MCFARLAND	DIRECTOR				
	RIVE, WARWICK, NY 10990	1.00	0.		0.	0.
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, Form	990-EZ (2011): FOUNDATION, INC. 20-3272	640	F	Page 3
$\overline{}$	rt V Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Sch. O to respond to any question in the			X
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	Ā
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax			
	requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		Х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0.			
	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 tax year covered by this return?	38a		X_
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9]		
b	Gross receipts, included on line 9, for public use of club facilities]		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under-			
	section 4911 ► , section 4912 ► ; section 4955 ► O .			
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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			
e	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	<u> </u>	X
41	List the states with which a copy of this return is filed. > NY		0.45	
42 a	The organization's books are in care of ►GLENN P. DICKES, TREASURER Telephone no. ► 845-98			
	Located at ► 24 WELLING AVENUE, WARWICK, NY ZIP+4 ►	1099	0	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b	ļ	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.	40.	1	J.
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	1	X
40	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	/ <i>P</i>		لـــا
	and enter the amount of tax-exempt interest received or accrued during the tax year	14/ 1	<u> </u>	
			Vac	No
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	[168	INO
44 a		440		X
		44a	 	+~
U	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	AAL		Х
_	Did the apparience against any apparent favindes the second and the second	44b	1	$\frac{\Lambda}{X}$
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	446	 	+ A
u		444		
AF.		440	+	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	1	+^
→ 011	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X
	OTE LOTTE TO THE TOTAL OF THE CONTROL OF THE THE THE THE CONTROL OF THE			Z (2011
		1 01111	930-E4	- (2011

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Form 990-EZ ((2011). FOUNDATION, INC		AKI			20-3	32726	4 0	Page 4
	, I donatili on , inc	<u> </u>					2720		No
46 Did the d	organization engage, directly or indirectly, in poli	itical campaign activitie	es on behalf of or II	n opposition	to candidates for	public offic	ce?	1.00	1
If "Yes," (complete Schedule C, Part I							46	X
Part VI	Section 501(c)(3) organizations								1(c)(3)
	organizations and section 4947(a)(1) none						mplete th	e tables	
	for lines 50 and 51. Check if the organization	tion used Schedule	O to respond to	any quest	ion in this Part \	/I 			<u>, L.</u>
							_	Yes	
	organization engage in lobbying activities or have				ar? If "Yes," comp	lete Sch C,	_	47	X
	ganization a school as described in section 170(Ε .			" ⊢	48	X
	organization make any transfers to an exempt no		•				<u> </u>	19a	X
	was the related organization a section 527 orgar te this table for the organization's five highest co							9b	
	20,000 of compensation from the organization. I			15, 011601015	, trustees and key	employees	s) willo ead	ii ieceiveu	HOLE
than wite	(a) Name and address of each employee		(b) Title and aver	rage hours	(C) Reportable	(d) Heat	th benefits,	(e) Estir	nated
	paid more than \$100,000	•	per week dev		compensation (For	ns contrib	outions to ee benefit	amount o	
	NON	E	positio	n	W-2/1099-MISC)	plans, ar	nd deferred ensation	compen	sation
									
		.							
					_	1	-		
			<u>l</u> _						
]						
			<u> </u>						
			_						
organiza	te this table for the organization's five highest contion of there is none, enter "None" NON and address of each independent contractor paid	E		(b) Type o			·	ompensati	
 -									
									
	-								
									
d Total nu	imber of other independent contractors each rec	cerving over \$100,000			>				
52 Did the	organization complete Schedule A? Note: All sec	ction 501(c)(3) organiz	ations and 4947(a)(1) nonexe	mpt				
charitab	le trusts must attach a completed Schedule A					· ,,	▶ 🗓	Yes [No
Declaration of pr	of perjury, I declare that I have examined this return, inci- reparer (other than officer) is based on all information of v	uding accompanying sche which preparer has any kno	oules and statements owledge	, and to the be	est of my knowledge	and belief, it	is true, com	ect, and com	plete.
Sign	Signature of officer Utility						1/8/	10_	
Here	m. 01.1 ~					Date	, ,		
	Type or print name and title	reasurer					_		
	Print/Type preparer's name	Denners's signature		Data	Chaok		DTIN		
Paid	rimit Type preparer 5 marile	Preparer's signature		Date	Check		PTIN		
Preparer									
Use Only	GARY C THEODORE, CPA Firm's name NUGENT & HAE	TICCITO D	C	<u> </u>					
Jae Uniy	Firm's address ► 101 BRACKEN		c.			EIN ►	15 15	7-11	00
	MONTGOMERY,				Phone	по. 04	45-45	,,-11	UU
May the IRS of	discuss this return with the preparer shown above			 -			► TV	Yes	1
may the mot	nooned this return with the preparet Showil abov	vo - oce monucuons			 -	• • • • • • • • • • • • • • • • • • • •			No
							F	orm 990-E	4 (201)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization ALBERT WISNER PUBLIC LIBRARY **Employer identification number** FOUNDATION, INC. 20-3272640 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 \mathbf{X} An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. b Type II c Type III - Functionally integrated _ Type I d ___ Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, Yes No the governing body of the supported organization? 11g(i) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? |11g(iii) Provide the following information about the supported organization(s). (iii) Type of (vi) Is the (iv) is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vil) Amount of ganization in col organization in col. (i) listed in your organization in col organization support organized in the (described on lines 1-9) governing document? (i) of your support? IIS? above or IRC section (see instructions)) Yes No Yes Yes No Nο

