DLN: 93493143004510 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019 C Name of organization THE NEW YORK PUBLIC LIBRARY D Employer identification number B Check if applicable ☐ Address change ASTOR LENOX AND TILDEN FOUNDATIONS 13-1887440 ☐ Name change % SHANNON SHARP - CFO Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite ☐ Amended return 445 FIFTH AVENUe Suite 8TH FL ☐ Application pending (212) 621-0241 City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY $\,$ 10016 **G** Gross receipts \$ 877,550,697 Name and address of principal officer H(a) Is this a group return for ANTHONY W MARX PRES CEO □Yes ☑No subordinates? 476 FIFTH AVE H(b) Are all subordinates NEW YORK, NY 10018 ☐ Yes ☐No included? Tax-exempt status **✓** 501(c)(3) 4947(a)(1) or If "No," attach a list (see instructions) 501(c)() **◀** (insert no) **H(c)** Group exemption number ▶ Website: ► WWW NYPL ORG L Year of formation 1895 M State of legal domicile NY K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE MISSION OF THE NEW YORK PUBLIC LIBRARY IS TO INSPIRE LIFELONG LEARNING, ADVANCE KNOWLEDGE, AND STRENGTHEN OUR COMMUNITIES Activities & Governance Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 41 Number of independent voting members of the governing body (Part VI, line 1b) 3,684 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1,374 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -356,056 b Net unrelated business taxable income from Form 990-T, line 34 7b 934.824 **Prior Year Current Year** 290,562,728 334,532,268 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 2,739,262 2,739,741 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 134,522,634 46,791,373 8,922,796 9,355,773 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 436,747,420 393,419,155 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 2,875,781 1,712,918 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 202,974,508 200,308,793 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . 957,376 309,800 b Total fundraising expenses (Part IX, column (D), line 25) ▶10,930,361 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 132,237,364 127,117,234 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 339,045,029 329,448,745 97,702,391 19 Revenue less expenses Subtract line 18 from line 12 . 63,970,410 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 2,034,453,839 2,122,934,060 526,389,648 21 Total liabilities (Part X, line 26) . 489,610,969 22 Net assets or fund balances Subtract line 21 from line 20 . 1,544,842,870 1,596,544,412 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2020-05-21 Signature of officer Sign Here SHANNON SHARP CFO & ASST TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Check | If 2020-05-18 P01249521 Paid self-employed Firm's name ► KPMG LLP Firm's EIN ▶ Preparer Use Only Firm's address > 345 Park Avenue Phone no (212) 758-9700 New York, NY 101540102 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018) Cat No 11282Y

Form	990 (2	2018)					Page 2
Pa	irt III	Statement of	Program Servi	ce Accomplis	hments		
4b (Code) (Expenses \$ 109,945,480 including grants of \$ 1,6 See Additional Data 4c (Code) (Expenses \$ including grants of \$ 1,6 See Additional Data 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$ 1,6 See Additional Data			🗹				
1	Briefly	y describe the orga	anızatıon's mıssıon				
			ORK PUBLIC LIBRAR	Y IS TO INSPIRE	LIFELONG LEARNING,	ADVANCE KNOWLEDGE, AND ST	RENGTHEN OUR
2		-			- ,		
							☐ Yes ☑ No
		•					
3		-	- -	_	-	ucts, any program	
							🗌 Yes 🗹 No
_			_				
4	Section	on 501(c)(3) and 5	i01(c)(4) organizati	ons are required	to report the amount of	largest program services, as mea of grants and allocations to others	sured by expenses ;, the total
	(Code) (Expenses \$	177.596.794	including grants of \$	104,756) (Revenue \$	2,401,994)
	•		, (=,		y y ,	, , , , , , , , , , , , , , , , , ,	_, , _ ,
4b	(Code) (Expenses \$	109,945,480	ıncludıng grants of \$	1,608,162) (Revenue \$	2,672,763)
	See A	dditional Data					
	•						
4 c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other	program services	(Describe in Sched	lule O)			
	(Expe	enses \$	ınc	luding grants of	\$) (Revenue \$)
4e	Total	program service	e expenses 🕨	287,542,2	74		
							Form 990 (2018)

	Chaptelist of Required Schodules			Page 3
Par	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	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?	5		No
6	If "Yes," complete Schedule C, Part III			
	If "Yes," complete Schedule D, Part I 😼	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		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	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			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	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
е	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 and XII	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 and XII 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
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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(see instructions)	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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	

гт	990 (2018)			Page
Par	Checklist of Required Schedules (continued)			
			Yes	No
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J </i>	23	Yes	
a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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		No
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
	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)			
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
)	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
2	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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M $\ref{2}$	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	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
	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
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
а	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
	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
	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		No
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
ar	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			ᆜ

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

483

0

1a

1b

Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с Nο

d If "Yes," indicate the number of Forms 8282 filed during the year 7d | e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e No

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . No If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 7h

10a

10b

11a

11b

12b

13b

13c

8

9a

9h

12a

13a

14a

14b

15

No

No

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Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during

Sponsoring organizations maintaining donor advised funds.

a Initiation fees and capital contributions included on Part VIII, line 12 . . .

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

a Is the organization licensed to issue qualified health plans in more than one state?

which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand

Enter the amount of reserves the organization is required to maintain by the states in

Section 501(c)(29) qualified nonprofit health insurance issuers.

Section 501(c)(7) organizations. Enter

11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders .

9a Did the sponsoring organization make any taxable distributions under section 4966? . . .

b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

Note. See the instructions for additional information the organization must report on Schedule O

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)			Page 6
Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI	·	onse to	lines
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 42			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 41			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	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? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	∍.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	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)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		No
Ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			

in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt

VA, WA, WV, WI

AK , 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 ,

Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed▶

Section 6104 requires an organization to make its Form 1023 (or 1024-A 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 18

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) 19

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 during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶SHANNON SHARP - CFO 445 FIFTH AVE NEW YORK, NY 10016 (212) 621-0241

Form 990 (2018)

16b

Part VII

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

year

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount

of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's current key employees, if any See 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
 - f 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

• 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

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

(A)

(B)

(C)

(D)

(E)

(F)

(F)

Average

hours per

than one box, unless person

week (list

is both an officer and a

from the

compensation

from related

compensation

from related

Name and Title	hours per week (list any hours for related	than o	ne bo	ox, u n off or/t	inles ficer ruste	and a	on	compensation from the organization (W- 2/1099-MISC)	compensation from related organizations (W- 2/1099-	amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2,1005-11150)	MISC)	related organizations
See Additional Data Table										
										Form 990 (2018)

NEW YORK, NY 10018

ENCLAVE AT 3882 LLC,

2975 WESTCHESTER AVENUE SUITE 100 PURCHASE, NY 10577

compensation from the organization ▶ 73

Part VII

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

(A) (B) (C) (D) (E) (F)

Page 8

(A) Name and Title	(B) Average hours per week (list any hours	than c	ne bo	ox, u n off	t che inles ficer	and a	son	(D) Report compens from organizati	able sation the on (W-	(E) Reportable compensation from relate organizations 2/1099-MISO	on d (W-	(F) Estimated amount of other compensation from the organization and		
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensa	Former	2/1099-	MISC)			organiza rela organiz	ted	
See Additional Data Table			4.			ğ.								
													_	
1b Sub-Total	 art VII , Section	 A	• .			▶								
d Total (add lines 1b and 1c)	hut not limited				h a	>\ wbo		7,118	<u> </u>	00.000	0		1,827,270	
of reportable compensation from the			e liste	su ai	DOVE	=) WIIO	riece	eiveu more	ulali pi	00,000				
2 2 2	· · · · · ·											Yes	No	
Just the organization list any former of line 1a? If "Yes," complete Schedule J			ее, ке •	· er	- mpic	· ·	or nig	gnest comp	ensated • •	employee on	3	Yes		
4 For any individual listed on line 1a, is organization and related organizations										n the				
ındıvıdual		• •	•	•	•	<i>.</i>					4	Yes		
5 Did any person listed on line 1a received services rendered to the organization?	ve or accrue cor PIf "Yes," compl	npensat <i>ete Sch</i>	ion fr edule	om <i>J fo</i>	any <i>r su</i>	unrela <i>ch per</i>	ated son	organizatio	n or ındı	vidual for	5	.	No	
Section B. Independent Contract	ors													
 Complete this table for your five higher from the organization. Report comper 											mpe	nsation		
Name a	(A) nd business addre								Desc	(B) ription of services			C) ensation	
TISHMAN CONSTRUCTION CORP OF NY IN, 100 PARK AVENUE 5TH FLOOR NEW YORK, NY 10017 CONSTRUCTION										31	9,269,823			
BEYER BLINDER BELLE LLP, 120 BROADWAY 20TH FLOOR								cc	NSTRUCT	TION			7,085,991	
NEW YORK, NY 10271 SPARTAN SECURITY SERVICES INC, ONE PARK AVENUE								SE	CURITY			!	5,668,373	
NEW YORK, NY 10016 SECURITAS SECURITY SERVICES USA IN, 1412 BROADWAY 17TH FLOOR NEW YORK, NY 10018								SE	CURITY				2,192,536	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

1,497,435

CONSTRUCTION

Part		Statement of	Revenue									rage 3	
		Check if Schedul	e O contains a	espo	onse or note to any	line in th	nis Part VIII					🗆	
							A) evenue	Rel e> fu	(B) ated or empt nction venue	(C) Unrelate busines revenu	ss	(D) Revenue excluded from tax under sections 512 - 514	
	1	a Federated campaig	ns	1a				16	venue [312 - 314	
nts		b Membership dues	[1 b									
Gra not		c Fundraising events		1c	5,075,678								
, E		d Related organizatio	ns	1d									
흸		e Government grants (co	281,370,731										
ns,		f All other contributions	<u>L</u>	1e	<u> </u>								
		and similar amounts n above	and the second second	1f	48,085,859								
ntribu d Oth		g Noncash contribution in lines 1a - 1f \$	ons included	2,	707,154								
<u>ج ت</u>		h Total. Add lines 1a	-1f	•	>	3:	34,532,268						
ı,					Business	Code							
ne.		FINES AND FEES				900099		89,970	1,689				
a <u>ş</u>	b	TICKET SALES				900099		294,849		,849			
<u>د</u>	C	PHOTOCOPY, MICROFIL	М			519100	-	45,902		,902			
<u> </u>	d	INFORMATION SERVICE	S .			519100		9,020	g	,020			
Ē	e												
ogra	f	All other program se	rvice revenue										
ďξ	g	Total. Add lines 2a-2	2f		2,7	'39,741							
		Investment income (i			interest, and other			Τ					
	9	sımılar amounts) .			>	<u> </u>	9,391,79			-1,	,478,706	10,870,500	
		Income from investme					167,55	0				167.550	
Other Revenue Program Service Revenue and Other Similar Amounts	5	Royalties	(ı) Real	•	(II) Personal		167,55	9				167,559	
	6 <i>a</i>	Gross rents	(I) Real		(II) Personal	1							
						_							
	ł) Less rental expenses											
	(Rental income or		0	0	,							
		(loss)						0					
	(d Net rental income o		•	(u) Oth - u	1		υ <u></u>					
	72	Gross amount	(ı) Securitie	5	(II) Other	┨							
	,,	from sales of assets other	418,916	,418	98,023,450								
		than inventory											
	ł	Less cost or other basis and	403,404	1 644	76,135,645								
		sales expenses	·			1							
		Gain or (loss) Net gain or (loss)	15,511	1,774		<u>'</u>]	37,399,57	٩			8,615	37,390,964	
		Gross income from f		ts	•	\vdash		-			-,	0.7000,000	
e I		(not including \$	5,075,678 of										
듄		contributions reporte See Part IV, line 18		а	222,341								
Re	ŀ	Less direct expense	s	b	266,686	1							
- e	•	Net income or (loss)	from fundraisin	g ev	rents >		-44,34	5				-44,345	
oth O	9ā	Gross income from g See Part IV, line 19		3									
-		Dec. arriv, line 19		а	0								
	ŀ	Less direct expense	s	b	0	1							
	(Net income or (loss)	from gaming a	ctivit	ies >			0					
	10	a Gross sales of invent returns and allowand	tory, less										
				a	5,845,036								
	ŀ	Less cost of goods s	sold	b	4,324,567	1							
	•	Net income or (loss)	from sales of ir	vent	tory ►		1,520,46	9	927,278		593,191		
		Miscellaneous			Business Code								
	11	LaFEE - USE OF SPAC	E		532000		4,598,24	7			520,844	4,077,403	
								_					
	ŀ	UNIVERSAL SERVIC REIMBURSEMENT	ES		900099	"	1,706,10	5				1,706,105	
	(PUBLICATIONS			519100)	354,22	7	354,227				
		- 											
		All other revenue					1,053,51	1	1,053,511				
		Total. Add lines 11a			•		7,712,09	0					
	12	2 Total revenue. See	Instructions .	•	• • • •		393,419,15	5	5,074,757		-356,056	54,168,186	
												Form 990 (2018)	

