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DLN: 93493134072723

Department of the Treasury

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)

OMB No 1545-0047

Open to Public

Check if appli Address change Name change Initial return		D Emplo	yer identification number
Name change	THE NEW YORK POBLIC LIBRARY ASTOR LENGT AND	·	
	ge TILDEN FOUNDATIONS Doing Business As		387440 one number
Initial return	Doing Business (a)	· ·	
	Number and street (or P O box if mail is not delivered to street address) Room/suit	ie 💮 💮	621-0241
Terminated	188 MADISON AVENUE	G Gross r	eceipts \$ 574,541,367
Amended retu		_	
Application pe	NEW YORK, NY 10016 nding		
	F Name and address of principal officer	H(a) Is this a group	return for
	ANTHONY W MARX PRES CEO	affiliates?	「Yes ▼No
	476 FIFTH AVENUE NEW YORK, NY 10018	II/L\ • II cor.	
	,	H(b) Are all affiliates	<pre>included?</pre>
Tax-exempt	status	H(c) Group exempt	
Website:	- WWW NYPL ORG		
		1.	T
	ızatıon 🔽 Corporation 🦳 Trust 🦳 Association 🦳 Other 🕨	L Year of formation 18	95 M State of legal domicile N
	Summary		
	efly describe the organization's mission or most significant activities E MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELOI	NG LEARNING ADVA	NCE KNOWLEDGE AND
І ст	RENGTHEN OUR COMMUNITIES	NG LLAKNING, ADVA	NCL KNO WLLDGL, AND
_			
2 Ch	eck this box দ if the organization discontinued its operations or disposed of	fmore than 2 E0/2 of its	not accets
	,	ı	1
	mber of voting members of the governing body (Part VI, line 1a)		3 4:
4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		4 40
5 101	al number of individuals employed in calendar year 2011 (Part V, line 2a)		5 3,118
	al number of volunteers (estimate if necessary)		6 1,59
l l	al unrelated business revenue from Part VIII, column (C), line 12	-	7a 626,270
P Ne	unrelated business taxable income from Form 990-T, line 34		7b 540,221
		Prior Year	Current Year
	Contributions and grants (Part VIII, line 1h)	213,052,	
Ē 9 F īi	rogram service revenue (Part VIII, line 2g)	5,423,4	
<u>"</u>	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	42,000,	<u> </u>
- 11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,529,3	7,530,145
	otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 2)	268,005,	784 394,990,723
	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,100,	
	Senefits paid to or for members (Part IX, column (A), line 4)	· · ·	0 0
	Galaries, other compensation, employee benefits (Part IX, column (A), lines		
ĝ 10 s	-10)	166,039,	166,668,104
16a F	rofessional fundraising fees (Part IX, column (A), line 11e)	678,	235 588,863
} ь т	otal fundraising expenses (Part IX, column (D), line 25) 🕨 8,049,356		
	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	102,817,0	022 105,270,982
18 T	otal expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	270,634,9	964 273,752,949
19 F	evenue less expenses Subtract line 18 from line 12	-2,629,	180 121,237,774
99		Beginning of Curre	nt End of Year
80 20 1 Pan 21 1		Year	
<u>त</u> 20 ⊺	otal assets (Part X, line 16)	1,332,730,	
[일 21]	otal liabilities (Part X, line 26)	405,952,	
∌	let assets or fund balances Subtract line 21 from line 20	926,777,8	958,531,300
	Signature Block		

Par	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III
1	Briefly describe the organization's mission
	MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND NGTHEN OUR COMMUNITIES
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
	(Code) (Expenses \$ 137,929,012 including grants of \$) (Revenue \$ 3,769,692)
	THE BRANCH LIBRARIES - THE SERVICES OF THE 86 BRANCH LIBRARIES EXTEND FAR BEYOND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND PRISONS, A TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND FOR MORE INFORMATION, SEE SCHEDULE O
4b	(Code) (Expenses \$ 95,842,055 including grants of \$ 1,225,000) (Revenue \$ 1,915,333)
	THE RESEARCH LIBRARIES - DURING FISCAL YEAR 2012, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A SCHWARZMAN BUILDING, THE SCIENCE, INDUSTF AND BUSINESS LIBRARY, THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE, AND THE LIBRARY FOR PERFORMING ARTS - HAD 3 4 MILLION ON-SIT USERS LIBRARY STAFF RESPONDED TO 217,939 REFERENCE INQUIRIES OF 44 8 MILLION COLLECTION ITEMS, APPROXIMATELY 16 5 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS FOR MORE INFORMATION, SEE SCHEDULE O
	(Code) (Expenses \$ including grants of \$) (Revenue \$)
40	(code) (Expenses 4 including grants of 4) (Nevende 4)
	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses►\$ 233,771,067

Form 990 (2011)		
Part IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I^{\bullet}	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V^{\bullet}	10	Yes	
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			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? <i>If "Yes," complete Schedule D, Part VI.</i>	11a	Yes	
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	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
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 Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	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	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17	Yes	
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	Yes	
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		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II \blacksquare	21		N o
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		N o
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		N o
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 990	(2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	٠١	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable			
	1a 587			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			
_		2b	Yes	
	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	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	Yes	
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 or securities			
	account)?	4a		No
b	If "Yes," enter the name of the foreign country 🕨			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
		_		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No ———
C	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	эс 6а		No
Ja	organization solicit any contributions that were not tax deductible?	va		140
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	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c	Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
·	contract?	7e		Νo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
L	required?	7g		
n	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	ı		
	business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club 10b			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders			
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		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	If les, enter the amount of tax-exempt interest received of accided during the I I			
	year 12b			
13	year 12b			16
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
13	year Section 501(c)(29) qualified nonprofit health insurance issuers.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue	13a		
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by	13a		
13 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13a		
13 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by	13a		
13 a b	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the aggregate amount of reserves on hand	13a 14a		No

Form 990 (2011) Page **6 Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Part VI O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management

	<u> </u>				Yes	No					
1a	Enter the number of voting members of the governing hady at the end of the tax		1								
	Enter the number of voting members of the governing body at the end of the tax year	1a	43								
	Enter the number of voting members included in line 1a, above, who are independent	1b	40								
	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?	siness •	relationship with any	2	Yes						
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?.										
4	Did the organization make any significant changes to its governing documents since filed?			4		No					
5											
6	Did the organization have members or stockholders?			6		Νo					
	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No					
	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?		members, stockholders,	7b		No					
	Did the organization contemporaneously document the meetings held or written active year by the following	ons ur	ndertaken during the								
	The governing body?			8a	Yes						
b											
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O											
	ction B. Policies (This Section B requests information about policies not	requ	red by the Internal		•						
Rev	renue Code.)										
40-	Ded the consequent on horse level shoutens have about an efficience?			10-	Yes	No					
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act			10a		No					
	xempt	10b									
	Has the organization provided a complete copy of this Form 990 to all members of it the form?	s gov	erning body before filing	11a	Yes						
b	Describe in Schedule O the process, if any, used by the organization to review the F	orm 9	90								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 $$.	•		12a	Yes						
	Were officers, directors or trustees, and key employees required to disclose annuall rise to conflicts?	y inte	rests that could give	12b	Yes						
	Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done			12c	Yes						
	Did the organization have a written whistleblower policy?			13	Yes						
14	Did the organization have a written document retention and destruction policy? .			14	Yes						
	Did the process for determining compensation of the following persons include a rev independent persons, comparability data, and contemporaneous substantiation of th										
а	a The organization's CEO, Executive Director, or top management official										
b	Other officers or key employees of the organization			15b	Yes						
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)					<u> </u>					
	Did the organization invest in, contribute assets to, or participate in a joint venture (
	taxable entity during the year?			16a		No					
	If "Yes," did the organization follow a written policy or procedure requiring the organi										
	participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?			16b							

- List the States with which a copy of this Form 990 is required to be filed AK, AZ, CA, CT, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, SC, TN, UT, VA, WA, WV, WI
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
- Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization JEFFREY ROTH VP FINSTRATEG 188 MADISON AVENUE NEW YORK, NY 10016 (212)621-0241

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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, and **current** key employees Enter -0 in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(a) Name and Title A verage hours par week (describe hours for related organizations in Schedule O) See Additional Data Table (b) Position (do not check more than one box, unless person is both an officer and a director/trustee) (c) Position (do not check more than one box, unless person is both an officer and a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations is not should be a director/trustee) (describe hours for related organizations) (describe hours for related organizations) (describe hours for related organization) (describe hours for the director/trustee) (describe hours for related organizations) (describe hours for the director/trustee) (describe hours for the director/trustee)	Check this box if neither the organiz	•	lated o	rganı	ızatı	ons	compe	ensat	ed any current or fo	ormer officer, direct	tor, or trustee
for related organizations in Schedule Officer Schedule O) organizations	(A)	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a						Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the
See Additional Data Table		for	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former			I
	See Additional Data Table										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo ıs b nd a	oth		Rep comp fro organiz	(D) ortable ensation m the zation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-		(F) Estimated amount of other compensation from the organization and related		
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former			Miscy		organiza		
See A	uddıtıonal Data Table						+ -								
												\dashv			
												+			
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												\dashv			
												\dashv			
1b	Sub-Total				<u> </u>	٠.		┢				十			
С	Total from continuation sheets	to Part VII, Sec	tion A					F							
<u>d</u>	Total (add lines 1b and 1c) . Total number of individuals (inc							<u> </u>		6,172,807		0	;	1,147,986	
2	\$100,000 of reportable comper	_					above) Wn	o receive	ea more tha	an				
													Yes	No	
3	Did the organization list any for														
_	on line 1a? If "Yes," complete Sc											3	Yes		
4	For any individual listed on line organization and related organiz													1	
_	individual			•	•	•		•				4	Yes		
5	Did any person listed on line 1a services rendered to the organi								_		•	5		No	
	alian B. Tadanandan Can														
1	Complete this table for your five \$100,000 of compensation fror or within the organization's tax	e highest comper n the organizatio													
	Na	(A) me and business ad	dress							Desc	(B) ription of services		(C Comper		
261 (OLSON AND GALLOWAY INC GLEN HEAD ROAD HEAD, NY 11545									CONSTRUCT				,864,095	
ONE NEW	TAN SECURITY SERVICES INC PARK AVENUE YORK, NY 10016									SECURITY			3	,018,379	
49 W NEW	ION VITOLO CONTRACTING LLC EST 38TH STREET YORK, NY 10018									CONSTRUCT	TION		1	,844,124	
701 C PRIN	ARCH COLLECTIONS PRESERVATION CARNEGIE CENTER CETON, NJ 08540									PRESERVATI	ON		1	,322,967	
300 V	ER AND PARTNERS ARCHITECTS NY I VEST 57TH STREET YORK, NY 10019									ARCHITECT	JRAL		1	,243,980	