<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2011 FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

20-3272640 Page 2

	(Complete only if you checke fails to qualify under the tests				n failed to qualify u	nder Part III. If the	organization
Sec	ction A. Public Support			<u></u>	*		
	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and		(-)	(-) 2000	(4) 20 10	10/2011	(.) () () ()
	membership fees received. (Do not	1					
	include any "unusual grants.")	106,055.	79,351.	110,732.	137,172.	49,200.	482,510.
2	Tax revenues levied for the organ-	·		•	*	•	
	ization's benefit and either paid to			1			
	or expended on its behalf	l i					
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	106,055.	79,351.	110,732.	137,172.	49,200.	482,510.
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)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
	Public support. Subtract line 5 from line 4			, ,,,,,,,			482,510.
Sec	ction B. Total Support	· · · · · · · · · · · · · · · · · · ·					
Cale	ndar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4	106,055.	79,351.	110,732.	137,172.	49,200.	482,510.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources .	1,236.	3,890.	2,329.	963.	1,593.	10,011.
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.)						
11	Total support. Add lines 7 through 10						492,521.
	Gross receipts from related activities					12	
13	First five years. If the Form 990 is fo	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and sto					<u> </u>	<u> ▶ </u>
	ction C. Computation of Pub						07 07
	Public support percentage for 2011					14	97.97 %
	Public support percentage from 2010					15	98.16 %
102	33 1/3% support test - 2011. If the						ox and ►X
	stop here. The organization qualifies						—
-	33 1/3% support test - 2010. If the					or more, check t	his box
17-	and stop here. The organization qua	•					PL
1/8	10% -facts-and-circumstances tes						
	and if the organization meets the "factoring desiration meets the "factoring desiration meets and a state of the control of th					τιν now the orga	nization
	meets the "facts-and-circumstances"	_	•		•		1006
	10% -facts-and-circumstances tes						
	more, and if the organization meets t				•		
1Ω	organization meets the 'facts-and-cir Private foundation. If the organization						
10	r i vate iounication. Il the organization	on all not thetre a t	NA OH HITE IS, ID	a, 100, 17a, 01 17	o, check this box a	ino see mstruction	<u>is</u>

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Section A. Public Support	•					
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and					,,,	
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-			==			
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities	-					
furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						1
3 received from disqualified persons					,	
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7¢ from line 6)						
Section B. Total Support				<u> </u>	<u> </u>	1
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	(4)	(2/200	(0) 2000	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	(0) 2011	(i) rotal
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 in 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 IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)		L		<u> </u>	L	l
14 First five years. If the Form 990 is fo	r the organization's	s first, second, thu	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) organı	zation,
check this box and stop here	lia Commant Da		<u> </u>		·	. ▶∟
Section C. Computation of Pub					 	
15 Public support percentage for 2011			column (f))		15	%
16 Public support percentage from 201					16	%
Section D. Computation of Inve						
17 Investment income percentage for 2					17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2011. If the						17 is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2010. If the						\ and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization						

SCHEDULE O (Form 990, or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 20-3272640

FOUNDATION, INC.	20-32/2640
Form 990-EZ, Part I, Line 4, Other Investment Income:	
Description of Property:	Amount:
INTEREST INCOME	1,593.
Form 990-EZ, Part I, Line 10, Grants and Allocations:	
Activity Classification: LIBRARY	
Grantee Name: ALBERT WISNER PUBLIC LIBRARY	
Grantee Address: ONE MCFARLAND DRIVE WARWICK, NY 10990	
Amount Given:	45,989.
Form 990-EZ, Part I, Line 16, Other Expenses:	
Description of Other Expenses:	Amount:
FUNDRAISING	1,570.
OFFICE	418.
INSURANCE	1,668.
Total to Form 990-EZ, line 16	3,656.
Form 990-EZ, Part I, Line 20, Changes in Net Assets:	
Changes in Net Assets or Fund Balances:	Amount:
UNREALIZED GAIN ON INVESTMENTS	2,227.
Form 990-EZ, Part III, Primary Exempt Purpose - TO RAISE P	PRIVATE FUNDS IN
SUPPORT OF THE PROGRAMS AND SERVICES OF THE ALBERT WISNER	PUBLIC
LIBRARY.	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2011 Open to Public Inspection

Name of the organization

ALBERT WISNER PUBLIC LIBRARY FOUNDATION, INC.

Employer identification number 20-3272640

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:
The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.
The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.