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	` ′	
Check if Schedule O contains a response or note to any Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	39,235	39,235	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	1,673,683	1,673,683		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	7,318,656	2,426,342	3,951,805	940,509
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	132,764,271	118,317,340	10,512,621	3,934,310
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	15,616,744	13,677,322	1,450,159	489,263
9 Other employee benefits	34,463,930	29,562,184	3,737,751	1,163,995
10 Payroll taxes	10,145,192	8,757,359	1,034,496	353,337
11 Fees for services (non-employees)				
a Management	0			
b Legal	330,366		330,366	
c Accounting	563,643		563,643	
d Lobbying	86,114		86,114	
e Professional fundraising services See Part IV, line 17	309,800			309,800
f Investment management fees	4,658,820		4,658,820	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	8,942,317	7,245,195	577,661	1,119,461
12 Advertising and promotion	1,678,282	467,499	161,888	1,048,895
13 Office expenses	6,595,172	5,992,463	238,138	364,571
14 Information technology	5,257,493	4,665,177	414,045	178,271
15 Royalties	0			
16 Occupancy	25,310,578	24,726,132	407,883	176,563
17 Travel	308,720	270,821	25,896	12,003
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	241,855	224,866	15,035	1,954
20 Interest	12,700,908	11,199,335	1,030,168	471,405
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,400,542	21,349,310	780,901	270,331
23 Insurance	2,131,708	2,000,130	117,820	13,758

30,148,163

2,700,313

512,795

437,163

2,112,282

329,448,745

30,148,163

2,700,313

512,795

1,586,610

287,542,274

437,163

443,737

30,976,110

81,935

10,930,361

Form 990 (2018)

24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

expenses on Schedule O)

b BUILDING REPAIR & RENOVATION

c AUTO RELATED EXPENDITURES

d UNRELATED BUSINESS INC TAX

a BOOKS AND BINDING

e All other expenses

Page **11**

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493,127,473

365,273,530

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5.921.289

97.718.205

42.797.114 0

2.122.934.060

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Form **990** (2018)

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Form 990 (2018)

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Liabilities 22

Fund Balance

Assets or 30

Net

Inventories for sale or use . . .

Prepaid expenses and deferred charges

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) . .

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments-program-related See Part IV, line 11

basis Complete Part VI of Schedule D

Intangible assets

Other assets See Part IV, line 11 . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 .

b Less accumulated depreciation

Grants payable . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Unrestricted net assets

Check if Schedule O contains a response or note to any line in t	his Part IX		🗹
	(A) Beginning of year		(B) End of year
1 Cash-non-interest-bearing	56,024	1	196,075
2 Savings and temporary cash investments	134,734,121	2	115,067,312
3 Pledges and grants receivable, net	146,551,470	3	194,025,576
4 Accounts receivable, net	8,828,367	4	7,487,721
5 Loans and other receivables from current and former officers, di trustees, key employees, and highest compensated employees Part II of Schedule L	Complete	5	0
6 Loans and other receivables from other disqualified persons (as section 4958(f)(1)), persons described in section 4958(c)(3)(B), contributing employers and sponsoring organizations of section soluntary employees' beneficiary organizations (see instructions).	defined under and 501(c)(9)) Complete	6	0
7 Notes and loans receivable, net	0	7	0

10a

10b

927,109,838

433,982,365

3a

3b

Yes

Yes (2018)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Audit Act and OMB Circular A-133?

Additional Data

Software ID:

Software Version:

EIN: 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS

Form 990 (2018)

Form 990, Part III, Line 4a:

THE BRANCH LIBRARIES - THE SERVICES OF THE 88 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, AND TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND FOR MORE INFORMATION, SEE SCHEDULE O

THE RESEARCH LIBRARIES - DURING FISCAL YEAR 2019, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A SCHWARZMAN BUILDING, THE SCIENCE, INDUSTRY AND BUSINESS LIBRARY, THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE, AND THE LIBRARY FOR THE PERFORMING ARTS, DOROTHY AND LEWIS B CULLMAN CENTER - HAD 4 6 MILLION ON-SITE USERS THE RESEARCH LIBRARIES SPONSORED 3.037 PROGRAMS. ATTENDED BY 127.131 PATRONS LIBRARY STAFF RESPONDED TO

Form 990, Part III, Line 4b:

521,000 REFERENCE INQUIRIES FOR MORE INFORMATION, SEE SCHEDULE O

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

	ally flours	anu	a un	ecto	/1 / LI	usice	'	Organization	organizations	nom me
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
ANTHONY W MARX	40 0	х		×				812,374	0	86,106
Trustee, President and CEO	0 0							·		
MATTHEW R AILEY BEG 918	1 0	×						0	0	0
Ex Officio Ttee, Rep of Spkr	0 0									
KWAME ANTHONY APPIAH Trustee	1 0	x						0	0	0
Hustee	0 0		l	l	l	I I				

MATTHEW R AILEY BEG 918	1 0	\ _{\ \}					
Ex Officio Ttee, Rep of Spkr	0 0	^				0	
KWAME ANTHONY APPIAH	1 0						
	•••••	Ιx				l 0	
Trustee	0 0						
PETER BALDWIN	1 0						
		X				0	
Trustee	0.0	l		 I			

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and Independent Contractors

Trustee

Trustee

Trustee

LISA J BLAU

JILL H BRIGHT

MAHNAZ ISPAHANI BARTOS

EX OFFICIO TTEE, REP OF MAYOR

EVAN ROBERT CHESLER

Chairman & Trustee

RICHARD COHEN

Trustee

KWAME ANTHONY APPIAH	1 0	\ _{\ \}			0	0	
Trustee	0 0	_ ^			0	0	
PETER BALDWIN	1 0	×			0	0	
Trustee	0 0	^			9	5	
JOHN H BANKS III	1 0						

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	any hours			recto		ustee))	organization	organizations	from the	
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
HRH PRINCESS FIRYAL	1 0	х						0	0	0	
Trustee	0 0										
HENRY LOUIS GATES JR Trustee	10	×						0	0	0	
WILLIAM GRAY Trustee	2 0	×						0	0	0	
ETHAN HAWKE Trustee	1 0	×						0	0	0	

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ETHAN HAWKE	
Trustee	0 0
JOHN B HESS	1 0
Trustee	0 0
HON ROBERT A KATZMANN	2 0

Trustee

Trustee

Trustee

Trustee

ARTHUR KOENIG

BETH KOJIMA

JANE LAUDER

ROBERT LIBERMAN

Foundation Trustee

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Average Position (do not check more Reportable Reportable Estimated than one box, unless compensation hours per compensation amount of other person is both an officer week (list from the from related compensation

	any hours			ecto		ustee))	organization	organizations	from the
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	key employee	eavoldme Highest compensated	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
SCOTT D MALKIN Trustee	2 0	×						C	0	0
CAREY MALONEY END 1118 Ex Officio Ttee, Rep of Spkr	1 0	х						C	0	0
HON VICTOR MARRERO Foundation Trustee (END 11/18)	1 0	×						C	0	0
CATHERINE C MARRON Trustee	1 0	X						C	0	0
HAROLD W MCGRAW III Trustee	1 0	Х						C	0	0
DAVMOND 1 MCCHIDE	1.0				Г					

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CATTERINE C PIARRON	
Trustee	0 0
HAROLD W MCGRAW III	1 0
Trustee	0 0
RAYMOND J MCGUIRE	1 0
Trustee	0 0

......

LEIGH M MILLER END 1118

Vice Chairman & Trustee

LISETTE NIEVES BEG 219

Ex Officio Ttee, Rep of Compt

SUSAN MORGENTHAU

ABBY S MILSTEIN

Trustee

Ex Officio Ttee, Rep of Compt

and Independent Contractors

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless hours per compensation compensation amount of other person is both an officer week (list from related from the compensation

	any hours and a director/trustee)							organization	organizations	from the	
	for related organizations below dotted line)		Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations	
JESSYE NORMAN Trustee	1 0	Х						0	0	0	
RICHARD L PLEPLER Trustee	1 0	х						0	0	0	
KATHARINE J RAYNER	1 0	Х						0	0	0	
Trustee	l n nl	1		I	l	l l					

RICHARD L PLEPLER	1 0					
Trustee	0 0	^			U	
KATHARINE J RAYNER	1 0					
		Ιx			0	
Trustee	0 0					
DAVID REMNICK	1 0					
	•••••	X			0	
Trustee	0 0					

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and Independent Contractors

CARLOS RODRIGUEZ-PASTOR

ANDRES SANTO DOMINGO

STEPHEN A SCHWARZMAN

ANDREW SOLOMON BEG 519

GAYFRYD STEINBERG

Trustee

Trustee

Trustee

Trustee

Trustee

DINAKAR SINGH

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average amount of other than one box, unless hours per compensation compensation person is both an officer week (list from the compensation from related any hours and a director/trustee) organization organizations from the

c l	CCCC) , CI	usice,	' I	(11, 2,4,000	(14, 5/4,000	evannization and		
	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
•••••	×						0	0	0
2 0	×						0	0	0
	×						0	0	0
	for related organizations below dotted line)	for related organizations below dotted line) 10 20 20 20 30	for related organizations below dotted line) Institutional Trustee	for related organizations below dotted line) To dispersional institutional Trustee To dispersional institutional Trustee To dispersional institutional institutiona	for related organizations below dotted line) Institutional Trustee To a constant trustee To a constant trustee To a constant trustee To a constant trustee X con	for related organizations below dotted line) Institutional Trustee 10 20 20 20 30 X X	for related organizations below dotted line) In stitutional Trustee 10 20 20 X 00 30 X	for related organizations below dotted line) Individual trustee To a complete the complete and the complet	for related organizations below dotted line) Individual trustee X O O O O O O O O O O O O

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81,605

2,117

72,870

46,516

44,645

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391,782

320,824

580,099

254,190

407,570

JAMES S TISCH		×			<u></u>	
Trustee	0 0					
LUIS A UBINAS	3 0	×			0	
Trustee	0 0	,				
TALI Farhadıan WEINSTEIN	1 0	V				
Trustee	0 0	^			0	
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and Independent Contractors

ANTHONY A YOSELOFF

CHIEF DIGITAL OFFICER

GEETANJALI GUPTA

RISA HONIG

WILLIAM KELLY

MICHAEL DARDIA END 119

CHIEF INVESTMENT OFFICER

......