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 72

Form 99		<u> </u>						Page 9
Part V	/111	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
Contributions, gifts, grants and other similar amounts	1a b c d	Fundraising eve Related organiz Government grants	tes 1b ents 1c zations 1d s (contributions) 1e	163,797,431				
Contribution and other	f g h	sımılar amounts no Noncash contri 7! Iınes 1a-1f \$_	ibutions included in	73,069,538	241,416,992			
<u></u>				Business Code				
ven	2a	FINES AND FEES		900099	3,203,615	3,203,615		
2 <u>2</u>	b	INFORMATION SER	<u> </u>	519100	252,125	252,125		
) J. M. C.	C	Photocopy, Microfil	<u></u>	519100	858,576	858,576		
Program Serwce Revenue	d e	TICKET SALES		900099	195,679	195,679		
la E	f	All other progra	am service revenue					
₩og⊪								
	g		s 2a-2f	+	4,509,995			
	3		ome (including dividen ar amounts)	F	10,028,797			10,028,797
	4		stment of tax-exempt bond	F	0			10,020,737
	5			· · · · · · · · · · · · · · · · · · ·	181,063			181,063
			(ı) Real	(II) Personal				
	6a	Gross rents	734,314	,				
	ь	Less rental expenses	247,881					
	c	Rental income	486,433					
	d	or (loss) Net rental inco	me or (loss)		486,433			486,433
	"		(ı) Securities	(II) O ther	·			· ·
	7a	Gross amount from sales of assets other than inventory	104,312,655	204,955,270				
	ь	Less cost or other basis and sales expenses Gain or (loss)	104,811,207 -498,552	72,951,924 132,003,346				
	c d		SS)	L	131,504,794			131,504,794
Other Revenue	8a	Gross income f events (not inc \$	from fundraising luding		, ,			, .
ř Œ	.		a	283,380				
the	Ь		penses b (loss) from fundraising		65,492			65,492
٥	9a	Gross income f	(loss) from fundraising from gaming activities ne 19 a	events F	03,432			03,432
	ь	Less direct ex	penses b					
	С		(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo	• •	1,716,280				
	b c	Net income or (oods sold b (loss) from sales of inv	1,321,744 entory ►	394,536	321,805	72,731	
	<u> </u>	Miscellaneous		Business Code	2 722 54		407.45	2 242 255
		FEE - USE OF SUNIVERSAL SUREIMBURSEME	ERVICES	532000 900099	3,739,517 1,753,797		497,457	3,242,060 1,753,797
	c	PUBLICATION		519100	320,770	320,770		
	d		ue		588,537	532,455	56,082	
	e	Total. Add lines			6 402 624			
				•	6,402,621			
	12	Total revenue.	See Instructions .	•	394,990,723	5,685,025	626,270	147,262,436 Form 990 (2011)

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) but are not required to complete columns (B), (C), and (D) Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fund raising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 1,225,000 1,225,000 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members 0 5 Compensation of current officers, directors, trustees, and 5,239,421 748,069 4,186,028 305,324 key employees . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . 7 Other salaries and wages 104,122,201 91,558,330 9,346,573 3,217,298 Pension plan contributions (include section 401(k) and section 1,381,989 403(b) employer contributions) 14,176,948 12,356,991 437,968 35,301,137 30,079,057 4,097,310 Other employee benefits 1,124,770 7,828,397 6,632,328 941,951 254,118 10 Fees for services (non-employees) 11 Management 457,949 172,717 280,454 4,778 Legal Accounting 484,735 3,000 481,735 Lobbying Professional fundraising See Part IV, line 17 . . 588.863 588,863 Investment management fees 7,107,668 7,107,668 8,447,258 7,092,729 900,828 g 453,701 Advertising and promotion . . . 2,349,314 764,686 224,752 1,359,876 12 6,838,949 5,875,038 733,409 13 Office expenses 230,502 932,497 14 Information technology 3,312,832 2,372,073 8,262 15 Royalties . . 18,288,862 16 18,272,985 15,877 989,680 883,616 95,743 17 10,321 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials 19 Conferences, conventions, and meetings 83,108 60,835 21,209 1,064 3,082,047 2,958,766 123,281 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23,073,812 22,756,290 317,522 23 1,750,599 1,675,678 74,921 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f Ifline 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O) BOOKS AND BINDING 25,212,361 25,212,361 BLDG REPAIRS AND RENOVATION 1,945,715 1,674,302 228,620 42,793 UNRELATED BUSINESS INC TAX 133,590 31,274 102,316 *SEE SCH O FUNDRAISING NOTE d е All other expenses 1,712,503 1,364,942 337,843 9,718 25 Total functional expenses. Add lines 1 through 24f 273,752,949 233,771,067 31,932,526 8,049,356 Joint costs. Check here ► 🗆 If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Part X **Balance Sheet** (A) (B) Beginning of year End of year 230,447 63,434 1 1 102.657.315 97.246.496 2 2 3 103,838,406 3 87,101,505 3.021.118 1.324.256 4 Accounts receivable, net . 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 0 5 0 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 0 6 0 0 0 7 178,440 8 241.600 9 1.873.361 9 1,770,356 Prepaid expenses and deferred charges 560.546.872 Land, buildings, and equipment cost or other basis *Complete* 10a Part VI of Schedule D 10a 10b 274,642,376 b Less accumulated depreciation 302,616,764 **10c** 285,904,496 128,919,055 244,855,017 11 11 685,393,701 644,469,671 12 Investments—other securities See Part IV, line 11 12 13 13 0 Investments—program-related See Part IV, line 11 . . 0 14 Intangible assets 14 4,001,928 15 24,631,039 15 1,332,730,535 1,387,607,870 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 54, 110, 126 17 57,404,925 17 Accounts payable and accrued expenses . 18 18 19 104,857,881 19 87,488,286 20 88.490.002 20 84.510.002 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 0 persons Complete Part II of Schedule L \ldots . \ldots . \ldots 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 Unsecured notes and loans payable to unrelated third parties 0 24 0 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 158,494,703 25 199,673,357 D 26 405,952,712 26 429,076,570 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 241,542,737 27 295,593,172 Unrestricted net assets 268,634,670 28 236,690,530 28 Temporarily restricted net assets Fund 29 416,600,416 29 426, 247, 598 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ž 33 926.777.823 33 958.531.300 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 1.332.730.535 1.387.607.870 34

140	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		304 (990,72
2	Total expenses (must equal Part IX, column (A), line 25)	2			752,94
3	Revenue less expenses Subtract line 2 from line 1	3			237,77
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		926,7	777,82
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-89,4	484,29
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		958,	531,30
Par	Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII			୮	
				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 in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain Schedule O		2 c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in t Single Audit Act and OMB Circular A-133?	he	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

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.

Inspection

	Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND							Employer identification number				
		DATIONS	LIBRART AST	OR LENOX AND					13-1887	440		
Par	τI	Reas	on for Pu	blic Charity Sta	tus (All org	ganızatıons	must com	plete this p				
The o	rganız	zatıon ıs	not a priva	te foundation becaus	eitis (Forl	lınes 1 throu	ıgh 11, check	conly one bo	x)			
1	Γ	A chur	ch, convent	ion of churches, or a	ssociation of	fchurches s	section 170(b)(1)(A)(i).				
2	Γ	A scho	ol describe	d in section 170(b)(1	L)(A)(ii). (At	tach Sched	ule E)					
3	Γ	A hosp	ital or a cod	perative hospital se	rvice organiz	zatıon descr	ibed in sectio	n 170(b)(1)	(A)(iii).			
4	Γ	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										
5	Г	_	•	erated for the benefi (A)(iv). (Complete P	_	or universi	ty owned or o	perated by a	governme	ntal unit desc	rıbed ın	
6	Г			local government o		tal unit desc	rıbed ın sect i	ion 170(b)(1)(A)(v).			
7	<u> </u>		anızatıon th	at normally receives						from the gen	eral public	
	_			(A)(vi) (Complete P								
8	<u> </u>			described in section								
9	ļ			at normally receives								
				rities related to its e								
		•		oss investment inco				•		L tax) from bu	isinesses	
	_	•		ganızatıon after June 	•			•	•			
10	<u> </u>			ganızed and operated								
11	ı			ganized and operated ly supported organiz								
				ibes the type of supp						see section s	os(a)(s). Check	
			Type I	b			[- Functional			d Type	e III - Other	
e	Γ	other tl	han foundat	ox, I certify that the ion managers and ot								
f		If the o	n 509(a)(2) rganızatıon thıs box	received a written d	etermination	from the IR	S that it is a	Туре І, Туре	lI or Type	III support	ng organization,	
g		Since A	ugust 17,	2006, has the organ	ızatıon accep	oted any gift	or contributi	on from any	of the			
			ng persons?	rectly or indirectly c	antrole auth	oralono ort	ogothor with	narcana daa	ambad in fu	`	Y N-	
					•		_	persons des	ciibea iii (ii		Yes No	
				governing body of th er of a person descri			ationi			11g		
			-	lled entity of a perso			abovo?			11g 11g		
h				ng information about						LIIG	("")	
h		riovide	the followi	ng mormation about	the support	eu organizat	.1011(3)					
				(iii)	(:)		Τ					
				Type of	(iv) Is the		(v)		(vi			
	(i)			organization	organizati		Did you not		Ist		(vii)	
	Name		(ii)	(described on	col (ı) lıst		organizat col (i) of		organiza col (i) or		A mount of	
	uppor ganıza		EIN	lines 1-9 above or IRC section	your gove		suppor		in the		support?	
0.	game	(see		docume	nt/							
				ınstructions))	Yes	No	Yes	No	Yes	No		