VP, FINANCE & ASST TREASURER

VP, CAPITAL PLANNING & CONSTR

ANDREW W MELLON DIRECTOR

Trustee

TONY AGEH

(A) (D) (B) (C) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless compensation amount of other hours per compensation person is both an officer week (list from the from related compensation and a director/trustee) any hours organization organizations from the

and Independent Contractors

VP, PUBLIC PROGRAMS

LOUISE SHEA END 718

VP, HUMAN RESOURCES

JADRIEN F STEELE

VP, DEVELOPMENT

IRIS WEINSHALL

COO AND TREASURER

SHANNON SHARP BEG 1218

CFO & ASST TREASURER

	6					1 (M 2/1000 (M 2/1000				
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	10	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations
CARYL MATUTE	35 0									
INTERIM CHIEF BRANCH LIBRARY	0 0			X				156,608	0	195,803
MICHELE COLEMAN MAYES	35 0			x				380,738	0	33,384
VP, GENERAL COUNSEL AND SEC	0 0			^				360,736	0	33,364
GEORGE MIHALTSES	35 0								_	
VP, GOV'T & COMMUNITY AFFRS	0 0			X				198,037	0	85,289
TERRANCE NEAL	35 0									

VP, GOV'T & COMMUNITY AFFRS	0 0				,		,
TERRANCE NEAL	35 0		×		227.719	C	220,827
VP, HUMAN RESOURCES	0 0				22,,,13	,	223,027
CHRISTOPHER D PLATT	35 0		$\sqrt{}$		286,017	0	143,409
CHF BRANCH LIB OFF(END 10/18)	0 0		^		260,017	0	143,409
FAY ROSENFELD	35 0						
			X		223,183	0	39,548

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16,673

249,485

281,171

429,377

2,791

117,980

103,864

58,041

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(A) (B) (C) (D) (E) (F) Name and Title Position (do not check more Reportable Reportable Estimated Average than one box, unless amount of other hours per compensation compensation week (list person is both an officer from the compensation from related

226,779

222,462

217,465

134,153

75,916

50,314

38,756

74,449

13,184

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

and Independent Contractors

......

......

DIRECTOR, SCHOLARS AND WRITERS

JACQUELINE Z DAVIS

LORRAINE KARLEN

CONTROLLER

EXECUTIVE DIRECTOR, LPA

JACQUELINE F BAUSCH END 817

FMR VP, DEP GEN COUNSEL & ASST

	any hours					ustee		organization	organization organizations			
	for related organizations below dotted line)	individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations		
CARRIE WELCH CHIEF EXTERNAL RELATIONS OFFCR	35 0 0 0			x				380,411	0	69,839		
GENNARO J OLIVA DIRECTOR, FACILITIES MGMT	35 0				×			220,530	0	125,553		
KEVIN L YOUNG DIRECTOR, THE SCHOMBURG CENTER	35 0					х		269,890	0	44,464		
JENNIEER ERIEDMAN	35 0											

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Χ

Х

Х

KEVIN L YOUNG	35 0			×	269,890	
DIRECTOR, THE SCHOMBURG CENTER	0 0					
JENNIFER FRIEDMAN	35 0					
DIRECTOR, CPTL/RE INITIATIVES	0 0			X	230,567	
SALVATORE SCIBONA	35 0					

0 0 35 0

0 0 35 0

0 0

...............

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SCHED Form 990 990EZ)		Com		Charity Staturganization is a sect		2018		
Department of	the Treasury		► Go to	► Attach to Form ! www.irs.qov/Form!				Open to Public
	e organiza						Employer identifi	Inspection cation number
	K PUBLIC LIBI AND TILDEN	RARY FOUNDATIONS					13-1887440	
Part I				us (All organization			See instructions.	
		•		e it is (For lines 1 thro				
1	•		,	ssociation of churches		. ,, ,	(A)(I).	
2 🗌				1)(A)(ii). (Attach Sch	,	,,		
3 🗆	·	·	·	vice organization desci			•	
4 🗆	A medical r name, city,		ization operat	ed in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(III). E	nter the hospital's
5 🗌		ition operated (iv). (Complet		t of a college or unive	rsity owned or op	perated by a gov	ernmental unit descr	ibed in section 170
6 🗆			,	governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7 🗸	section 17	O(b)(1)(A)(vi). (Complete			-	ınıt or from the gene	ral public described in
8 🗌	A communi	ty trust descri	bed in sectio i	n 170(b)(1)(A)(vi)	(Complete Part I	I)		
9 🗌				escribed in 170(b)(1) See instructions Enter				lege or university or a
0 🗆	from activit	ies related to income and u	its exempt fur nrelated busir	(1) more than 331/39 actions—subject to cer aess taxable income (le amplete Part III)	taın exceptions,	and (2) no more	than 331/3% of its s	upport from gross
1 🗆	•			d exclusively to test fo	r public safety S	See section 509	(a)(4).	
2 🗆	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	09(a)(1) or se	ction 509(a)(2). See section 509(
a 🗌	Type I. A so	supporting org n(s) the powe	anızatıon oper	rated, supervised, or co appoint or elect a majo	ontrolled by its s	upported organiz	zation(s), typically by	
ь 🗆	manageme	nt of the supp		pervised or controlled in ation vested in the sar and C.				
с 🗌		•	_	supporting organizatio		•	, -	ated with, its
d 🗌	Type III n functionally	on-functiona integrated T	i lly integrate he organizatio	ions) You must com d. A supporting organi n generally must satis rt IV, Sections A and	zation operated fy a distribution	in connection wi requirement and	th its supported orga	
e 🗌	Check this	box if the orga	nızatıon recei	ved a written determir	nation from the I		pe I, Type II, Type I	II functionally
f Enter			on-functionally organizations	integrated supporting	organization			
g Provid	de the follow	ing informatio	n about the si	upported organization(s)		_	
(i) Name of supported organization			(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))		anızatıon lısted ııng document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
					Yes	No		
otal								
	ork Reduc	tion Act Noti	ce, see the I	nstructions for	Cat No 11285	5F !	 Schedule A (Form 9	990 or 990-EZ) 201

Part II

(f)Total

1,462,475,851

93,418,743

2,844,440

28,188,380

1,586,927,414

36,794,794

92 158 %

91 402 %

▶Ⅵ

▶□

ightharpoons

III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (a) 2014 (c) 2016 **(b)** 2015 (d) 2017 (e) 2018 (f) Total (or fiscal year beginning in) ▶ Gifts, grants, contributions, and 47,004,584 46,603,843 96,533,476 64,977,441 53,161,537 308,280,881 membership fees received (Do not include any "unusual grant") Tax revenues levied for the organization's benefit and either 175,409,689 212,285,242 219,466,452 225,585,287 281,370,731 1,114,117,401 paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to 8,867,089 7,631,916 8,428,418 7,116,826 40,077,569 8,033,320 the organization without charge 298,596,048 Total. Add lines 1 through 3 231,281,362 266,521,001 324,428,346 341,649,094 1,462,475,851 The portion of total contributions by each person (other than a governmental unit or publicly 0 supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column Public support. Subtract line 5 1,462,475,851

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part

from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶

> Gross income from interest. dividends, payments received on

Net income from unrelated business activities, whether or not

securities loans, rents, royalties and income from similar sources

the business is regularly carried on Other income Do not include gain

12 Gross receipts from related activities, etc. (see instructions)

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 Schedule A, Part II, line 14

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))

box and stop here. The organization qualifies as a publicly supported organization

and stop here. The organization qualifies as a publicly supported organization

or loss from the sale of capital

assets (Explain in Part VI) 11 Total support. Add lines 7

through 10

organization

instructions

supported organization

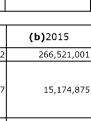
Amounts from line 4

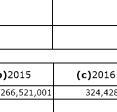
10

(a)2014 231,281,362 14,609,607

431,506

4,624,348





6,704,458

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

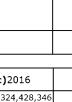
16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

17a 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

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

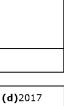
b 33 1/3% support test-2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this



24,185,852

1,210,891

5,220,400



298,596,048

29,889,056

1,202,043

5,855,666

(e)2018

341,649,094

9,559,353

5,783,508

Schedule A (Form 990 or 990-EZ) 2018

12

14

15

P	Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If							
							ler Part II. If	
- C	the organization fails to ection A. Public Support	quality under t	ne tests listed	below, please co	omplete Part II.)		
30	Calendar year		43.50/5		412.004		(0) =	
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received (Do not include any "unusual grants")							
2	Gross receipts from admissions,							
_	merchandise sold or services							
	performed, or facilities furnished in							
	any activity that is related to the							
_	organization's tax-exempt purpose Gross receipts from activities that are							
3	not an unrelated trade or business							
	under section 513							
4	Tax revenues levied for the							
	organization's benefit and either paid							
_	to or expended on its behalf The value of services or facilities							
5	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified							
	persons that exceed the greater of							
	\$5,000 or 1% of the amount on line							
	13 for the year							
	Add lines 7a and 7b							
8	Public support. (Subtract line 7c							
S	from line 6) ection B. Total Support							
	Calendar year			I	T			
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total	
9								
10a	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties and income from similar sources							
h	Unrelated business taxable income							
_	(less section 511 taxes) from							
	businesses acquired after June 30,							
	1975							
C	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carried on							
12								
	loss from the sale of capital assets							
13	(Explain in Part VI) Total support. (Add lines 9, 10c,							
	11, and 12)							
14	First five years. If the Form 990 is fo	r the organization	's fırst, second, tl	nird, fourth, or fift	:h tax year as a se	ction 501(c)(3) c	rganızatıon,	
	check this box and stop here						▶ 🗆	
Se	ection C. Computation of Public							
15	Public support percentage for 2018 (lin	ie 8, column (f) di	ivided by line 13,	column (f))		15		
16	Public support percentage from 2017 S	chedule A, Part II	II, line 15			16		
Se	ection D. Computation of Invest							
17	Investment income percentage for 201	1 8 (line 10c, colur	mn (f) divided by	line 13, column (f	())	17		
18	Investment income percentage from 2	017 Schedule A, ¹	Part III, line 17			18		
19a	331/3% support tests—2018. If the	organization did r	ot check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and lir	ne 17 is not	
	more than 33 1/3%, check this box and s						▶ □	
	33 1/3% support tests—2017. If the							
	not more than 33 1/3%, check this box	-			·		▶ □	
20	Private foundation. If the organization		-				▶□	
		AL GIG HOL CHECK O	. 202 011 11116 14, 1	a, or industrial	Callo DOX allu 366			

Schedule A (Form 990 or 990-EZ) 2018 Page 4 Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of

Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V) Section A. All Supporting Organizations

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? 1 If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain 1 Did the organization have any supported organization that does not have an IRS determination of status under section 509

(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below

3а Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the

determination 3b Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you

checked 12a or 12b in Part I, answer (b) and (c) below 4a Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or 4b supervised by or in connection with its supported organizations

Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported

organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by 5a

amendment to the organizing document) Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?

5b 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

than (1) its supported organizations. (ii) individuals that are part of the charitable class benefited by one or more of its

6

7

8

answer line 10b below

the organization had excess business holdings)

supported organizations, or (III) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in

section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

complete Part I of Schedule L (Form 990 or 990-EZ)

8 Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes,"

provide detail in Part VI.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

9b which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

9с

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,"

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

>cn	edule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11 c		
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2		
	organization	-		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
_	<u> </u>			
	ection D. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		103	-140
		1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)			
		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations		l	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction)	ions)		
	The organization satisfied the Activities Test Complete line 2 below	•		
	b			
	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Answer (a) and (b) below.	į	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities	2a		
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement			
,		2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	_		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	3h		

Page 6

1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 (explain in Part VI) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E						
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8					
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1					
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1 b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors (explain in detail in Part VI)						
2	Acquisition indebtedness applicable to non-exempt use assets	2					
3	Subtract line 2 from line 1d	3					
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 035	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
	Section C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
				1			

4

Schedule A (Form 990 or 990-F7) 2018

Enter greater of line 2 or line 3

Schedule A (Form 990 or 990-EZ) (2018)

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (F	Form 990 or 990-EZ) 2018 Page 8
	ormation. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, 13b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V 5, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See	
		Facts And Circumstances Test
<u> </u>		
990 Sched	ule A, Suppleme	ental Information
Retu	ırn Reference	Explanation
other income		SCHEDULE A, PART II, SECTION B, LINE 10 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 ALLO W LIBRARIES AND EDUCATIONAL INSTITUTIONS TO PURCHASE ADVANCED TECHNOLOGIES

SCHEDULE C

• Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

(Form 990 or 990-

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

DLN: 93493143004510

	Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.								
	Section 527 organizations Complete Part I-A only e organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then Section 501(a)(3) organizations that have filed Form 5768 (election under section 501(b)). Complete Part II. A. De not complete Part II. B.								
•	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								
		. have NOT filed Form 5768 (election un n Form 990, Part IV, Line 5 (Proxy Tax							
	e organization answered Tes Or xy Tax) (see separate instruction:		i) (see separate ii	istructions, or Form 99	U-LZ, Fart V, lille 350				
•	Section 501(c)(4), (5), or (6) organiz								
	me of the organization E NEW YORK PUBLIC LIBRARY			Employer ide	entification number				
	TOR LENOX AND TILDEN FOUNDATIONS			13-1887440					
Pai	t I-A Complete if the organ	nization is exempt under sectio	n 501(c) or is	a section 527 organ	ization.				
1	Provide a description of the organ "political campaign activities")	ization's direct and indirect political can	npaign activities in	Part IV (see instructions	for definition of				
2	Political campaign activity expend	itures (see instructions)		•	\$				
3	Volunteer hours for political camp	aign activities (see instructions)							
Pai	t I-B Complete if the organ	nization is exempt under sectio	n 501(c)(3).						
1	Enter the amount of any excise ta	x incurred by the organization under se	ection 4955	>	\$				
2	Enter the amount of any excise ta	x incurred by organization managers ui	nder section 4955	>	\$				
3	If the organization incurred a sect	ion 4955 tax, did it file Form 4720 for t	hıs year?		🗌 Yes 🔲 No				
4a	Was a correction made?				☐ Yes ☐ No				
b									
Pa	t I-C Complete if the organ	nization is exempt under sectio	n 501(c), exce	ept section 501(c)(3	5) .				
1	Enter the amount directly expend-	ed by the filing organization for section	527 exempt funct	ion activities	\$				
2	Enter the amount of the filing org- function activities	anızatıon's funds contributed to other o	rganızatıons for se	ction 527 exempt	\$				
3	Total exempt function expenditure	es Add lines 1 and 2 Enter here and or	Form 1120-POL,	line 17b ►	\$				
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No				
5	organization made payments For of political contributions received	employer identification number (EIN) of each organization listed, enter the amo that were promptly and directly delivere se (PAC) If additional space is needed,	ount paid from the ed to a separate p	filing organization's fund olitical organization, such	s Also enter the amount				
	Tana or a pointear action committee	ie (1776) Il additional space is necaca,	provide informatio	· · · · · · · · · · · · · · · · · · ·					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-				
L									
2									
3									
1									
5									
5									
or I	Paperwork Reduction Act Notice, see t	he instructions for Form 990 or 990-EZ.	Cat	No 50084S Schedule C	(Form 990 or 990-EZ) 2018				

ь	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	i 1d)	
f	Lobbying nontaxable amount Enter the amount fron columns	n the following table in both	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
	Not over \$500,000	20% of the amount on line 1e	
	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 \$17,000,000	\$1,000,000	
			 •
g	Grassroots nontaxable amount (enter 25% of line 1f)	
h	Subtract line 1g from line 1a If zero or less, enter -()-	

i Subtract line 1f from line 1c If zero or less, enter -0j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting ☐ Yes ☐ No 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 of the five columns below. See the separate instructions for lines 2a through 2f.) Lobbying Expenditures During 4-Year Averaging Period Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) 2a

Lobbying nontaxable amount Lobbying ceiling amount (150% of line 2a, column(e))

Total lobbying expenditures Grassroots nontaxable amount

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots lobbying expenditures

•		on under section 501(h)). ough 1: below, provide in Part IV a detailed description of the lobbying	(a)	(b)
activ	·	ough IT below, provide in Part IV a detailed description of the lobbying	Yes	No	Amo	unt
1		anization attempt to influence foreign, national, state or local legislation, e public opinion on a legislative matter or referendum, through the use of				
а	Volunteers?		Yes			
b	Paid staff or management (includ	e compensation in expenses reported on lines 1c through 1i)?	Yes			
c	Media advertisements?			No		
d	Mailings to members, legislators,	or the public?	Yes			23,819
е	Publications, or published or broa	dcast statements?		No		
f	Grants to other organizations for	lobbying purposes?		No		
g	Direct contact with legislators, th	eır staffs, government officials, or a legislative body?	Yes			72,673
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, or any similar means?		No		
i	Other activities?			No		
j	Total Add lines 1c through 1i					96,492
2a	Did the activities in line 1 cause t	he 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				
d	If the filing organization incurred	a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the or 501(c)(6).	ganization is exempt under section 501(c)(4), section 501(c)(5), o 	r sectio		T
1	Were substantially all (90% or m	ore) dues received nondeductible by members?			Yes	No
2		n-house lobbying expenditures of \$2,000 or less?				
3		ry over lobbying and political expenditures from the prior year?				
Par		ganization is exempt under section 501(c)(4), section 501(c	1(5). 0	r sectio	n 501(e	:)(6)
		OTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part				-,(-,
1	Dues, assessments and similar ai	mounts from members	1			
2	Section 162(e) nondeductible lob expenses for which the section	bying and political expenditures (do not include amounts of political n 527(f) tax was paid).				
a	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3		ction 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3			
4		unt on line 2c exceeds the amount on line 3, what portion of the excess does er to the reasonable estimate of nondeductible lobbying and political				
5	'	political expenditures (see instructions)	5			
	ort IV Supplemental Info					
Pro	vide the descriptions required for F	Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list)	Part II-	A, lines 1	and 2 (s	ee
inst	*	o, complete this part for any additional information				
	Return Reference	Explanation				
LOBE	YING ACTIVITY	SCHEDULE C, PART II-B, LINE 1D VOLUNTEERS THE LIBRARY WORKS DIRE ENCOURAGE THEIR ELECTED OFFICIALS TO SUPPORT THE LIBRARY'S BUDG MANAGEMENT THE LIBRARY UTILIZES, ON A LIMITED BASIS, THREE OFFIC OFFICIALS AT THE STATE AND CITY LEVELS ON LIBRARY-RELATED FUNDING ADMINISTRATIVE ACTIONS IN ADDITION, THE LIBRARY'S ASSOCIATE DIRE INFORMATION POLICY LOBBIED AT THE FEDERAL LEVEL IN REGARDS TO PREGULATIONS IN FISCAL YEAR 2019 MAILING TO MEMBERS, LEGISLATORS	ET GOAI ERS TO S AND LI CTOR O OPOSEI	S PAID S LOBBY EL EGISLATI\ F COPYRI LEGISLA	STAFF OR ECTED /E AND GHT AND TION AN	D

PREPARES MAILINGS TO ELECTED OFFICIALS AT ALL THREE LEVELS OF GOVERNMENT REGARDING FUNDING AND LEGISLATIVE ISSUES DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY THE LIBRARY'S IN-HOUSE GOVERNMENT AND COMMUNITY AFFAIRS STAFF, WITH THE ASSISTANCE OF LOBBYISTS, MEET ELECTED AND APPOINTED GOVERNMENT OFFICIALS AND THEIR STAFF REGARDING LIBRARY-RELATED FUNDING AND LEGISLATIVE AND ADMINISTRATIVE ACTIONS IN ADDITION, THE LIBRARY'S ASSOCIATE DIRECTOR OF COPYRIGHT AND INFORMATION POLICY

HAD DIRECT CONTACT WITH GOVERNMENT OFFICIALS AND THEIR STAFF IN FISCAL YEAR 2019

SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," on Form 990,
 Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
 ► Attach to Form 990.

OMB No 1545-0047

DLN: 93493143004510

•			► Attach to Form 990.				to Public
	nal Revenue Service me of the organ		gov/Form990 for the latest information.		oyer identif		pection
THE	E NEW YORK PUBLIC	LIBRARY		Lembi	oyer identii	ication	ilullibei
		DEN FOUNDATIONS			87440		
Pa	Organ	izations Maintaining Donor Advi ete if the organization answered "Ye	sed Funds or Other Similar Funds (or Acco	unts.		
	Соттріс	ste ii tile organization answered Te	(a) Donor advised funds	1 (b) Funds and	d other a	accounts
1	Total number at	end of year			<u> </u>		
2	Aggregate value	of contributions to (during year)					
3	Aggregate value	e of grants from (during year)					
4	Aggregate value	e at end of year					
5		ation inform all donors and donor adviso property, subject to the organization's ex	ors in writing that the assets held in donor a cclusive legal control?	dvised fu	inds are the		Yes 🗌 No
6		oses and not for the benefit of the donor	onor advisors in writing that grant funds car or donor advisor, or for any other purpose			_	Yes 🗆 No
Pa	titi Conse	rvation Fasements Complete if th	ne organization answered "Yes" on For	m 990	Part IV lin		Tes 🗆 No
1		conservation easements held by the organic		111 220,	raiciv, iiii	<u>c /.</u>	
•		ion of land for public use (e.g., recreation		a bistorio	ally importa	nt land a	rea
			· —				ii ea
		n of natural habitat	☐ Preservation of a	certified	historic stru	cture	
	☐ Preservati	ion of open space					
2	Complete lines	2a through 2d if the organization held a ne last day of the tax year	qualified conservation contribution in the fo	rm of a	onservation Held at th		f the Vest
а		f conservation easements		2a	neiu at tii	e ciia o	i the fear
b		estricted by conservation easements		2b			
c	_	servation easements on a certified histori	c structure included in (a)	2c			
d	Number of cons	servation easements included in (c) acqu	, ,	2d			
	structure listed	ın the National Register					
3	Number of constax year ►	servation easements modified, transferre 	ed, released, extinguished, or terminated by	the orga	anızatıon dur	ing the	
4	Number of state	es where property subject to conservation	on easement is located >				
5		nization have a written policy regarding th nt of the conservation easements it hold:	he periodic monitoring, inspection, handling s?	of violat		Yes	□ No
6	Staff and volun	teer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing c	conservat	ion easemer	its durin	g the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing conse	rvation e	asements du	ırıng the	year
8	Does each cons	. , ,	above satisfy the requirements of section 1	L70(h)(4		Yes	□ No
9	balance sheet,		servation easements in its revenue and expe efootnote to the organization's financial stat ets			:S	
Par		izations Maintaining Collections etc if the organization answered "Ye	of Art, Historical Treasures, or Othes" on Form 990, Part IV, line 8.	ner Sim	ilar Asset	s.	
1a	art, historical tr	reasures, or other similar assets held for	.6 (ASC 958), not to report in its revenue st public exhibition, education, or research in icial statements that describes these items				
b	historical treasi		L6 (ASC 958), to report in its revenue stater lic exhibition, education, or research in furth				
((i) Revenue inclu	ded on Form 990, Part VIII, line 1			▶ \$		
(1	ii)Assets included	d in Form 990, Part X			▶ \$		
2	If the organizat	·	cal treasures, or other similar assets for fina 116 (ASC 958) relating to these items	ancıal ga	· 	ne	
а	-	led on Form 990, Part VIII, line 1	-		▶ \$		