Total

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	no organization	rano to quanty t					<u> </u>
	endar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	164,241,21	5 75,298,980	70,349,584	48,643,420	77	,619,561	436,152,760
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	169,299,21	2 209,377,794	190,283,380	164,409,329	163	,797,431	897,167,146
3	The value of services or facilities furnished by a governmental unit to the organization without charge	62,243,36	5 64,818,076	8,781,311	8,049,019	22	,599,960	166,491,731
4	Total. Add lines 1 through 3	395,783,79	2 349,494,850	269,414,275	221,101,768	264	,016,952	1,499,811,637
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)							69,571,729
6	Public Support. Subtract line 5							1 420 220 000
	from line 4							1,430,239,908
	ection B. Total Support		<u> </u>					
Cale	endar year (or fiscal year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 20	11	(f) Total
7	beginning in) A mounts from line 4	395,783,792	349,494,850	269,414,275	221,101,768	264	.016,952	1,499,811,637
8	Gross income from interest,	,,		,	,			
	dividends, payments received on securities loans, rents, royalties and income from similar sources	14,363,448	8,310,731	6,910,182	8,989,717	10,	944,174	49,518,252
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,423,175	492,589		478,122		541,221	2,935,107
10	Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	3,396,584	3,759,930	3,819,206	4,134,478	4,	.995,857	20,106,055
11	Total support (Add lines 7 through 10)							1,572,371,051
12	Gross receipts from related activ	ities, etc (See in:	structions)			12		41,005,108
13	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here							
S	ection C. Computation of P	ublic Support	Percentage					
14	Public Support Percentage for 20	11 (line 6 column	n (f) divided by line	11 column (f))		14		90 961 %
15	Public Support Percentage for 20	10 Schedule A, P	art II, line 14			15		90 715 %
16a	33 1/3% support test—2011. If the	he organization di	d not check the bo	x on line 13, and	line 14 is 33 1/3%	₀ or more	, check t	his box
	and stop here. The organization q 33 1/3% support test—2010. If t box and stop here. The organizat 10%-facts-and-circumstances tes is 10% or more, and if the organization m organization	he organization di ion qualifies as a st—2011. If the or zation meets the	d not check the bo publicly supported ganization did not "facts and circums	x on line 13 or 16 organization check a box on lii tances" test, che	ne 13, 16a, or 16 ck this box and s	b and line	e 14 Explain	▶□
b 18	10%-facts-and-circumstances tes 15 is 10% or more, and if the org Explain in Part IV how the organis supported organization Private Foundation If the organizations	anızatıon meets t zatıon meets the	he "facts and circu "facts and circums	imstances" test, tances" test The	check this box ar organization qua	nd stop h e Ilifies as a	e re. a publicly	• •⊏

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

▶[

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation
	required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any
	additional information. (See instructions).

Facts And Circumstances Test

Explanation

REPORTED IN THIS SECTION IS OTHER INCOME RELATING TO REVENUE GENERATED BY ACTIVITIES SUCH AS FEES FOR FACILITY USAGE AND REIMBURSEMENT UNDER THE UNIVERSAL SERVICES PROGRAM TO PROVIDE DISCOUNTS ON TELECOMMUNICATION EXPENSES TO ALLOW LIBRARIES AND EDUCATIONAL INSTITUTIONS TO PURCHASE ADVANCED TECHNOLOGIES

Schedule A (Form 990 or 990-EZ) 2011

DLN: 93493134072723

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

f the organization answered "	Yes," to Form 990, Part I\	V, Line 3, or Form 990-EZ,	, Part V, line 46 (Political C	ampaign Activities),
hen				

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
THE NEW YORK PUBLIC LIBRARY AST	OR LENOX AND
TILDEN FOUNDATIONS	

Employer identification number

13-1887440

Part I-A	Complete if	the organization i	s exempt under s	ection 501(c) (or is a section 527	organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

- Enter the amount of any excise tax incurred by the organization under section 4955 1
- Enter the amount of any excise tax incurred by organization managers under section 4955
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
 - Was a correction made?
- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

┌ Yes

☐ Yes

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none. enter -0-

f Grassroots lobbying expenditures

(The term "expenditures" means amounts paid or incurred.) Lia Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 over \$1,000,000 but not over \$1,000,000 \$1,000,000 g Grassroots nontaxable amount (enter 25% of line 1f) Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.)	ווטפ	edule C (F	01111 9 9 0 01 9 9 0 - EZ) 2 0 1 1					Page ∠
A Check If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member expenses, and share of excess lobbying expenditures) Check If the filing organization checked box A and "limited control" provisions apply Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures" means amounts paid or incurred.) Organization Total Incurred (The term "expenditures to influence a legislative body (direct lobbying)	Pa	rt II-A		n is exempt under	section 501(c)(3) and fi	iled Form 5768	(election
expenses, and share of excess lobbying expenditures) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) Limits on Lobbying Expenditures (The term "expenditures to influence public opinion (grass roots lobbying) Lobbying expenditures to influence a legislative body (direct lobbying) Total lobbying expenditures (add lines 1a and 1b) Other exempt purpose expenditures Total obtaining purpose expenditures (add lines 1c and 1d) Lobbying nontaxable amount Enter the amount from the following table in both columns If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: If the amount on line 1e, column (a) or (b) is: Not over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,000,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 S1,000 but not over \$1,500,000 Over \$1,0	١	Check		an affiliated group (and	lıst ın Part IV ea	ch affiliated gr	oup member's nam	e, address, EIN,
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h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all columns below. See the instructions for lines 2a through 2f on page 4.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying ceiling amount		Over \$17,0	00,000	\$1,000,000				
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Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2009 Lobbying non-taxable amount		(Sor	ne organizations that made a	section 501(h) el	ection do not	have to co		ne five
beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 20 2a Lobbying non-taxable amount b Lobbying ceiling amount			Lobbying Exp	enditures During	4-Year Avera	ging Period	d	
b Lobbying ceiling amount				(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
	2a	Lobbyin	g non-taxable amount					
	b							
c Total lobbying expenditures	c	Total loi	obying expenditures					
d Grassroots non-taxable amount	d	Grassro	ots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))	e							

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768
	(election under section 501(h)).

		(6	1)	(b)	
		Yes	No	Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?	Yes			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?		Νo		
d	Mailings to members, legislators, or the public?	Yes		2,496	
e	Publications, or published or broadcast statements?		No		
f	Grants to other organizations for lobbying purposes?		No		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		7,491	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No		
i	Other activities? If "Yes," describe in Part IV		No		
j	Total lines 1c through 1i			9,987	
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$?		No		
b	If "Yes," enter the amount of any tax incurred under section 4912				
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912		İ		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
_	A Complete if the supprinction is account under coetien FO4(a)(A) soutie	- FA1/-			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess		

4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?

5 Tayoble amount of labburg and political expenditures (accumulatives)

Taxable amount of lobbying and political expenditures (see instructions)

Dues, assessments and similar amounts from members

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B	VOLUNTEERS THE LIBRARY WORKS DIRECTLY WITH LOCAL VOLUNTEERS WHO ENCOURAGE THEIR ELECTED OFFICIALS TO SUPPORT THE LIBRARY'S BUDGET GOALS PAID STAFF OR MANAGEMENT THE LIBRARY UTILIZES, ON A LIMITED BASIS, TWO OFFICERS TO WORK WITH ELECTED OFFICIALS AT THE FEDERAL, STATE AND CITY LEVELS ON LIBRARY-RELATED FUNDING ISSUES AND LEGISLATION MAILING TO MEMBERS, LEGISLATORS OR THE PUBLIC THE LIBRARY PREPARES MAILINGS TO ELECTED OFFICIALS AT ALL THREE LEVELS OF GOVERNMENT REGARDING FUNDING ISSUES AND LEGISLATION

1

4

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493134072723

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

► Attach to Form 990. ► See separate instructions.

Name of the organization

Employer identification number

HE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND II DEN FOUNDATIONS			2 1007110
art I Organizations Maintaining Donor			.3-1887440 Is or Accounts. Complete ıf th
organization answered "Yes" to Form	(a) Donor advised	funds	(b) Funds and other accounts
Tatal number at and afterna	(a) Dollor advised	Tullus	(b) Fullds and other accounts
Total number at end of year			
Aggregate contributions to (during year)			
Aggregate grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor action funds are the organization's property, subject to the			advised Yes No
Did the organization inform all grantees, donors, as used only for charitable purposes and not for the b	-	-	•
conferring impermissible private benefit art II Conservation Easements. Complet	to if the organization and	vared "Vac" to E	<u> </u>
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qui	ation or pleasure)	servation of an his servation of a cert	storically importantly land area sified historic structure a conservation
easement on the last day of the tax year			Held at the End of the Year
Total number of conservation easements		2	
Total acreage restricted by conservation easemen	nts	21	
Number of conservation easements on a certified l			
Number of conservation easements included in (c)		20	
Number of conservation easements modified, trans the taxable year ▶			y the organization during
Number of states where property subject to conse			
Does the organization have a written policy regard enforcement of the conservation easements it hold		nspection, handling	g of violations, and Yes No
Staff and volunteer hours devoted to monitoring, in	nspecting and enforcing conse	ervation easement	s during the year ►
A mount of expenses incurred in monitoring, inspec ► \$	cting, and enforcing conserva	tion easements du	ırıng the year
Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requi	rements of section	n ┌ Yes
In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organiza ements	ition's financial sta	atements that describes
rt IIII Organizations Maintaining Collect Complete if the organization answered			Other Similar Assets.
If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, educa	ation or research ii	n furtherance of public service,
If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items.	or public exhibition, education		•
(i) Revenues included in Form 990, Part VIII, line	e 1		► \$
(ii) Assets included in Form 990, Part X			
If the organization received or held works of art, hi following amounts required to be reported under SF			nancial gain, provide the