b Assets included in Form 990, Part X

d Equipment

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

Par	t III	Organizations Ma	aintaining Collections o	of Art. Histor	ical Tr	easures.	or Other Si	milar Asse	ts (conti	nued)
3	Using		uisition, accession, and other							
а	✓	Public exhibition		d	✓	Loan or ex	change program	ms		
b	✓	Scholarly research		e		Other				
c	✓	Preservation for future	e generations							
4	Provid Part X		organization's collections and	explain how th	ney furth	er the orga	nization's exen	npt purpose	ın	
5			anızatıon solıcıt or receive do nds rather than to be maintai					-	Yes	☑ No
Pa	rt IV		odial Arrangements. ganızatıon answered "Yes	" on Form 99	0, Part	IV, line 9,	or reported	an amount	on Form	990, Part
1a		e organization an agent ded on Form 990, Part I	; trustee, custodian or other X?	intermediary fo	r contril	outions or o	ther assets not		Yes	□ No
Ь	If "Ye	es." explain the arrange	ement in Part XIII and comple	ete the following	a table			Amo	ount	
c		ning balance	'	•	•		1c			
d	_	ions during the year					1d			
е		butions during the year	r				1e			
f		g balance					1f			
2 a		•	an amount on Form 990, Pai	+ V line 21 for	coccow	or custodi	al account liabil	ı+v2 F		
								_	⊒ res ¬	□ NO
	rt V	· · ·	ment in Part XIII Check here ds. Complete if the organ	· · · · · · · · · · · · · · · · · · ·						
FC	ii C V	Endownient Fun	(a)Currer		Prior year			I)Three years	back (e)F	our years back
1 a	Beginni	ing of year balance .			,180,483		1,042,510,813	1,129,035		1,093,121,643
	_	outions	21	,943,343	34,275	,259	11,375,294	13,882	2,606	21,067,222
С	Net inv	estment earnings, gair	ns, and losses	,998,085	111,125	,047	176,169,240	-51,569	,981	63,422,733
		or scholarships	·	,111,999	1,047	,799	1,002,400	980	0,732	1,008,649
e		expenditures for facilition	es 51	,727,844	49,677	,528	48,569,799	47,856	5,534	47,567,495
f	Admini	strative expenses .								
g	End of	year balance	1,281	,259,712 1	,275,158	,127 1	1,180,483,148	1,042,510	,813	1,129,035,454
2	Provid	de the estimated perce	ntage of the current year end	l balance (line 1	Lg, colur	mn (a)) hel	d as			
а		I designated or quasi-e	= :	•	-	. ,,				
ь	Perma	anent endowment 🕨	60 147 %							
c	Temp	orarily restricted endov	wment ▶							
·		•	, 2b, and 2c should equal 100	0%						
3а	Are th	-	not in the possession of the		at are he	eld and adn	ninistered for th	ne		Yes No
	(i) un	nrelated organizations							3a(i)	No
_									3a(ii)	No
b			lated organizations listed as i			?			3b	
4			ended uses of the organizatio	n s endowment	runas					
Ρa	rt VI	Land, Buildings, Complete if the ore	and Equipment. ganization answered "Yes	" on Form 990	0. Part	IV, line 1	1a. See Form	990, Part	X, line 10).
	Descri	ption of property	(a) Cost or other basis (investment)	(b) Cost or othe			Accumulated depr			ook value
1 a	Land		0		4,19	2,892				4,192,892
	Building		0		670,60		363	,947,436		306,659,704
	•	old improvements			48,72	3,150		,097,201		29,625,949

62,268,273

141,318,383

11,330,545

141,318,383

493,127,473

50,937,728

Part VII Investments—Other Securities. Complete	if the organization answers	ed "Yes" on Form 990. Part IV. lin	Page ne 11b.
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 v	alue
1) Financial derivatives			
2) Closely-held equity interests	•		
A) COMMINGLED INVESTMENT FUNDS	642,725,599	F	
3) HEDGE FUNDS	211,579,486	F	
C) PRIVATE MARKET FUNDS	80,824,540	F	
0)			
≣)			
=)			
G)			
H)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 12) art VIII Investments—Program Related.	▶ 935,129,625		
Complete if the organization answered 'Yes'	on Form 990, Part IV, line	11c. See Form 990, Part X, line 1	3.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market v	alue
1)			
2)			
3)			
1)			
5)			
5)			
7)			
3)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organization answ	vered 'Ves' on Form 990. Part IV	/ line 11d See Form 990 Part V line	. 15
(a) Descri			Book value
1)			
2)			
3)			
4)			
5)			
5)			
7)			
3)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 15)		
Part X Other Liabilities. Complete if the organization	on answered 'Yes' on Form	990, Part IV, line 11e or 11f.	
See Form 990, Part X, line 25. (a) Description of liability	(b) Book	value	
L) Federal income taxes		0	
AXABLE BONDS PAYABLE		83,764,247	
CCRUED POSTRETIREMENT BENEFIT NANCING OBLIGATION		92,582,229 02,364,527	
t)		02,301,327	
5)			
5)			
7)			
3)			
9)			
otal. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	78 711 003	
Liability for uncertain tax positions. In Part XIII, provide the te		78,711,003 Ization's financial statements that rep	orts the
organization's liability for uncertain tax positions under FIN 48 (A	_		

Part XI

2

4

b

c 5

1

2

c

d

3

4

b

5

Part XIII

See Additional Data Table

Part XII

Schedule D (Form 990) 2018

Page 4

-2,874,102

2,609,246

393,419,155

336,234,265

390,809,909

b	Donated services and use of facilities		
c	Recoveries of prior year grants		

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d . .

Return Reference

Net unrealized gains (losses) on investments

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Amounts included on line 1 but not on Form 990, Part IX, line 25

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Add lines 2a through 2d е 3

Amounts included on line 1 but not on Form 990, Part VIII, line 12

2c 2d Amounts included on Form 990, Part VIII, line 12, but not on line 1

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Investment expenses not included on Form 990, Part VIII, line 7b . 4a

2a

2b

2a

2b

2c

2d

4a

4b

Explanation

4b

4.658.820 -2.049.574 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)

-1,183,422

9.394.766

-11.085.446

9,394,766

2,049,574

4,658,820

4c 5 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2e

3

4c

5

2e

3

11,444,340 324,789,925 4,658,820 329.448.745 Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: Software Version:

EIN: 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX AND TILDEN FOUNDATIONS

Supplemental Information Return Reference

Explanation

COLLECTIONS OF ART. HISTORICAL TREASURES, OR

OTHER SIMILAR ASSETS

SCHEDULE D, PART III, LINES 1A AND 4 THE LIBRARY HAS EXTENSIVE RESEARCH COLLECTIONS OF LIB RARY MATERIALS, INCLUDING BOOKS, PERIODICALS AND OTHER ITEMS THESE COLLECTIONS ARE MAINTA

INED BY THE RESEARCH LIBRARIES UNDER CURATORIAL CARE AND ARE HELD FOR RESEARCH, EDUCATION

LLECTION ITEMS ARE NOT RECORDED. THE VALUE OF THE LIBRARY'S RESEARCH COLLECTIONS CANNOT BE

DETERMINED THE COST OF BOOKS AND OTHER LIBRARY MATERIALS PURCHASED BY THE BRANCH LIBRARI ES IS NOT RECORDED AS COLLECTIONS. BUT IS CHARGED AS A LIBRARY SERVICES EXPENSE IN THE YEA

AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE PROCEEDS FROM THE SALES OF COLLECT IONS ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS THE COST OF COLLECTIONS PURCHASED BY THE LIBRARY FOR THE RESEARCH LIBRARIES IS CHARGED TO EXPENSE WHEN INCURRED AND DONATED CO.

R PURCHASED BECAUSE, LARGELY BY REASON OF THEIR FREQUENT USE, SUCH ITEMS ARE EXHAUSTIBLE O

VER A SHORT PERIOD OF TIME

applemental and matter						
Return Reference	Explanation					
INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE LIBRARY'S ENDOWMENT CONSISTS OF 430 INDIVIDUAL FUNDS ESTABL ISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONO R-IMPOSED RESTRICTIONS THE ENDOWMENT FUNDS SUPPORT THE FOLLOWING PROGRAM ACTIVITIES *BRA NCH LIBRARIES *RESEARCH LIBRARIES *CONSERVATION AND CATALOGING *EXHIBITIONS AND PUBLIC EDU CATION PROGRAMS *OTHER - PRINCIPALLY, FOR THE GENERAL OPERATIONS OF THE RESEARCH LIBRARIES					

AND LIBRARY-WIDE PROGRAMS

Supplemental Information	
Return Reference	Explanation
IN INCOME TAXES	SCHEDULE D, PART X, LINE 2 The Library recognizes the effects of income tax positions only if those positions are more likely than not of being sustained. As of June 30, 2019 and 2 018, the Library does not have any uncertain tax positions or any unrelated business income tax liability that would have a material impact upon its financial statements.

Supplemental Information	
Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN	SCHEDULE D, PART XI, LINE 2D - OTHER POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC BENEFIT COST (\$11,085,446)

Return Reference	Explanation
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN	SCHEDULE D, PART XI, LINE 4B - OTHER LABOR COSTS AND OTHER EXPENSES RELATED TO UNRELATED B USINESS USE OF SPACE (\$357,855) LABOR COSTS AND OTHER EXPENSES ALLOCATED TO COST OF GOODS SOLD (\$1,691,719)

E INCLUDED ON SCHEDULE D, PART XI, LINE 1

Supplemental Information						
Return Reference	Explanation					
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS TO 990 RETURN	SCHEDULE D, PART XII, LINE 4B - OTHER LABOR COSTS AND OTHER EXPENSES RELATED TO UNRELATED BUSINESS USE OF SPACE \$357,855 LABOR COSTS AND OTHER EXPENSES ALLOCATED TO COST OF GOODS S OLD \$1,691,719					

E NOT INCLUDED ON SCHEDULE D, PART XII, LINE 1

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493143004510 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. **Open to Public** ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS 13-1887440 Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and 1 other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the employees, agents, region (by type) (e g, program service, describe for and investments and independent fundraising, program specific type of in region region contractors in services, investments, grants service(s) in region region to recipients located in the region) See Add'l Data 106,345,396 3a Sub-total b Total from continuation sheets to Part I c Totals (add lines 3a and 3b) 106,345,396

chedule F (Form 990) 2018										
Part IIII Grants and Otl				ed States. Complete r	f the organization ar	nswered "Yes" to Form 9	990, Part IV, line 16.			
Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)			

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	✓ Yes	□No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	✓ No
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	□No
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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	✓ Yes	□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)	✓ Yes	□No
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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	□Yes	☑ No

Schedule F (Form 990)	2018 Page 5
Provide amount method any add	mental Information the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting; and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide tional information (see instructions). **upplemental Information**
Return Reference	Explanation
METHOD OF	SCHEDULE F, PART I, LINE 3, COLUMN (F) EXPENSES ARE REPORTED USING THE ACCRUAL METHOD OF

ACCOUNTING, CONSISTENT WITH THE LIBRARY'S AUDITED FINANCIAL STATEMENTS

ACCOUNTING

Additional Data

Central America and the

Carıbbean

North America

Software ID: Software Version:

EIN: 13-1887440

THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS

Form 990 Schedule F Part I - Activities Outside The United

(a) Region	(b) Number of	(c) Number of	(d) Activities co
	offices in the	employees or	ın region (by ty
	region	agents in	fundraising, p
		region	services, gra

States	
ctivities conducted	(e) If activity listed in

n (d) (f) Total expenditures for region

ype) (re, is a program service, program describe specific type of ants to service(s) in region recipients located in the

104,628,319

1,717,077

Name:

region)

Investments

Investments

SCHEDULE G
(Form 990 or 990-EZ)

Sefile GRAPHIC print - DO NOT PROCESS

Supplemental Info

Supplemental Information Regarding Fundraising or Gaming Activities

FUNGISING OF GAMING ACTIVITIES

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

2018

Open to Public

DLN: 93493143004510OMB No 1545-0047

•

Department of the Treasury

Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Inspection

	ne of the organization E NEW YORK PUBLIC LIBRARY						Employer ider	ntification number		
	FOR LENOX AND TILDEN FOUND	ATIONS					13-1887440			
P	Fundraising Activities Form 990-EZ filers a	•	_		answered "Yes" on Fo	rm 990,	Part IV, line 1	7.		
1	Indicate whether the organiza	ation raised funds th	rough an	y of the fo	ollowing activities Check	all that a	pply			
а	✓ Mail solicitations			e	Solicitation of non-	-governm	ent grants			
b	✓ Internet and email solicita	ations		f	✓ Solicitation of gove	ernment <u>c</u>	grants			
c	✓ Phone solicitations			g	✓ Special fundraising	events				
d	☑ In-person solicitations									
2a		Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No								
b	If "Yes," list the ten highest p to be compensated at least \$			ndraisers)	pursuant to agreements	under wh				
(i)	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai custo cont) Did ser have ody or crol of outions?	(iv) Gross receipts from activity	or refundra	nount paid to etained by) iser listed in col (i)	(vi) Amount paid to (or retained by) organization		
			Yes	No						
	THE LUKENS COMPANY INC	SEE PART IV		No	1,705,315		217,157	1,488,158		
	CHARITY DYNAMICS	SEE PART IV		No			74,643	-74,64		
	HELPGOOD LLC	SEE PART IV		No	31,760		18,000	13,760		
ot	al			•	1,737,075		309,800	1,427,275		
3	List all states in which the orgalicensing	nızatıon ıs registere	d or licens	sed to sol	icit contributions or has b	een notifi	ed it is exempt fr	om registration or		