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	TIL Organizations Maintaining Co	<u>llections of Art</u>	, His	torica	<u>I Trea</u>	sures, or (<u> </u>	<u>ır Sımılar Asse</u>	ets (co.	<u>ntınued)</u>
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	e follow	ing that	are a signific	ant ι	ise of its collectio	n	
а	Public exhibition		d		oan or e	exchange prog	rams	3		
b	Scholarly research		e	Г о	ther					
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and expla	ın hov	v they fu	ırther th	ne organizatio	n's e	xempt purpose in		
5	During the year, did the organization solicity assets to be sold to raise funds rather than t								Yes	√ No
Par	t IV Escrow and Custodial Arrang						ed "Y	es" to Form 99	0,	
_	Part IV, line 9, or reported an ar									
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?					ns or other as	sets		Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing tabl	e	ĺ		1		
_								Amo	unt	
C	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			
f	Ending balance						1f	_		
2a	Did the organization include an amount on Fo		e 21?						Yes	☐ No
	If "Yes," explain the arrangement in Part XI\				U\	L. F 000		171/ 1 40		
Ра	rt V Endowment Funds. Complete	(a)Current Year		Werea Prior Yea		c)Two Years Bac			(e) Four Y	ears Bac
La	Beginning of year balance	813,848,809	(-)	669,683		592,167,2	-	741,425,152	/	
b	Contributions	65,579,778		39,560	0,272	53,539,8	55	43,068,357		
c	Investment earnings or losses	-17,227,502		139,588	8,261	56,461,8	88	-155,406,750		
d	Grants or scholarships	495,678		609	9,200	256,6	666	635,000		
e	Other expenditures for facilities and programs	37,571,691		34,37	1,990	32,230,8	554	36,284,516		
f	Administrative expenses									
g	End of year balance	824,133,716		813,848	8,809	669,681,4	66	592,167,243		
2	Provide the estimated percentage of the yea	r end balance held a	as							
а	Board designated or quasi-endowment	33 309 %								
ь	Permanent endowment ► 66 691 %									
С	Term endowment ▶									
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon t	that are	held an	nd administere	d for	the		
	organization by							[_ (n)	Yes	No
	(i) unrelated organizations						•	3a(i) 3a(ii)		No No
b	(ii) related organizations						•	3b		
4	Describe in Part XIV the intended uses of th	•					·			
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	rt X, lıı	ne 10.					
	Description of property			(a) Cos	t or othe			(c) Accumulated depreciation	(d) Boo	ok value
1a	Land				1,083,79	9 3,10	9,093		4	1,192,892
Ь	Buildings				4,606,59	- 		241,750,496		5,460,137
	Leasehold improvements				•	48,72	•	6,794,406		.,928,744
d I	Equipment					37,68	5,955	26,097,474	1:	L,589,481
e	Other					12,73	3,242		12	2,733,242

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) .

285,904,496

Part VIII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives		Cost of the of year market value
(2)Closely-held equity interests		
(3)Other		
(A) COMMINGLED INVESTMENT FUNDS	315,165,293	F
(B) HEDGE FUNDS	238,591,995	F
(C) PRIVATE MARKET FUNDS	90,712,383	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. Se	e Form 990, Part X, line :	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
		,
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, II		(h) Pook volue
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line		
Part X Other Liabilities. See Form 990, Part X		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes	0	
ACCRUED POSTRETIREMENT BENEFITS INTEREST RATE SWAPS	182,756,904	
INTEREST RATE SWAPS	16,916,453	
Table (Oshura (h) da Harada (a 200 a du distributa (a 200 a du distr		
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) ▶	199,673,357	

Schedu Part	Reconciliation of C	hange in Net Assets from For	m 990 to Financial Statemer	nte.	Page 4
	Total revenue (Form 990, Part		in 550 to 1 maneral otatemer	1	394,990,723
	Total expenses (Form 990, Par			2	273,752,949
3	Excess or (deficit) for the year	Subtract line 2 from line 1		3	121,237,774
	Net unrealized gains (losses) o	n investments		4	-69,390,164
_	Donated services and use of fa	cilities		6	14,465,781
_	Investment expenses Prior period adjustments			7	
	Other (Describe in Part XIV)			8	-34,559,914
9	Total adjustments (net) Add lii	nes 4 - 8		9	-89,484,297
		per financial statements Combine line		10	31,753,477
Part 1		evenue per Audited Financial r support per audited financial statem		er R	eturn 342,746,805
2		it not on Form 990, Part VIII, line 12	ents	-	342,740,003
а	Net unrealized gains on invest	ments	2a -69,390,164		
b	Donated services and use of fa	acılıtıes	. 2b 24,537,412		
c	Recoveries of prior year grants		. 2c		
d e	Other (Describe in Part XIV) Add lines 2a through 2d .		2d	2e	-44,852,752
3	Subtract line 2e from line 1 .			3	387,599,557
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line $oldsymbol{1}$			
a		uded on Form 990, Part VIII, line 7b			
b c	Other (Describe in Part XIV) Add lines 4a and 4b		. 4b -1,049,639	4c	7,391,166
5		d 4c. (This should equal Form 990, Pa	rt I, line 12)	5	394,990,723
Part 2		xpenses per Audited Financia		per	
1	Total expenses and losses per statements	r audited financial		1	276,433,414
2		t not on Form 990, Part IX, line 25			
а	Donated services and use of fa	acılıtıes	2a 10,071,631		
b	Prior year adjustments		2b		
c d	Other losses Other (Describe in Part XIV)		. 2c 2d 1,049,639		
e	Add lines 2a through 2d			2e	11,121,270
3	Subtract line 2e from line 1 .			3	265,312,144
4		0, Part IX, line 25, but not on line 1:	1 1		
a h	Investment expenses not inclu Other (Describe in Part XIV)	uded on Form 990, Part VIII, line 7b	4a 8,440,805		
b c	Add lines 4a and 4b		<u>4</u> D	4c	8,440,805
5		nd 4c. (This should equal Form 990, Pa	art I, line 18)	5	273,752,949
Part	XIV Supplemental Inf				· · · · · ·
		scriptions required for Part II, lines 3, , Part XII, lines 2d and 4b, and Part X			
	onal information		••••		
	Identifier	Return Reference	Explanat		
	•	SCHEDULE D, PART III, LINES 1A AND 4	THE LIBRARY HAS EXTENSIVE RE OF LIBRARY MATERIALS, INCLUD		
OTHER	R SIMILAR ASSETS		PERIODICALS AND OTHER ITEMS ARE MAINTAINED BY THE RESEA		
			CURATORIAL CARE AND ARE HELEDUCATION AND PUBLIC EXHIB:	LD FO	R RESEARCH,
			OF PUBLIC SERVICE PROCEEDS	FROM	1 THE SALES OF
			COLLECTIONS ARE USED TO ACCOLLECTIONS THE COST OF CO		
			BY THE LIBRARY FOR THE RESEA CHARGED TO EXPENSE WHEN IN		
			COLLECTION ITEMS ARE NOT RE	CORE	DED THE VALUE OF
			THE LIBRARY'S RESEARCH COLLIDETERMINED THE COST OF BOO	KS AI	ND OTHER LIBRARY
			MATERIALS PURCHASED BY THE NOT RECORDED AS COLLECTION		
			LIBRARY SERVICES EXPENSE IN	THEY	EAR PURCHASED
			BECAUSE, LARGELY BY REASON (SUCH ITEMS ARE EXHAUSTIBLE		
INTEN	DED USES OF THE	SCHEDULE D, PART V, LINE 4	OF TIME THE LIBRARY'S ENDOWMENT CO	NCICI	
ORGAI	NIZATION'S ENDOWMENT	Schiebole b, FART V, LINE 4	INDIVIDUAL FUNDS ESTABLISHE	D FO	R A VARIETY OF
FUNDS			PURPOSES, INCLUDING BOTH DO ENDOWMENT FUNDS AND FUNDS		
			BOARD OF TRUSTEES TO FUNCT:		
			ARE CLASSIFIED AND REPORTED	BASI	ED ON THE
			EXISTENCE OR ABSENCE OF DOI RESTRICTIONS THE ENDOWMEN	IT FUN	NDS SUPPORT THE
			FOLLOWING PROGRAM ACTIVITI		
			CATALOGING -EXHIBITIONS AN PROGRAMS -OTHER - PRINCIPAL		
			OPERATIONS OF THE RESEARCH	•	
ACCO	UNTING FOR UNCERTAINTY	SCHEDULE D, PART X, LINE 2	WIDE PROGRAMS THE LIBRARY PRESCRIBES TO A	THRE	SHOLD OF MORE-
	OME TAXES	,,	LIKELY THAN-NOT FOR RECOGN:	ITION	IAND
			DERECOGNITION OF TAX POSIT EXPECTED TO BE TAKEN IN A TA	X RET	URN AS OF JUNE
			2012 and 2011, THE LIBRARY DO UNCERTAIN TAX POSITIONS OR		
			BUSINESS INCOME TAX LIABILIT A MATERIAL IMPACT UPON ITS F	ΓIES V	WHICH WOULD HAVE
		SCHEDULE D, PART XI, LINE 8	(\$5,254,256) CHANGE IN VALUE	OFIN	ITEREST RATE
NET AS	SSETS - OTHER		SWAPS (\$29,305,658) POSTRETI THAN NET PERIODIC COST		
		SCHEDULE D, PART XII, LINE 2B	LINE 2B INCLUDES \$14,465,781	OFC	ONTRIBUTED LONG-
	JDITED FINANCIAL MENTS TO 990 RETURN		TERM USE PROPERTY The City pr property for its long-term use, free of	of char	ge, so long as the
			Library uses it as an operating libra purposes, the Library records the fa		
			properties for use as revenue and fix	xed as	sets at the time they
			are made available to the Library for PART XII, LINE 4B - OTHER \$ (24		
			ALLOCATED TO GROSS REVENUE AND OTHER EXPENSES RELATED		
			BUSINESS USE OF SPACE (563,0 OTHER EXPENSES ALLOCATED T	61)LA	ABOR COSTS AND
			\$(1,049,639) PER THE	ORG	ANIZATION'S
			ACCOUNTING PRACTICES, EXPE SPECIAL EVENTS (DIRECT BENE		
			NETTED WITH REVENUE FROM SF FINANCIAL STATEMENT PRESEN		
			ARE INCLUDED ON SCHEDULE D	, PART	XII, LINE 1 COST
			OF GOODS SOLD RELATED TO THE	ROMS	ALES OF INVENTORY
			FOR FINANCIAL STATEMENT PRE AMOUNTS ARE INCLUDED ON SC		
RFCO	NCILIATION OF EXPENSES	SCHEDULE D, PART XIII, LINE 2D -	1 \$ 247,881 RENTAL EXPENSES AL		
PERAL	JDITED FINANCIAL	OTHER	REVENUE 238,697 LABOR COSTS	SAND	OTHER EXPENSES
JIAIE	MENTS TO 990 RETURN		RELATED TO UNRELATED BUSINI 563,061 LABOR COSTS AND OTH	IER EX	(PENSES
			ALLOCATED TO COST OF GOODS \$1,049,639 PER THE ORGANIZAT		
			PRACTICES, EXPENSES RELATED (DIRECT BENEFIT TO DONORS) A	тоѕ	PECIAL EVENTS
			REVENUE FROM SPECIAL EVENT	SFOR	FINANCIAL
			STATEMENT PRESENTATION TH INCLUDED ON SCHEDULE D, PAR	T XII	I, LINE 1 COST OF
			GOODS SOLD RELATED TO THE SALSO NETTED WITH REVENUE FR		
			FOR FINANCIAL STATEMENT PRE AMOUNTS ARE NOT INCLUDED O	SENT	ATION THESE
			XIII, LINE 1		