AK, 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

Sche	dule G (Form 990 or 990-EZ) 201	8				Page 3
11	Does the organization conduct g	aming activities with nonmem	bers?		Yes	□No
12	formed to administer charitable	gamıng [;]	or a member of a partnership or other entity		□Yes	□No
13	Indicate the percentage of gaming The organization's facility	ng activity conducted in		125		07
a b	An outside facility			13a 13b		<u>%</u>
14	,	the person who prepares the o	l rganization's gaming/special events books and re-			
	Name •					
15a	Address P		whom the organization receives gaming		□Yes	□ No
Ь	If "Yes," enter the amount of gai amount of gaming revenue retai		organization > \$ and the	e		
С	If "Yes," enter name and address	s of the third party				
	Name ►					
	Address					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation	▶ \$				
	Description of services provided	>				
	☐ Director/officer	☐ Employee	☐ Independent contractor			
17 a b	retain the state gaming license?	s required under state law dist	e distributions from the gaming proceeds to tributed to other exempt organizations or spent		☐Yes	□No
Par			nations required by Part I, line 2b, columns applicable. Also provide any additional infori			
	Return Reference		Explanation			
FUNC	DRAISING ACTIVITIES	TO ASSESS CURRENT A ALLOCATE RESOURCES OTHER LONG-TERM FU REVENUE ARE OFTEN F MEMBERSHIP DEVELOP STATEMENTS OF NEED CONTRIBUTIONS, SOLI FROM INDIVIDUALS, C SECURE MEMBERSHIP PROGRAMS, AND CONI PROFESSIONAL FUNDR INC IS A FULL-SERVIC FUNDRAISING PROGRA CREATIVE CAMPAIGNS PROGRAMS IN ADDITI TO SUPPORT STRATEG ROAD, ARLINGTON, VA \$734,992 IN FUNDRAIS THAT WORKS ON THE I PLANNING AND PROVII PROVIDES ANALYSIS T ARRANGEMENT THE LII SOLELY ATTRIBUTABLE STREET, AUSTIN TX 78 LIBRARY'S ONLINE FUN CAMPAIGNS ON GOOG RECOMMENDATIONS B	OLUMN (D) AND SCHEDULE G, PART I THE LIBRAI AND LONG-TERM FUNDRAISING GOALS, AND STR TO MEET THOSE GOALS DUE TO THE NATURE CONDRAISING ACTIVITIES, RESOURCE ALLOCATION REPORTED IN SEPARATE TIME PERIODS THE LIBRAY ACTIVITIES INCLUDE WORKING WITH PROPORTION OF FOR PRIVATE FUNDRAISING, INCLUDING ENDOY ICITING CONTRIBUTIONS FOR THOSE NEEDS AN ORPORATIONS AND FOUNDATIONS, CONDUCTIN CONTRIBUTIONS AND CREATE AWARENESS OF TOUCTING SPECIAL FUNDRAISING EVENTS ACTIVED AND SECONDE OF THE LIBRAY FOR THE LIBRAY FOR THE LIBRAY FOR THE LIBRAY FOR THE LIBRAY PAIR AND MANAGES ALL PRODUCTION AND MAILING AND MANAGES ALL PRODUCTION AND MAILING ICON, IT MONITORS DIRECT MAIL PROGRAM RETURED TO THE LIBRAY PAIR SING EXPENSES "CHARITY DYNAMICS IS AN ONLIBRAY'S DIGITAL FUNDRAISING CAMPAIGNS IN THE LUBRAY PAIR SING EXPENSES "CHARITY DYNAMICS IS AN ONLIBRARY'S DIGITAL FUNDRAISING CAMPAIGNS IN SOUPPORT STRATEGIC DECISIONS DUE TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE LORD TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE LORD TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE LORD TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE LORD TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE LORD TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE LORD TO THE BRARY IS UNABLE TO IDENTIFY RECEIPTS RELATED TO CHARITY DYNAMICS AND THE PROVIDES AD STRATED TO THE PROVIDES AD STRATED TO THE PROVIDES AND THE LIBRAY PAIR AND INSTAGRAM IT A LASED ON CAMPAIGN PERFORMANCE THE HELPGONEW YORK, NY 10003 IN FISCAL YEAR 2019, THE LAISING EXPENSES	RIVES DOF PLAN N AND C RARY'S OGRAM! WMENT ID FOR 1 IG OUTF THE LIBF VITIES C (III) *T BBRARY'S AND BUE SERVIC IRNS AN DRESS I ID THE L ILINE MA IT COLL ILINE MA IT COLL MONITO E NATUF TED TO A ADDRESS Y THAT N TEGY AN LLSO PRI OOD, LL	ILIGENTLY INED GIVIN CONTRIBUT FUNDRAIS STAFF TO I AND CAPI THE ANNUA REACH EFF RARY AND CONDUCTEI HE LUKEN: DOBETING, I ELISTS FO DOBETING ELISTS FO	TO NG AND TION SING AND DEVELOP TAL AL FUND ORTS TO ITS D BY MAIL DEVELOPS OR THE ES ANALYSIS IIRLINGTON DMPANY, INC AGENCY G ON ANNUAL TS AND S THAT ARE GUADALUPE ITH THE DVERTISING DVERTISING DVERTISING ESS IS 101 E

efile GRAPHIC print - DO N	OT PROCESS	As Filed Data -					DL	N: 934931430	04510	
Note: To capture the full co	ntent of this do	ocument, please sel	ect landscape mode	(11" x 8.5") whe	en printing.					
Schedule I		Grants and O	thar Assistanc	o to Organiz	ations			OMB No 1545-004	7	
(Form 990)	_		ther Assistanc					2018		
			and Individuals				2010			
	Coi	mplete if the organiza	tion answered "Yes," o Attach to Form		, line 21 or 22.			Open to Public		
Department of the Treasury		► Go to <u>www</u>	v.irs.gov/Form990 for		on.			Inspection		
Internal Revenue Service Name of the organization						l e	mployer identific	ation number		
THE NEW YORK PUBLIC LIBRARY							•	ation number		
ASTOR LENOX AND TILDEN FOUND						1	3-1887440			
Part I General Informa	tion on Grants	and Assistance								
1 Does the organization maint the selection criteria used to						e, and		✓ Yes	П №	
2 Describe in Part IV the organ	nization's procedur	es for monitoring the use	e of grant funds in the Un	ited States				<u> </u>	□ NO	
		estic Organizations ar can be duplicated if addi		nts. Complete if the o	rganızatıon answered "Yes"	on Form 9	90, Part IV, line	21, for any recipie	∍nt	
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		escription of sh assistance	(h) Purpose of or assistance	grant	
(1) NATIONAL BOOK FOUNDATION 90 BROAD STREET NEW YORK, NY 10004	13-3347524	501 (C)(3)	39,235					SEE PART IV		
2 Enter total number of section	n 501(c)(3) and go	vernment organizations	listed in the line 1 table .				. •		1	
3 Enter total number of other	organizations listed	d in the line 1 table					>			
For Paperwork Reduction Act Notice				Cat No 50055				nedule I (Form 990)	2018	

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Schedule I (Form 990) 2018

(1) DOROTHY AND LEWIS B CULLMAN CENTER FOR SCHOLARS	14	1,049,999		
(2) SCHOMBURG SCHOLARS-IN-RESIDENCE PROGRAM	8	228,000		
(3) SHORT TERM FELLOWSHIP PROGRAM	29	72,000		
(4) LAPIDUS CENTER FELLOWSHIP	4	53,000		
(5) OTHER FELLOWSHIPS, GRANTS & AWARDS	42	160,163		
(6) JEROME ROBBINS DANCE DIVISION RESEARCH FELLOWSHIP	6	45,000		
(7) MAGIC GRANTS	63	65,521		

Page 2

RESEARCH FELLOWSHIP									
(7) MAGIC GRANTS	63	65,521							
(7)									
Park TV Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information									

iformation. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Explanation Return Reference SCHEDULE I. PART II. COLUMN (H) IN FISCAL YEAR 2019, THE LIBRARY PROVIDED A GRANT TO A U.S. ORGANIZATION TO SUPPORT A DISCUSSION SERIES FEATURING NEW YORK RESIDENTS DISCUSSING BOOKS THAT EXCITE AND INSPIRE THEM, THE BOOKS THEY GREW UP WITH AND THE ONES THAT GUIDED THEM THROUGH THEIR CAREERS, HELPING TO MAKE THEM INTO WHO THEY ARE TODAY THE LIBRARY AWARDS VARIOUS FELLOWSHIPS TO ACADEMICS, INDEPENDENT SCHOLARS, CREATIVE WRITERS, AND VISUAL ARTISTS THESE FELLOWSHIP. PROGRAMS CONNECT FELLOWS WITH THE RESOURCES OF THE LIBRARY, PROMOTE INTERPRETIVE AND CREATIVE SCHOLARSHIP AND WRITING, AND INVITE FELLOWS TO PRESENT THEIR WORK TO THE GENERAL PUBLIC IN PAPERS, SYMPOSIA, CONVERSATIONS, AND LECTURES APPLICATIONS FOR THE FELLOWSHIP

PURPOSE OF GRANTS TO ORGANIZATIONS GRANTS AND OTHER ASSISTANCE TO INDIVIDUALS PROGRAMS ARE REVIEWED BY EXPERTS IN EACH FIELD AND/OR A SELECTION COMMITTEE. THE CRITERIA USED TO SELECT THE RECIPIENTS OF FELLOWSHIPS MAY INCLUDE (1) THE NEED OF THE PROPOSED PROJECT FOR THE RESEARCH HOLDINGS OF THE LIBRARY, (2) THE QUALITY AND FEASIBILITY OF THE PROJECT PLAN, (3) LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT OF THE PROJECT, (4) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY, AND (5) EXCELLENCE, AS SHOWN EITHER IN A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED IN HIS OR HER FIELD. OR A HIGHLY PROMISING PROPOSAL BY A RELATIVELY YOUNG APPLICANT IN ADDITION, THE LIBRARY AWARDS PRIZES TO AUTHORS FOR PREVIOUSLY PUBLISHED WORKS (BOTH FICTION AND NONFICTION), ENTREPRENEURS AS PART OF A BUSINESS PLAN COMPETITION, AND INDIVIDUALS WHO CONTRIBUTE TO THE QUALITY OF LIFE IN NEW YORK CITY SUBMISSIONS FOR THESE PRIZES ARE ALSO REVIEWED BY A PANEL OF EXPERTS AND/OR A SELECTION COMMITTEE FINALLY. THE LIBRARY OFFERS MAGIC GRANTS TO PARTICIPANTS IN THE BRIDGEUP PROGRAM TO SUPPORT THEIR INTERESTS OUTSIDE OF THE BRIDGEUP CURRICULUM APPLICATIONS FOR MAGIC GRANTS ARE REVIEWED BY BRIDGEUP STAFF, WHO CONSIDER THE PARTICIPANT'S OVERALL PARTICIPATION, BEHAVIOR, AND COMMITMENT TO BRIDGEUP MAGIC GRANTS ARE DISBURSED DIRECTLY TO THE ORGANIZATION, PROGRAM, OR SOURCE IDENTIFIED AS THE ENTITY THAT PROVIDES THE SCHOLAR WITH THE ACTIVITY, PROGRAM, CLASS, SUPPLIES, ETC Schedule I (Form 990) 2018

Additional Data

DOROTHY AND LEWIS B CULLMAN CENTER

SCHOMBURG SCHOLARS-IN-RESIDENCE

OTHER FELLOWSHIPS, GRANTS & AWARDS

SHORT TERM FELLOWSHIP PROGRAM

LAPIDUS CENTER FELLOWSHIP

FOR SCHOLARS

PROGRAM

Software ID: **Software Version:**

14

29

EIN: 13-1887440 Name: THE NEW YORK PUBLIC LIBRARY

1,049,999

228,000

72,000

53,000

160,163

ASTOR LENOX AND TILDEN FOUNDATIONS

Torin 990, Schedule 1, Part 111, Grants	and Other Ass	istance to Donnestic	Illulviduais.
(a)Type of grant or assistance	(b)Number of	(c)Amount of	(d)Amount of