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SCHEDULE F

Department of the Treasury

Internal Revenue Service

(Form 990)

As Filed Data -

DLN: 93493134072723

OMB No 1545-0047

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

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IHEL	V ⊏ VV Y	OKK	PUBLIC	LIBK	AKY	ASIUR	LE	NO.	XΑN	11
וחודד	EN EO	HND	ATIONS							
IILDI	-14 FO	UNDA	4110113							
				_						

Employer identification number

13-1887440

	rt I General Informatio "Yes" to Form 990, Pa			he United States. C	omplete if the organiz	ation answered
1	For grantmakers. Does the			ls to substantiate the	amount of the grants	or
	assistance, the grantees' elig					
	the grants or assistance?					┌ Yes ┌ No
2	For grantmakers. Describe in Pa United States	ort V the organiz	zatıon's procedu	res for monitoring the us	e of grant funds outside tl	ne
3	Activites per Region (Use Part	V ıf addıtıonal s	pace is needed)		
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
	Central America and the Caribbean			Investments		149,371,761
	North America			Program Services	DIGITAL CATALOG	353,428
	_					
	Sub-total					149,725,189
ь	Total from continuation sheets to Part I					

c Totals (add lines 3a and 3b)

149,725,189

Pai	Part IV,	line 15, for any	sistance to Organ recipient who recesspace is needed.	nizations or Entiti erved more than \$5,	es Outside the Ur ,000. Check this box	nited States. Comp x if no one recipient	plete if the organiza received more thai	tion answered "Yes' n \$5,000	' to Form 990, ▶ 厂
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2	Enter total nur tax-exempt by	mber of recipie y the IRS, or fo	ent organizations lis or which the grante	ted above that are e or counsel has pro	recognized as chari ovided a section 50	ties by the foreign of 1(c)(3) equivalency	country, recognized letter	as . •	
3	Enter total nui	mber of other o	organizations or en	tities					(Form 990) 2011

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Part V if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
					1		
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						1	dula E (Earry 000) 2011

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? <i>If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)</i>	굣	Yes	Γ	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)	Γ	Yes	굣	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)	⊽	Yes	Г	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)	ত	Yes	Г	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)	F	Yes	Г	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).	Г	Yes	ল	Νo

Schedule F (Form 990) 2011

Additional Data

Software ID: Software Version:

EIN: 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND

TILDEN FOUNDATIONS

Schedule F (Form 990) 2011

Page **5**

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

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As Filed Data -

DLN: 93493134072723

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Total.

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Internal Revenue Service	Attach	to Form 990	Inspection			
Name of the organization THE NEW YORK PUBLIC LI TILDEN FOUNDATIONS	IBRARY ASTOR LENOX	AND			Employer iden 13-1887440	tification number
Part I Fundraising	Activities. Complete	e if the o	organiza	tion answered "Yes"	to Form 990, Part IV,	, line 17.
 a Mail solicitations b Internet and e-main c Phone solicitation d In-person solicita 2a Did the organization hor key employees liste b If "Yes," list the ten his 	าร	eement wi) or entity	e f g th any inc / in conne (fundraise	Solicitation of nor Solicitation of gov Special fundraisin dividual (including office ection with professional fers) pursuant to agreeme	regovernment grants rernment grants g events rs, directors, trustees fundraising services? ents under which the fun	
(i) Name and address of (ii) Activity individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions? Yes No		(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
DRAKES BAY FUNDRAISII	NG DIRECT MKTG SEE SCH O	165	No	1,911,068	323,840	1,587,228
JOHN BROWN LTD INC	PLANNED GIV SEE SCH O		No		41,000	-41,000
PDR II INC DBA SHARE	TELE-MKTNG SEE SCH O		No	12,511	14,330	-1,819
WAKEBY FIRE ASSOCIATI	ES DIRECT MKTG SEE SCH O		No	671,469	209,693	461,776

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

2,595,048

2,006,185

588,863

Pa	rt II	Fundraising Events. Com more than \$15,000 on Form				
			(a) Event #1 Library Lions (event type)	(b) Event #2 Corp Dinner (event type)	(c) O ther Events 3 (total number)	(d) Total Events (Add col (a) through col (c))
Æ	1	Gross receipts	2,378,149	1,360,680		4,833,403
Revenue	2	Less Charitable contributions	2,264,414	1,284,785	1,000,824	4,550,023
<u>r</u>	3	Gross income (line 1 minus line 2)	113,735	75,895	93,750	283,380
	4	Cash prizes				
မှာ	5	Non-cash prizes				
Expenses	6	Rent/facility costs				
ă	7	Food and beverages	115,822	61,537	40,529	217,888
D D D D	8	Entertainment				
ឨ	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın columr	n (d)		(217,888)
	11	Net income summary Combine III	nes 3 and 10 in column ((d)		65,492
Par	t II	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	rted more than
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
s Ses	2	Cash prizes				
xpenses	3	Non-cash prizes				
ш	4	Rent/facility costs				
Direct	5	Other direct expenses				
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes ┌ No	
	7	Direct expense summary Add lines	s 2 through 5 ın column ((d)		()
	8	Net gaming income summary Com	bine lines 1 and 7 in coli	umn (d)	<u> ▶</u>	
9 a b	Ist	er the state(s) in which the organizathe organization licensed to operate	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspei	nded or terminated during	the tax year?	

Sche	dule G (Form 990 or 990-EZ) 20	11			Page 3
11	Does the organization operate ga	aming activities with nonmembers? .		Г _{Yes} Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	\$ \$			
	Description of services provided	>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		-
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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Schedule I

(Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493134072723

Department of the Treasury ► Attach to Form 990 Inspection Internal Revenue Service Name of the organization Employer identification number THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND 13-1887440 TILDEN FOUNDATIONS Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FELLO WSHIP GRANTS	31	1,225,000			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2	THE LIBRARY HAS SEPARATE FELLOWSHIP PROGRAMS THE DOROTHY AND LEWIS B CULLMAN CENTER FOR SCHOLARS AND WRITERS LOCATED AT THE STEPHEN A SCHWARZMAN BUILDING AND THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE THE PROGRAMS ARE INTENDED TO CONNECT THE FELLOWS WITH THE RESOURCES OF THE LIBRARY, TO PROMOTE INTERPRETATIVE AND CREATIVE SCHOLARSHIP AND WRITING, TO ENCOURAGE FELLOWS TO PRODUCE SCHOLARLY AND CREATIVE
	WORKS, AND TO PRESENT THEIR ORIGINAL WORK IN PAPERS, SYMPOSIA OR LECTURES TO THE PUBLIC, AND TO FOSTER PUBLIC DISCOURSE ABOUT ISSUES RELATING TO HISTORY, CULTURE AND CREATIVITY BROCHURES FOR THE PROGRAMS ARE MAILED TO NUMEROUS JOURNALS AND INSTITUTIONS IN THE FIELDS OF HUMANITIES, SOCIAL SCIENCES AND BLACK STUDIES ANNOUNCEMENTS OF THE PROGRAMS ARE ALSO POSTED ON THE LIBRARY'S WEBSITE CULLMAN CENTER FELLOWSHIPS AT THE STEPHEN A SCHWARZMAN BUILDING ARE OPEN TO ACADEMICS, INDEPENDENT SCHOLARS, AND CREATIVE WRITERS THE CENTER HAS TWO COMMITTEES A PRELIMINARY REVIEWING PANEL, WHICH ASSESSES AND RANKS THE APPLICATIONS, AND A SELECTION COMMITTEE, WHICH REVIEWS THE FINALISTS AND CHOOSES THE CLASS OF FELLOWS THE SELECTION COMMITTEE IS COMPRISED OF SEVEN INDIVIDUALS FELLOWSHIPS IN THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER ARE OPEN TO ACADEMICS AND INDEPENDENT SCHOLARS THE SCHOMBURG CENTER'S SELECTION COMMITTEE IS COMPRISED OF FIVE EXTERNAL REVIEWERS, WHO SERVE UNDER THE FILLOWS THE SELECTION COMMITTEE IS COMPRISED OF FIVE EXTERNAL REVIEWERS, WHO SERVE UNDER THE DIRECTION OF THE PROGRAM DIRECTOR FOR BOTH CENTERS, THE CRITERIA FOR SELECTION INCLUDE (1) THE RELEVANCE OF THE PROPOSED PROJECT TO THE HOLDINGS OF THE LIBRARY, (2) THE QUALITY AND FEASIBILITY OF THE PROJECT PLAN, (3) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY, (4) EXCELLENCE, AS SHOWN EITHER IN A HIGHLY PROMISING PROPOSAL BY A YOUNG APPLICANT, (5) A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED IN HIS OR HER FIELD OR DISCIPLINE, AND (6) LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT OF THE PROJECT FELLOWS ARE IN RESIDENCE AT THE LIBRARY FOR THE ACADEMIC YEAR FOLLOWING THEIR SELECTION WHEN THEY FINISH THE
	BOOKS THEY WORKED ON AT THE LIBRARY, THEY SEND COPIES TO THOSE WHO OVERSEE THE PROGRAMS FOR MANY OF THESE BOOKS AND WRITERS, THE CULLMAN CENTER AND THE SCHOMBURG CENTER SPONSOR PUBLIC PROGRAMS THAT HIGHLIGHT AND DISCUSS THE FELLOWS' BOOKS

DLN: 93493134072723

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

Compensation Information

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	E NEW YORK PUBLIC LIBRARY ASTOR LENOX AND DEN FOUNDATIONS 13-188744	40		
Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these item.			
	First-class or charter travel Housing allowance or residence for personal us			
	Travel for companions Payments for business use of personal residence	ce		
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee	ttee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing org or a related organization	anızatıon		
а	Receive a severance payment or change-of-control payment?	4a	Yes	
ь	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
С		4c		Νo
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the revenues of			
а	The organization?	5a		No
b	Any related organization?	5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990 , Part VII, Section A, line $1a$, did the organization pay or accrue any compensation contingent on the net earnings of			
а	The organization?	6a		No
b	Any related organization?	6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regular			1,40

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
See Additional Data Table								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE LIBRARY REIMBURSES THE PRESIDENT FOR CLUB MEMBERSHIP DUES AND PROVIDES HOUSING AND TUITION ALLOWANCES AS PER HIS EMPLOYMENT CONTRACT SUCH AMOUNTS ARE INCLUDED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B) (III) SEVERANCE PAYMENTS SCHEDULE J, PART I, LINE 4A HOWARD DODSON, FORMER DIRECTOR OF THE SCHOMBURG CENTER, SEPARATED ON JULY 31, 2011 AND RECEIVED A SEVERANCE PAYMENT OF \$70,000
REPORTABLE	PART II, COLUMN B	OTHER REPORTABLE COMPENSATION IN COLUMN B(III) FOR CERTAIN LISTED EMPLOYEES INCLUDES AMOUNTS DEFERRED UNDER A SECTION 457(B) PLAN AND CERTAIN IMPUTED INCOME AMOUNTS IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES ANY SEVERANCE PAYMENT NOTED IN PART I, LINE 4A AND ACCRUED BENEFIT PAYOUTS TO HOWARD DODSON, CATHERINE C DUNN, PAUL LECLERC, AND ROBERT J VANNI

Schedule J (Form 990) 2011

Software ID: Software Version:

EIN: 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND

TILDEN FOUNDATIONS

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
ANTHONY W MARX	(1) (11)	246,208 0	0 0	133,956 0	30,870 0	16,190 0	427,224 0	0 0
JANE ABOYOUN	(1) (11)	198,262 0	0	109 0	25,252 0	15,494 0	239,117 0	0
JACQUELINE F BAUSCH	(I) (II)	238,248 0	0	675 0	38,201 0	27,870 0	304,994 0	0
TODD M CORBIN	(I) (II)	440,679 0	0	187 0	38,220 0	23,615	502,701 0	0
ANNE L CORISTON	(I) (II)	206,142 0	0	597 0	33,305 0	14,924	254,968 0	0
DEANNA LEE	(1) (11)	250,814 0	0	1,025	38,220 0	25,253 0	315,312 0	0
GEORGE D MIHALTSES	(I) (II)	163,529 0	0	546 0	25,941 0	3,218 0	193,234 0	0
DAVID G OFFENSEND	(I) (II)	325,524 0	0	1,096 0	38,220 0	28,533	393,373 0	0
JOANNA M PESTKA	(I) (II)	192,574 0	0	8,510 0	31,924 0	21,315	254,323 0	0
JAMES PISANIELLO	(1) (11)	164,477 0	0	22,688 0	0	1,895 0	189,060	0
JEFFREY ROTH	(1) (11)	208,361	0	596 0	33,042	24,660	266,659 0	0
LOUISE SHEA	(1) (11)	263,728 0	0	435 0	38,220 0	26,718 0	329,101 0	0
ANN D THORNTON	(1) (11)	207,465 0	0	16,534 0	35,902 0	24,344	284,245 0	0
SHARON HEWITT WATKINS	(1) (11)	201,593 0	0	561 0	32,884 0	30,418	265,456 0	0
JENNIFER ZASLOW	(1) (11)	231,393 0	0	80	36,635 0	24,687	292,795 0	0
MARK D BERKO WSKY	(I) (II)	206,384 0	0	278 0	33,632	30,426	270,720 0	0
ELAINE CHARNOV	(I) (II)	232,539	0	6,564	37,069 0	15,731	291,903	0
HOWARD DODSON	(I) (II)	101,114 0	0	171,224	15,939	5,332	293,609	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Deferred (D) Nontaxable (E) Total of columns			(F) Compensation	
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ	
VICTORIA STEELE	(I) (II)	205,407 0	0 0	280 0	32,574 0	10,969 0	249,230 0	0	
JEAN STROUSE	(I) (II)	218,853 0	0 0	483 0	34,424 0	9,270 0	263,030 0	0 0	
CATHERINE C DUNN	(I) (II)	165,247 0	0 0	114,549 0	27,791 0	16,223 0	323,810 0	0	
PAUL LECLERC ((I) (II)	334,914 0	0 0	400,379 0	53,957 0	13,232 0	802,482 0	0 0	
ROBERT J VANNI	(I) (II)	108,389 0	0	179,611 0	19,794 0	5,653 0	313,447 0	0	

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Schedule L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions with Interested Persons

► Complete if the organization answered
"Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c,

or Form 990-EZ, Part V lines 38a or 40b.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

THE NEV	of the organization V YORK PUBLIC LIBRARY ASTOR LE	ENOX AN	D								tion numbe	er
	FOUNDATIONS Excess Benefit Tran		/-	oction FO1	(0)(2) (and section FO1	(0)(4)		3-18874			
Part I	Complete if the organizat										ine 40b	
1	(a) Name of disqu							,	(c) Corrected?			
											Yes	No
					<u> </u>							
	ter the amount of tax impose		_		_					- • •		
	ter the amount of tax, if any									- \$ —— - \$		
										T		
Part 1	Loans to and/or F Complete if the organiz) Dowt IV June 26	a	~ 000 F	:7 Dawt V	lina 20	_	
	Complete if the organiz			d res on r	OIIII 990	, Fait IV, line 20	, 01 - 011	11 9 9 0 - 1	(f)	, iiile 30		
(a) Nar	ne of interested person and	1 ' '	oan to om the	(c)0 rig	unal		(e) i		Approv		(g)Writt	
(4)	purpose	organization		principal a		(d) Balance due	default?		by board or committee?		agreement?	
		То	From	1			Yes	No	Yes	No	Yes	No
			-					-				
			<u> </u>					1		+	+	
Total		<u> </u>	<u>.</u> .		▶ \$			1				1
Part II						Persons.						
	Complete if the orga	nızatıd	on ansv	wered "Yes	" on Fo	rm 990, Part IV	, line 2	27.				
	(a) Name of interested pers	on	(een interested per ganization	rson	(c) A m	ount of g	ant or ty	pe of assis	stance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sharing of organization' revenues?	
	organization			Yes	No
(1) GOLDMAN SACHS	SEE PART V	263,983	MANAGEMENT FEES		Νo
(2) GOLDMAN SACHS	SEE PART V	1,044,326	SWAP INTEREST EXPENSE		Νo
(3) NEUBERGER BERMAN	SEE PART V	421,331	MANAGEMENT FEES		Νo

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

	_	
Identifier	Return Reference	Explanation
BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	SCHEDULE L, PART IV	RELATIONSHIP BETWEEN INTERESTED PERSON AND THE ORGANIZATION KEVIN W KENNEDY, TRUSTEE AND CHAIR OF INVESTMENT COMMITTEE, WAS A MANAGING DIRECTOR OF GOLDMAN SACHS, UNTIL HIS RETIREMENT IN DECEMBER 2011 THE LIBRARY HAS INVESTED FUNDS MANAGED BY GOLDMAN SACHS AND HAS AN INTEREST RATE SWAP WITH GOLDMAN SACHS MR KENNEDY RECUSED HIMSELF FROM PARTICIPATION IN ANY RELATED DISCUSSION AND VOTE LAURA J SLOATE, TRUSTEE, IS A MANAGING DIRECTOR OF NEUBERGER BERMAN THE LIBRARY HAS A PORTFOLIO THAT IS MANAGED BY NEUBERGER BERMAN THE RELATIONSHIP EXISTED PRIOR TO MS SLOATE'S APPOINTMENT AS A TRUSTEE OF THE LIBRARY AND MS SLOATE IS NOT PART OF THE INVESTMENT TEAM THAT MANAGES THE ASSETS FOR THE LIBRARY MS SLOATE RECUSED HERSELF FROM PARTICIPATION IN ANY RELATED DISCUSSION AND VOTE

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DLN: 93493134072723

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

NonCash Contributions

Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND

Employer identification number

LDE	EN FOUNDATIONS				13-1887440			
Pa	rt I Types of Property							
		(a) Check ıf applıcable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1 g	(d Method of d contributio	etermı	_	
1	Art—Works of art	Х	22		N/A			
2	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications	Х			N/A			
5	Clothing and household							
	goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	40	757,885	MARKET PRICE			
	Securities—Closely held stock .							
1	Securities—Partnership, LLC, or trust interests							
2	Securities—Miscellaneous							
.3	Qualified conservation contribution—Historic structures							
4	Qualified conservation contribution—Other							
5	Real estate—Residential .							
6	Real estate—Commercial							
7	Real estate—O ther							
8	Collectibles							
9	Food inventory							
0	Drugs and medical supplies .							
1	Taxıdermy							
2	Historical artifacts							
3	Scientific specimens							
4	Archeological artifacts							
	O ther ► ()							
6	O ther ▶()							
	O ther ▶()							
	O ther ▶ ()				· •			
29	Number of Forms 8283 received for which the organization comple		= -		29		Yes	9 No
Oa	During the year, did the organiza	tion receiv	e by contribution any prope	erty reported in Part I. lines	1-28 that it		1 63	140
	must hold for at least three years							
	for exempt purposes for the entir				a to be used	300		No
h	If "Yes," describe the arrangeme					30a		140
	,					24	\ _{\ \ a} =	
	Does the organization have a gift					31	Yes	
.2a	Does the organization hire or use contributions?				non-cash	32a		No

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked,

b If "Yes," describe in Part II

describe in Part II

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
REVENUE NOT REPORTED FOR CONTRIBUTED PROPERTY		DONATED COLLECTION ITEMS ARE NOT RECORDED REFER TO SCHEDULE D, PART III, LINE 1A

Schedule M (Form 990) 2011

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DLN: 93493134072723

OMB No 1545-0047

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS Employer identification number

13-1887440

ldentifier	Return Reference	Explanation
PRINCIPAL OFFICER	FORM 990, ITEM F	ANTHONY W MARX REPLACED PAUL LECLERC AS THE PRESIDENT AND CEO OF THE LIBRARY AS OF JULY 1, 2011

ldentifier	Return Reference	Explanation
VOLUNTEERS	FORM 990, PART I, LINE 6	VOLUNTEERS PLAY A VITAL ROLE AT THE LIBRARY BY DONATING THEIR TIME, TALENT AND SKILLS, THEY SUPPORT AND ENHANCE THE LIBRARY'S PROGRAMS, SERVICES AND MISSION WHILE SHARING THEIR ASSISTANCE AND ENTHUSIASM WITH STAFF AND VISITORS SUBJECT TO APPLICANTS' QUALIFICATIONS AND INTERESTS, VOLUNTEER POSITIONS MAY BE AVAILABLE IN DEPARTMENTS SUCH AS INFORMATION DESKS, LIBRARY SHOP, LIVE@NYPL, TOURS, EXHIBITIONS, EXTERNAL AFFAIRS, TEACHING ENGLISH FOR SPEAKERS OF OTHER LANGUAGES, LITERACY TUTORING, HELPING WITH CRAFT CLASSES FOR CHILDREN, SHELVING BOOKS AND/OR HELPING TO MAINTAIN ORDERLY SHELVES, TEACHING KNITTING OR CHESS, OR DOING READ-ALOUDS FOR CHILDREN SOME VOLUNTEERS ASSIST WITH GENERAL OFFICE, PHONE WORK AND ESPECIALLY, MAILINGS