, , , ,	recipients	cash grant	non-cásh assistanc

Form OOD Schodula I Dart III Grants and Other Assistance to Demostic Individuals

FMV, appraisal, other)

(e)Method of valuation (book,

(f)Description of non-cash assistance







(a)Type of grant or assistance
(b)Number of recipients
(c)Amount of cash grant
(d)Amount of non-cash assistance
(e)Method of valuation (book, FMV, appraisal, other)
(f)Description of non-cash assistance

JEROME ROBBINS DANCE DIVISION	6	45,000		
RESEARCH FELLOWSHIP				

65.521

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

MAGIC GRANTS

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	ta -	DLN: 934	19314	13004	510	
Sch	edule J	С	ompensat	tion Information	00	1B No	1545-0	3047	
(For	n 990)	For certain Offic	•						
		► Complete if the or		sated Employees wered "Yes" on Form 990, Part I\	/, line 23.	2 0	2018		
Danor	tment of the Treasury	▶ Go to www.irs.a		h to Form 990. Ir instructions and the latest infor			to Pul		
	al Revenue Service	r do to <u>www.sig</u>	10.	instructions und the fatest line.		Insp	ectio	n	
	ne of the organiza NEW YORK PUBLIC				Employer identificat	ion nu	ımber		
AST	OR LENOX AND TILE				13-1887440				
Pa	rt I Questi	ons Regarding Compens	ation				T		
1 a	Chack the appro	anista hay(as) if the organization	an provided any o	of the following to or for a person list	nd on Form		Yes	No	
Ia				ny relevant information regarding the					
	First-class	or charter travel	\checkmark	Housing allowance or residence for	personal use				
		companions		Payments for business use of perso	onal residence				
		nification and gross-up paymen	ts 🛂	Health or social club dues or initiat					
	☐ Discretion	ary spending account	Ш	Personal services (e g , maid, chau	iffeur, chef)				
b		xes in line 1a are checked, did all of the expenses described ab		follow a written policy regarding payi mplete Part III to explain	ment or reimbursement	1b	Yes		
2	Did the organiza	ation require substantiation prior	or to reimbursing	or allowing expenses incurred by all	- 1-3	2	Yes		
	airectors, truste	es, officers, including the CEO/	Executive Directo	or, regarding the items checked in lin	e ia,				
3				sed to establish the compensation of	the				
	_	•		not check any boxes for methods ECEO/Executive Director, but explain	ın Part III				
	✓ Compensa	ation committee		Written employment contract					
		ent compensation consultant	☑	Compensation survey or study					
		of other organizations	$\overline{\mathbf{Z}}$	Approval by the board or compens	ation committee				
4			990, Part VII, Se	ection A, line 1a, with respect to the	filing organization or a				
	related organiza	ition							
a		ance payment or change-of-co				4a	Yes	<u> </u>	
b	•	r receive payment from, a supp	•	· ·		4b 4c		No	
С		r receive payment from, an equ of lines 4a-c, list the persons ar		ensation arrangement? oplicable amounts for each item in Pai	rt III	40		No	
	,	, ,	•						
), 501(c)(4), and 501(c)(29		•					
5		ed on Form 990, Part VII, Secti ontingent on the revenues of		I the organization pay or accrue any					
а	The organization	1?				5a		No	
b	Any related orga	anization? 5a or 5b, describe in Part III				5b		No	
_	•	·							
6		ed on Form 990, Part VII, Secti ontingent on the net earnings o		I the organization pay or accrue any					
a	The organization					6a	-	No	
b	Any related orga	anization? 6a or 6b, describe in Part III				6b		No	
7	•	•	on Aline 1adid	the organization provide any nonfixe	ad.				
•		escribed in lines 5 and 6? If "Ye			-u	7		No	
8				ured pursuant to a contract that was s section 53 4958-4(a)(3)? If "Yes," o	describe	8		No	
9	If "Yes" on line 5 53 4958-6(c)?	8, did the organization also follo	ow the rebuttable	e presumption procedure described in	n Regulations section	9		110	
For E	Panerwork Redu	iction Act Notice, see the In	structions for F	Form 990 Cat No.	50053T Schedule 1	(Forn	990)	2018	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on 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, applicable column (D) and (E) amounts for that individual (A) Name and Title (D) Nontaxable (B) Breakdown of W-2 and/or 1099-MISC (C) Retirement (E) Total of (F) and other benefits columns Compensation in compensation deferred (B)(i)-(D) column (B) (i) Base (ii) (iii) Other compensation reported as compensation Bonus & incentive reportable deferred on prior compensation compensation Form 990 See Additional Data Table

			 Schedule J (F	orm 990) 2018

Page 3

Schedule J (Form 990) 2018

coverage for all officers of the Library are grossed up and included in other reportable compensation on Schedule J. Part II, COLUMN (B)(III) SEVERANCE PAYMENTS SCHEDULE J, PART I, LINE 4A JACQUELINE BAUSCH RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$134,153 THIS AMOUNT IS INCLUDED AND REPORTED ON SCHEDULE J. PART II. COLUMN (B) (III) OTHER REPORTABLE COMPENSATION SCHEDULE J. PART II. COLUMN B (III) 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 RETIREMENT AND OTHER DEFERRED COMPENSATION SCHEDULE J, PART II, COLUMN C RETIREMENT AND OTHER DEFERRED COMPENSATION REFLECTS EITHER 1) THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN. THE NEW YORK STATE AND LOCAL EMPLOYEES' RETIREMENT SYSTEM (NYSLERS), OR 2) THE LIBRARY'S ACTUAL CONTRIBUTION TO THE NEW YORK STATE VOLUNTARY DEFINED CONTRIBUTION PLAN (VDC)

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

Form 990, Schedule	: J,	Part II - Officers, D	irectors, Trustees, K	ey Employees, and I	lighest Compensate	d Employees		
(A) Name and Title		(B) Breakdown (i) Base Compensation	of W-2 and/or 1099-MIS	C compensation (iii)	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B)
		(,, =	Bonus & incentive compensation	Other reportable compensation	compensation			reported as deferred on prior Form 990
ANTHONY W MARX Trustee, President and CEO	(1)	635,943		176,431	53,198	32,908	898,480	0
	(11)				0	0	0	0
TONY AGEH CHIEF DIGITAL OFFICER	(1)	390,585		1,197	22,000	59,605	473,387	0
	(11)				0	0	0	0
MICHAEL DARDIA END 119 VP, FINANCE & ASST TREASURER	(I)	298,548		22,276 	0	2,117	322,941	0
GEETANJALI GUPTA	(II)	532,369			0	0	0	0
CHIEF INVESTMENT OFFICER	(II)			47,730 	22,000 	50,870 	652,969 0	
RISA HONIG	(1)	245,056		9,134	25,739	20,777	300,706	0
	(11)				0	0	0	0
WILLIAM KELLY ANDREW W MELLON	(1)	383,577		23,993	22,000	22,645	452,215	0
DIRECTOR	(11)				0	0	0	0
CARYL MATUTE INTERIM CHIEF BRANCH	(ı)	156,380		228	159,434	36,369	352,411	0
LIBRARY	(11)				0	0	0	0
MICHELE COLEMAN MAYES	(ı)	378,325		2,413	17,273	16,111	414,122	0
VP, GENERAL COUNSEL AND SEC	(11)				0	0	0	0
GEORGE MIHALTSES VP, GOV'T & COMMUNITY AFFRS	(1)	197,346		691	56,950	28,339	283,326	0
	(11)				0	0	0	0
TERRANCE NEAL VP, HUMAN RESOURCES	(1)	227,619 		100	206,976	13,851	448,546 	0
CHRISTOPHER D PLATT	(II)	242,603			0	0	0	0
CHF BRANCH LIB OFF(END 10/18)	l`.'	242,603		43,414	133,557	9,852	429,426	0
FAY ROSENFELD	(11)	222.420			0	0	0	0
VP, PUBLIC PROGRAMS	(1)	222,438		745 	18,032	21,516	262,731	0
	(11)	101.551			0	0	0	0
LOUISE SHEA END 718 VP, HUMAN RESOURCES	(1)	184,664		64,821	98,382	19,598	367,465	0
	(11)				0	0	0	0
JADRIEN F STEELE VP, DEVELOPMENT	(1)	280,958		213	66,115	37,749	385,035	0
	(11)				0	0	0	0
IRIS WEINSHALL COO AND TREASURER	(1)	425,994 		3,383	22,000	36,041	487,418	0
	(11)				0	0	0	0
CARRIE WELCH CHIEF EXTERNAL	(1)	378,626		1,785	22,000	47,839	450,250	0
	(11)				0	0	0	0
GENNARO J OLIVA DIRECTOR, FACILITIES	(1)	220,180		350 	86,408	39,145	346,083	0
	(11)				0	0	0	0
KEVIN L YOUNG DIRECTOR, THE SCHOMBURG CENTER	(I) (II)	269,736		154 	21,585	22,879	314,354	0
JENNIFER FRIEDMAN	(1)	230,438		129	19,371	56,545	306,483	0
DIRECTOR, CPTL/RE INITIATIVES	(11)	,,		129	19,3/1	50,343		
SALVATORE SCIBONA	(1)	208,205		18,574	18,496	31,818	277,093	0
DIRECTOR, SCHOLARS AND	(II)				10,490	31,010 	2//,093 	
	<u>ı` '</u>				O _I	0	1	<u> </u>

(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in other deferred benefits (B)(i)-(D)column (B) (i) Base Compensation (iii) reported as deferred on compensation Bonus & incentive Other reportable prior Form 990 compensation compensation JACOUELINE Z DAVIS 222,388 23,981 14,775 261,218 EXECUTIVE DIRECTOR, LPA LORRAINE KARLEN 217.136

18.643

13,184

55,806

291.914

147,337

329

134,153

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

CONTROLLER

END 817

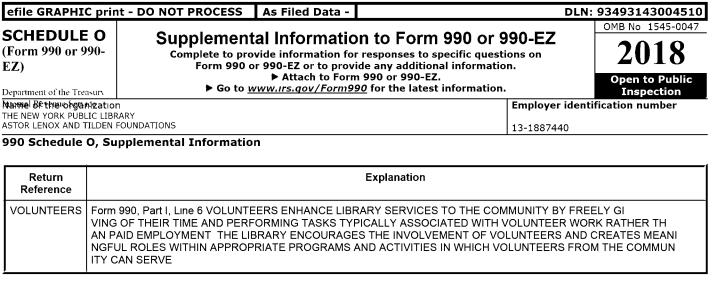
& ASST

JACQUELINE F BAUSCH

FMR VP, DEP GEN COUNSEL (II)

efil	e GRAPHIC pr	int - DO NOT PR	OCESS	As Filed Data -		DLN: 9	349314	3004	510
SCH	EDULE M			loncash Contri	hutions	C	MB No 1	.545-0	047
(For	m 990)		1	ioncasii contri	Dutions		20	10	<u> </u>
		▶Complete if the	organizati	ons answered "Yes" on Fo	orm 990, Part IV, lines 2	9 or 30.	20	19	
		► Attach to Form							
•	ment of the Treasury al Revenue Service	▶Go to <u>www.irs.g</u>	ov/Form9	90 for the latest informat	ion.		Open to		
	of the organizat EW YORK PUBLIC LI					Employer identifi	cation n	umbe	r
	R LENOX AND TILDE					13-1887440			
Pa	rt I Types	of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	Method o noncash cont			ts
1	Art—Works of art		X	84	1g	N/A			
	Art—Historical tre			07		17/0			
	Art—Fractional in								
4	Books and public	ations	Х			N/A			
5	Clothing and hou								
6	goods Cars and other v	· · · · ·							
7	Boats and planes								
	Intellectual prope								
	Securities—Public		X	62	2,707,154	MARKET PRICE			
	Securities—Close				, ,				
11	Securities—Partr	, , ,							
12	or trust interest Securities—Misce								
13	Qualified conserv contribution—Hi	ation storic							
14	Qualified conserve contribution—Of	/ation							
15	Real estate—Res	idential .							
16	Real estate—Con	nmercial							
17	Real estate—Oth								
18	Collectibles .								
19	Food inventory								
20	Drugs and medic	ai supplies .							
21	Taxidermy								
	Scientific specim								
	Archeological art								
	Other ▶ (
	Other ▶ (
27	Other ▶ ()							
	Other • (<u> </u>			
29		,	_	ition during the tax year for B, Part IV, Donee Acknowled		29		V	13
30=	During the veer	, did the organization	n receive b	contribution any property r	eported in Part I lines 1 th	rough 28 that it		Yes	No
500	must hold for at	least three years fro	om the date	e of the initial contribution, a	and which is not required to		30a		No
b	If "Yes," describ	e the arrangement i	n Part II						···•
31	Does the organi	zation have a gift ac	ceptance p	olicy that requires the review	of any nonstandard contri	butions?	31	Yes	
32a		zation hire or use th		or related organizations to so	olicit, process, or sell nonca	sh 	32a		No
	If "Yes," describ								
33	If the organizati describe in Part	·	amount in	column (c) for a type of pro	perty for which column (a)	ıs checked,			
For D		on Act Notice, see the	Instruction	s for Form 990	Cat No 512271	Schadul	e M (Form	. 000)	(2018)