PROGRAM PORM 990, SERVICES PART III, LINE 4A - THE BRANCH LIBRARIES THE SERVICES OF THE 86 BRANCH LIBRARIES EXTEND FAR BEYOND TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VOUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND AND TO THE BLIND AND PHY SICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND IN FISCAL 2012, THERE WERE 14 8 MILLION VISITS TO THE BRANCH LIBRARIES BY INDIVIDE WHO BORROWED 28 3 MILLION TEMS THE BRANCH LIBRARIES SPONSORED 53,157 PROGRAMS, ATTE 1,058,899 ADULTS AND CHILDREN COLLECTIONS INCLUDE 4 0 MILLION BOOKS AND 2 5 MILLION NONPHIEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS FOR THE BLIND REFERENCE INQUIRIES TOTALED 8 8 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 2 8 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 2 8 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 2 8 MILLION ON-STEED AND AND THE SEARCH LIBRARY STAFF RESPONDED TO 217,939 REFERENCE INQUIRIES OF 44 8 MILLION COLLECTION TEMS, APPROXIMATELY 16 5 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS THE RESEAULIBRARIES HAVE AN EXTENSIVE CONSERVATION AND PRESERVATION PROGRAM THROUGH RESTORATED FROM THE PROBLEM AND THE REMAINDER CONSISTEMS WERE PRESERVED IN ADDITION, ABOUT 2 HOURS OF VIDEO TAPE MEDIA, 1,967 HOURS OF RECORDED SOUND MEDIA, AND 48,324 FEET OF MOTIC PICTURE FILM WERE PRESERVED AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 27 EXHIBITIONS WERE MOUNTED AT THE FOUR LIBRARIES, AND A NUMBER OF SMALLER DISPLAYS WERE ALL YEAR EMINENT SCIENTISTS, SCHOLARS AND WRITERS PARTICIPATED IN LECTURES, PANEL DISCUATIONAL AND CULTURAL PROGRAMS OF THE HIGHEST QUALITY	TAL RISONS, JUALS

ldentifier	Return Reference	Explanation
RELATIONSHIPS	PART VI, LINE 2	TRUSTEE, JOHN H BANKS III AND TRUSTEE, GORDON J DAVIS - BUSINESS RELATIONSHIP TRUSTEE, EVAN ROBERT CHESLER AND TRUSTEE, SAMUEL C BUTLER - BUSINESS RELATIONSHIP TRUSTEE, LOUISE L GRUNWALD AND TRUSTEE, ROBERT LIBERMAN - FAMILY RELATIONSHIP TRUSTEE, RAYMOND J MCGUIRE AND TRUSTEE, JOHN B HESS - BUSINESS RELATIONSHIP TRUSTEE, RAYMOND J MCGUIRE AND TRUSTEE, RICHARD L PLEPLER - BUSINESS RELATIONSHIP TRUSTEE, RAYMOND J MCGUIRE AND TRUSTEE, JAMES S TISCH - BUSINESS RELATIONSHIP

ldentifier	Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, LINE 11B	THE LIBRARY'S FORM 990 IS REVIEWED BY OFFICERS AND CERTAIN KEY EMPLOYEES AS REQUIRED BY THE CHARTER OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, THE FORM 990 IS THEN SENT TO THE MEMBERS OF THE AUDIT COMMITTEE FOR THEIR REVIEW WITH MANAGEMENT AT A SCHEDULED AUDIT COMMITTEE MEETING PRIOR TO FILING FINALLY AND ALSO PRIOR TO FILING, THE FORM 990 IS SENT TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW

Identifier Return Reference	Explanation
CONFLICT OF INTEREST POLICY FORM 990, PART VI, LINE 12C	NEWLY ELECTED TRUSTEES AND NEWLY APPOINTED OFFICERS ARE PROVIDED WITH A COPY OF THE POLICY UPON ELECTION TO THE BOARD OR APPOINTMENT AS AN OFFICER UPON RECEIPT, EACH SUCH NEWLY ELECTED TRUSTEE AND NEWLY APPOINTED OFFICER IS REQUIRED PROMPTLY TO COMPLETE, SIGN AND RETURN THE CONFLICT OF INTEREST STATEMENT EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS PROVIDED WITH A COPY OF THE POLICY ON AN ANNUAL BASIS UPON RECEIPT, EACH SUCH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO PROMPTLY COMPLETE, SIGN, AND RETURN THE CONFLICT OF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE EACH CONFLICT OF INTEREST STATEMENT AND ANNUAL QUESTIONNAIRE IS REVIEWED AND EVALUATED IN ACCORDANCE WITH THE POLICY FOR ANY ACTUAL AND/OR POTENTIAL CONFLICT OF INTEREST A TRUSTEE, OFFICER, OR KEY EMPLOYEE SHALL NOT VOTE ON, APPROVE OR RECOMMEND ANY TRANSACTION IN WHICH HE OR SHE OR ANY MEMBER OF HIS OR HER FAMILY HAS ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST IF THE TRUSTEE, OFFICER, OR KEY EMPLOYEE IS PRESENT AT A MEETING OF THE BOARD OR ANY COMMITTEE AT WHICH SUCH MATTER IS CONSIDERED, THE TRUSTEE, OFFICER, OR KEY EMPLOYEE SHALL LEAVE THE MEETING DURING ANY DISCUSSIONS OR VOTES RELATING TO SUCH MATTER

ldentifier	Return Reference	Explanation
COMPENSATION	FORM 990, PART VI, QUESTION 15A AND 15B	THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES MEETS AT LEAST ANNUALLY TO REVIEW THE COMPENSATION OF THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE LIBRARY THE LIBRARY REGULARLY CONSULTS PUBLISHED SURVEYS ON COMPENSATION AND SALARY MOVEMENT IN ADDITION, PERIODICALLY THE LIBRARY RETAINS THE SERVICES OF AN INDEPENDENT COMPENSATION CONSULTING FIRM TO SURVEY EXECUTIVE COMPENSATION AMONG PEER ORGANIZATIONS TO PRESENT TO THE COMPENSATION COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND TO SUPPORT DELIBERATIONS IN MAKING PAY DECISIONS THE LAST SURVEY WAS DONE IN 2011 EXCEPT FOR ONE CONTRACT EMPLOYEE AND THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE LIBRARY RECEIVED BETWEEN 2 5 % AND 3% PAY INCREASE IN 2011 ADDITIONALLY, 5 KEY OFFICERS WERE GIVEN SALARY ADJUSTMENTS THE ADJUSTMENTS WERE BASED ON SURVEY DATA AND RECOMMENDATIONS PROVIDED BY AN INDEPENDENT CONSULTING FIRM

ldentifier	Return Reference	Explanation
PUBLIC DISCLOSURE	FORM 990 PART VI, LINE 19	THE LIBRARY'S GOVERNANCE DOCUMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS AN ATTACHMENT TO THE LIBRARY'S FORM 990 WHICH IS POSTED ON THE LIBRARY'S WEBSITE AND PROVIDED UPON REQUEST THE LIBRARY'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE GENERAL PUBLIC AS IT IS POSTED ON THE LIBRARY'S WEBSITE. THE LIBRARY'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE POSTED ON THE LIBRARY'S WEBSITE AND PROVIDED UPON REQUEST.

ldentifier	Return Reference	Explanation
FUNDRAISING ACTIVITIES	FORM 990, PART IX, COLUMN (D) AND SCHEDULE G, PART I	THE LIBRARY IS CONTINUALLY WORKING TO ASSESS CURRENT AND LONG-TERM FUNDRAISING GOALS, AND STRIVES DILIGENTLY TO ALLOCATE RESOURCES TO MEET THOSE GOALS DUE TO THE NATURE OF PLANNED GIVING AND OTHER LONG-TERM FUNDRAISING ACTIVITIES, RESOURCE ALLOCATION AND CONTRIBUTION REVENUE ARE OFTEN REPORTED IN SEPARATE TIME PERIODS THE LIBRARY'S FUNDRAISING AND MEMBERSHIP DEVELOPMENT ACTIVITIES INCLUDE WORKING WITH PROGRAM STAFF TO DEVELOP STATEMENTS OF NEED FOR PRIVATE FUNDRAISING, INCLUDING ENDOWMENT AND CAPITAL CONTRIBUTIONS, SOLICITING CONTRIBUTIONS FOR THOSE NEEDS AND FOR THE ANNUAL FUND FROM INDIVIDUALS, CORPORATIONS AND FOUNDATIONS, CONDUCTING OUTREACH EFFORTS TO SECURE MEMBERSHIP CONTRIBUTIONS AND CREATE AWARENESS OF THE LIBRARY AND ITS PROGRAMS, AND CONDUCTING SPECIAL FUNDRAISING EVENTS

ldentifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	(\$69,390,164) NET UNREALIZED LOSSES (5,254,256) CHANGE IN VALUE OF INTEREST RATE SWAPS (29,305,658) POSTRETIREMENT BENEFITS OTHER THAN NET PERIODIC COST 14,465,781 CONTRIBUTED LONG-TERM USE PROPERTY (SEE NOTE BELOW) (\$89,484,297) The City provided the Library with a property for its long-term use, free of charge, so long as the Library uses it as an operating library For financial statement purposes, the Library records the fair value of such contributed properties for use as revenue and fixed assets at the time they are made available to the Library for its use

ldentifier	Return Reference	Explanation
ACTIVITIES CONDUCTED BY PROFESSIONAL FUNDRAISERS	SCHEDULE G, PART I, QUESTION 2B, COLUMN (II)	*DRAKES BAY FUNDRAISING, INC IS A FULL-SERVICE MARKETING AGENCY THAT WORKS ON THE FRIENDS OF THE LIBRARY DIRECT-MAIL PROGRAM IT COLLABORATES ON ANNUAL PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND MANAGES ALL PRODUCTION AND MAILING SERVICE LISTS FOR THE FRIENDS OF THE LIBRARY PROGRAM IN ADDITION, IT MONITORS DIRECT-MAIL PROGRAM RETURNS AND PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS *JOHN BROWN LTD , INC , CONDUCTED SEVERAL MONTHLY MEETINGS AND CONFERENCE CALLS WITH THE VICE PRESIDENT FOR DEVELOPMENT FOR THE PURPOSE OF DEVELOPING FUNDRAISING STRATEGIES *PDR II, INC , d/b/a SHARE IS A TELEMARKETING FIRM IN FISCAL YEAR 2012, IT PRODUCED A TELE-FUNDRAISING CAMPAIGN FOR THE FRIENDS OF THE LIBRARY PROGRAM TO SOLICIT ONE-TIME DONATIONS FROM MEMBERS TO SUPPORT THE LIBRARY BEFORE THE END OF THE FISCAL YEAR *WAKEBY & FIRE ASSOCIATES, LLC IS A FULL-SERVICE, DIRECT-MARKETING FUNDRAISING AGENCY THAT WORKS ON THE SCHOMBURG SOCIETY PROGRAM IT COLLABORATES ON ANNUAL PLANNING AND BUDGETING, DEVELOPS CREATIVE CAMPAIGNS AND MANAGES ALL PRODUCTION AND MAILING LIST SERVICES FOR THE SCHOMBURG SOCIETY PROGRAM IN ADDITION, IT MONITORS RETURNS AND PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS

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DLN: 93493134072723

SCHEDULE R (Form 990)

Department of the Treasury

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2011

Open to Public Inspection

Name of the organization
THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND
TILDEN FOUNDATIONS

Employer identification number
13-1887440

Part T Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

Part I Ide	Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)									
Na	(a) ame, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity				

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) BRYANT PARK CORPORATION (BPC)							
1065 AVENUE OF AMERICAS	PARK MGMT	NY	501(C) (3)	11A	NA		No
STE NY, NY 10018 13-3009946							

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line	e 34
	because it had one or more related organizations treated as a partnership during the tax year.)	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	,	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproprtionate allocations?		Disproprtionate		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j Gene mana parti	ral or nging	(k) Percentage ownership
							Yes	No		Yes	No			
												i		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Рптагу activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total Income	(g) Share of end-of-year assets	(h) Percentage ownership

(6)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV				Yes	No
1 [uring the tax year, did the orgranization engage in any of the following transactions with one or more related orga	nızatıons lısted ın Parts	s II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity			1a		No
b	Gift, grant, or capital contribution to related organization(s)			1b		No
C	Gift, grant, or capital contribution from related organization(s)			1c		No
d	Loans or loan guarantees to or for related organization(s)			1d		No
е	Loans or loan guarantees by related organization(s)			1 e		No
f	Sale of assets to related organization(s)			1f		No
	Purchase of assets from related organization(s)			1g		No
	Exchange of assets with related organization(s)			1h		No
	Lease of facilities, equipment, or other assets to related organization(s)			1i		No
j	Lease of facilities, equipment, or other assets from related organization(s)			1 j		No
k	Performance of services or membership or fundraising solicitations for related organization(s)			1k		No
ı	Performance of services or membership or fundraising solicitations by related organization(s)			11		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1m		No
n	Sharing of paid employees with related organization(s)			1n		No
0	Reimbursement paid to related organization(s) for expenses			10		No
	Reimbursement paid by related organization(s) for expenses			1p		No
a	Other transfer of cash or property to related organization(s)			1q		No
	Other transfer of cash or property from related organization(s)			1r	Yes	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, i	(b)	onsnips and transact I	(d)		
	(a) Name of other organization	Transaction type(a-r)	(c) Amount involved	Method of determing involved		ount
(1)						
2)						
3)						
4)						
5)					_	_
		ì	ı	i		

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	org	(e) Are all partners section 501(c)(3) janizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate alloc		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man part	j) eral or aging ener?	(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
				·									

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier Return Reference Explanation

Schedule R (Form 990) 2011

Software ID: Software Version:

EIN: 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND

TILDEN FOUNDATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	Pos		C) (che	ck a			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
JOHN H BANKS III TRUSTEE	1 0	Х						0	0	0
TIMOTHY BARAKETT TRUSTEE	2 0	Х						0	0	0
SAMUEL C BUTLER FOUNDATION TRUSTEE	2 0	Х						0	0	0
SILA M CALDERON TRUSTEE	1 0	Х						0	0	0
EVAN ROBERT CHESLER TRUSTEE	1 0	Х						0	0	0
ROBERT DARNTON TRUSTEE	1 0	Х						0	0	0
GORDON J DAVIS TRUSTEE	1 0	Х						0	0	0
ANNE E DE LA RENTA TRUSTEE	2 0	Х						0	0	0
HRH PRINCESS FIRYAL TRUSTEE	8 0	Х						0	0	0
HENRY LOUIS GATES JR TRUSTEE	1 0	Х						0	0	0
WILLIAM GRAY TRUSTEE	1 0	Х						0	0	0
LOUISE L GRUNWALD TRUSTEE	2 0	Х						0	0	0
JOHN HESS TRUSTEE	1 0	Х						0	0	0
MAHNAZ ISPAHANI BARTOS TRUSTEE	3 0	Х						0	0	0
KEVIN W KENNEDY TRUSTEE	1 0	Х						0	0	0
ROBERT LIBERMAN TRUSTEE	10 0	Х						0	0	0
SCOTT D MALKIN TRUSTEE	2 0	Х						0	0	0
VICTOR MARRERO TRUSTEE	2 0	Х						0	0	0
CATHERINE C MARRON TRUSTEE	2 0	Х						0	0	0
ANTHONY W MARX TRUSTEE, PRESIDENT & CEO	40 0	Х		Х				380,164	0	47,060
HAROLD W MCGRAW III TRUSTEE	2 0	Х						0	0	0
RAYMOND J MCGUIRE TRUSTEE	1 0	Х						0	0	0
LEIGH M MILLER EX OFFICIO TRUSTEE	1 5	Х						0	0	0
ABBY S MILSTEIN TRUSTEE	2 0	Х						0	0	0
SUSAN B MOORE MORGENTHAU TRUSTEE	6 0	Х						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors												
(A) Name and Title	(B) Average hours per		tion that a		y)			(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation		
	week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations		
JESSYE NORMAN	1 0	Х						0	0	0		
TRUSTEE CARL H PFORZHEIMER III TRUSTEE - RETIRED 11/2011	1 0	Х						0	0	0		
RICHARD L PLEPLER TRUSTEE	1 0	х						0	0	0		
KATHARINE J RAYNER TRUSTEE	1 0	Х						0	0	0		
DAVID REMNICK TRUSTEE	1 0	Х						0	0	0		
PETER RIDER EX OFFICIO TRUSTEE	1 0	×						0	0	0		
ELIZABETH ROHATYN FOUNDATION TRUSTEE	1 0	Х						0	0	0		
MARSHALL ROSE TRUSTEE	1 0	Х						0	0	0		
NEIL L RUDENSTINE FOUNDATION TRUSTEE	7 0	Х						0	0	0		
ERIC S SCHWARTZ TRUSTEE	1 0	Х						0	0	0		
STEPHEN A SCHWARZMAN TRUSTEE	2 0	Х						0	0	0		
DINAKAR SINGH TRUSTEE	1 0	Х						0	0	0		
LAURA J SLOATE TRUSTEE	2 0	Х						0	0	0		
GAYFRYD STEINBERG TRUSTEE	1 0	Х						0	0	0		
JOSHUA L STEINER TRUSTEE	5 0	Х						0	0	0		
JAMES S TISCH TRUSTEE	2 0	X						0	0	0		
MARJORIE B TIVEN EX OFFICIO TRUSTEE	3 0	Х						0	0	0		
CALVIN TRILLIN TRUSTEE - RETIRED 11/2011	1 0	Х						0	0	0		
LUIS A UBINAS TRUSTEE	3 0	Х						0	0	0		
EDGAR WACHENHEIM III TRUSTEE	2 0	X						0	0	0		
JANE ABOYOUN CHIEF TECHNOLOGY OFFICER	35 0			х				198,371	0	40,746		
JACQUELINE F BAUSCH ACTING GEN COUNSEL & SEC	35 0			Х				238,923	0	66,071		
TODD M CORBIN CHIEF INVESTMENT OFFICER	35 0			Х				440,866	0	61,835		
ANNE L CORISTON VP FOR PUBLIC SERVICE	35 0			Х				206,739	0	48,229		
DEANNA LEE VP FOR COMM AND MARKETING	35 0			Х				251,839	0	63,473		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours		(i ition that a			II		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
GEORGE D MIHALTSES VP FOR GOV AND COMM AFFAIRS	35 0			х				164,075	0	29,159	
DAVID G OFFENSEND COO, CFO AND TREASURER	35 0			х				326,620	0	66,753	
JOANNA M PESTKA VP CAPITAL PLAN & CONSTRUCTION	35 0			х				201,084	0	53,239	
JAMES PISANIELLO VP FACILITIES OPS AND SECURITY	35 0			х				187,165	0	1,895	
JEFFREY ROTH VP FOR STRATEGIC PLANNING	35 0			х				208,957	0	57,702	
LOUISE SHEA VP FOR HUMAN RESOURCES	35 0			х				264,163	0	64,938	
ANN D THORNTON ANDREW W MELLON DIR NY PUB LIB	35 0			х				223,999	0	60,246	
SHARON HEWITT WATKINS VP FOR FINANCE AND ASST TREAS	35 0			х				202,154	0	63,302	
JENNIFER ZASLOW VP FOR DEVELOPMENT	35 0			х				231,473	0	61,322	
MARK D BERKOWSKY DIRECTOR OF TALENT MANAGEMENT	35 0					Х		206,662	0	64,058	
ELAINE CHARNOV Director for EDU , PROG & EXH	35 0					Х		239,103	0	52,800	
HOWARD DODSON DIRECTOR OF SCHOMBURG CENTER	35 0					Х		272,338	0	21,271	
VICTORIA STEELE BROOKE RUSSELL ASTOR DIRECTOR	35 0					Х		205,687	0	43,543	
JEAN STROUSE DIR FOR DOROTHY LEWIS B CULLMA	35 0					Х		219,336	0	43,694	
CATHERINE C DUNN FRMR SENIOR VP FOR EXT AFFAIRS	35 0						х	279,796	0	44,014	
PAUL LECLERC FORMER PRESIDENT AND CEO	40 0						х	735,293	0	67,189	
ROBERT J VANNI FORMER VP GEN COUNSEL & SEC	35 0						х	288,000	0	25,447	