Schedule M (Form 990) (2018)	Page 2
	ion required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part imber of contributions, the number of items received, or a combination of both. Also complete
Return Reference	Explanation
	SCHEDULE M, PART I, COLUMN (B) THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS
	SCHEDULE M, PART I, LINE 33 DONATED COLLECTION ITEMS ARE NOT RECORDED REFER TO SCHEDULE D, PART III, LINE 1A
	Schedule M (Form 990) (2018)



Return Reference	Explanation
PROGRAM SERVICES	FORM 990, PART III, LINE 4A - THE BRANCH LIBRARIES THE SERVICES OF THE 88 BRANCH LIBRARIES EXTEND FAR BEYOND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRA RIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS , SHELTERS AND PRISONS, AND TO THE BLIND AND PHYSICALLY HANDICAPPED, INCLUDING BOOK-BY-MAI L DELIVERIES TO THE HOMEBOUND IN FISCAL 2019, THERE WERE 11 8 MILLION VISITS TO THE BRANC H LIBRARIES BY INDIVIDUALS WHO BORROWED 21 3 MILLION ITEMS THE BRANCH LIBRARIES SPONSORED 103,402 PROGRAMS, ATTENDED BY 1 9 MILLION ADULTS AND CHILDREN COLLECTIONS INCLUDE 5 MILL ION BOOKS AND APPROXIMATELY 3 MILLION NONPRINT ITEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS FOR THE BLIND REFERENCE INQUIRIES TOTALED 8 MILLION

Return

Reference	·
PROGRAM SERVICES	FORM 990, PART III, LINE 4B - THE RESEARCH LIBRARIES DURING FISCAL 2019, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A SCHWARZMAN BUILDING, THE SCIENCE, INDUSTRY AND BUSINESS LIBRAR Y, THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE, AND THE LIBRARY FOR THE PERFORMING ARTS, DOROTHY AND LEWIS B CULLMAN CENTER - HAD 4 6 MILLION ON-SITE USERS THE RESEARCH LI BRARIES SPONSORED 3,037 ATTENDED BY 127,131 PATRONS LIBRARY STAFF RESPONDED TO 521,000 RE FERENCE INQUIRIES OF 46 8 MILLION COLLECTION ITEMS, APPROXIMATELY 17 5 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FIL MS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS THE RESEARCH LIBRARIES HAVE AN EXTENSIVE CON SERVATION AND PRESERVATION PROGRAM THROUGH RESTORATION, PRESERVATION, MICROFILMING AND RE PRINT, 77,247 ITEMS WERE PRESERVED IN ADDITION, ABOUT 41,244 HOURS OF VIDEO TAPE MEDIA AN D RECORDED SOUND MEDIA WERE PRESERVED AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 14 MAJOR EXHIBITIONS WERE MOUNTED AT THE FOUR LIBRARIES, AND A NUMBER OF SMALLER DISP LAYS WERE ON VIEW ALL YEAR EMINENT SCIENTISTS, SCHOLARS AND WRITERS PARTICIPATED IN LECTU RES, PANEL DISCUSSIONS, AND RECITALS, FURTHERING THE LIBRARY'S EFFORTS TO MAKE AVAILABLE T O THE PUBLIC A SERIES OF EDUCATIONAL AND CULTURAL PROGRAMS OF THE HIGHEST QUALITY

Explanation

Return Explanation

Reference	
RELATIONSHIPS	Form 990, Part VI, Line 2 *TRUSTEE, HENRY LOUIS GATES, JR AND TRUSTEE, RICHARD D COHEN - BUSINESS

RELATIONSHIP

Return Reference	Explanation
REVIEW OF FORM 990	FORM 990, PART VI, LINE 11B THE LIBRARY'S FORM 990 IS PREPARED BY MANAGEMENT AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE LIBRARY THE DRAFT FOR M 990 IS REVIEWED BY CERTAIN OFFICERS AND 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

CONFLICT Form 990, Part VI, Line 12c DESCRIPTION OF PROCESS TO MONITOR TRANSACTIONS FOR CONFLICTS O	Return Reference	Explanation
INTEREST POLICY IDED WITH A COPY OF THE POLICY STATEMENT AND QUESTIONNAIRE, AND MUST DISCLOSE ANY POTENTIA L CONFLICTS IN ADVANCE OF ELECTION OR APPOINTMENT 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 CONFLIC T OF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE THERE IS ALSO AN ONGOING OBLIGATI ON TO DISCLOSE CONFLICTS IN ADDITION TO COMPLETING THE ANNUAL QUESTIONNAIRE EACH CONFLICT OF INTEREST STATEMENT AND ANNUAL QUESTIONNAIRE IS REVIEWED AND EVALUATED IN ACCORDANCE WI TH THE POLICY FOR ANY ACTUAL AND/OR POTENTIAL CONFLICT OF INTEREST A TRUSTEE, OFFICER OR	OF INTEREST	F INTEREST PROPOSED CANDIDATES FOR TRUSTEES, OFFICERS AND KEY EMPLOYEE POSITIONS ARE PROVIDED WITH A COPY OF THE POLICY STATEMENT AND QUESTIONNAIRE, AND MUST DISCLOSE ANY POTENTIA L CONFLICTS IN ADVANCE OF ELECTION OR APPOINTMENT 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 CONFLIC TOF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE THERE IS ALSO AN ONGOING OBLIGATI ON TO DISCLOSE CONFLICTS IN ADDITION TO COMPLETING THE 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 MEE TING DURING ANY DISCUSSIONS OR VOTE RELATING TO SUCH MATTER PRIOR TO APPROVAL, THE AUDIT COMMITTEE OR THE BOARD MUST DETERMINE THAT THE TRANSACTION IS FAIR, REASONABLE AND IN THE LIBRARY'S BEST INTEREST, AND IF A TRUSTEE, OFFICER OR KEY EMPLOYEE HAS A SUBSTANTIAL FINAN

Return

Reference

11010101100	
COMPENSATION	FORM 990, PART VI, LINE 15A & 15B THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE
REVIEW AND	BOARD OF TRUSTEES MEETS AT LEAST FOUR TIMES A YEAR AS REQUIRED, IT REVIEWS THE COMPENSAT
APPROVAL	ION OF THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE LIBRARY, AS RECORDED CONTEMPORANEO
	USLY IN THE MINUTES THE LIBRARY REGULARLY CONSULTS COMPETITIVE DATA INCLUDING PUBLISHED S
	URVEYS WHEN REVIEWING AND MAKING COMPENSATION AND SALARY ADJUSTMENTS IN ADDITION, THE COM
	PENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES RETAINS THE SERVICES O
	F AN INDEPENDENT CONSULTING FIRM TO SURVEY EXECUTIVE COMPENSATION AMONG PEER ORGANIZATIONS
	TO SUPPORT DECISIONS OF REASONABLENESS AND FAIR MARKET VALUE OF COMPENSATION THE LAST RE
	VIEW BY AN INDEPENDENT CONSULTING FIRM WAS DONE IN APRIL 2018, AS THE REVIEW IS CONDUCTED
	EVERY TWO YEARS

Explanation

Return Reference	Explanation
PUBLIC DISCLOSURE	Form 990, Part VI, Line 19 THE LIBRARY'S GOVERNING DOCUMENTS (BYLAWS AND CHARTER) ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE POSTED ON THE LIBRARY'S WEBSITE 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 FOR M 990, PART X, LINES 27-29 NET ASSET CLASSIFICATION THE FASB ISSUED ACCOUNTING STANDARDS UPDATE (ASU) 2016-14 NOT-FOR-PROFIT ENTITIES (TOPIC 958), PRESENTATION OF FINANCIAL STATEME NTS OF NOT-FOR-PROFIT ENTITIES, WHICH AMONG OTHER THINGS, CHANGES HOW NOT-FOR-PROFIT ENTITIES REPORT NET ASSET CLASSES THE SIGNIFICANT REQUIREMENTS OF ASU 2016-14 INCLUDE REDUCTION IN THE NUMBER OF NET ASSET CLASSES FROM THREE TO TWO WITH DONOR RESTRICTIONS (FORMERLY REPORTED AS TEMPORARILY RESTRICTED NET ASSETS) AND WITHOUT DONOR RESTRICTIONS (FORMERLY REPORTED AS UNRESTRICTED NET ASSETS) THE 2018 FORM 99 0, PART X WAS NOT UPDATED TO REFLECT THE CHANGE IN NET ASSET CLASS TERMINOLOGY, THEREFORE, THE LIBRARY HAS REPORTED NET ASSETS WITHOUT DONOR RESTRICTED NET ASSETS AND PERMANENTL Y RESTRICTED NET ASSETS AND PERMANENTL Y RESTRICTED NET ASSETS AND PERMANENTL Y RESTRICTED NET ASSETS AND PERMANENTL

Return Explanation
Reference

OTHER	FORM 990, PART XI, LINE 9 POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC BENEFIT COST
CHANGES	(\$11,085,446)
IN NET	
ASSETS	

SCHEDULE R

(Form 990)

As Filed Data
Related

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.

2018

Employer identification number

Open to Public Inspection

DLN: 93493143004510OMB No 1545-0047

Internal Revenue Service

Name of the organization
THE NEW YORK PUBLIC LIBRARY
ASTOR LENGY AND THE POLINDATIONS

Department of the Treasury

Go to <u>www.ms.gov/10/ms50</u> for mistructions and the fatest miorination.

ASTOR LENOX AND TILDEN FOUNDATIONS							13-1	887440				
Part I Identification of Disregarded Entities Complete in	the organ	ızatıon answ	ered "Yes	" on Form	990, Part	IV, line :	33.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ad	tivity	Legal dom or foreigr	c) Icile (state I country)	(d Total ır) icome	(e) End-of-year a	ssets	(f Direct co ent	ntrolling	
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	ns Comple								cause			
(a) Name, address, and EIN of related organization	Prim	(b) ary activity	(c) Legal domicile (sta or foreign country		ate Exempt Code		Public o	(e) harity status on 501(c)(3))	(f) Direct controlling entity		(g) Section 512i (13) controll entity?	
(1)BRYANT PARK CORPORATION (BPC) 1065 AVENUE OF AMERICAS STE 2400	PARK MG	MT	1	NY	501 (C) (3)		12a		NA		Yes	No No
NEW YORK, NY 10018 13-3009946											+-	_
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	5Y				Sch	edule R (Form	990) 2	018

(a) Name, address, and EIN of related organization			(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predomin Income(relate excluded f tax undi sections 5 514)	ated, total in d, rom er	of	(g) Share of end-of-year assets	Disprop alloca	tions?	e Code amour 2 Sched		(j Gener mana partr	al or ging ner?	(k) Percent owners
					<u> </u>				Yes	No			Yes	No	
							\dashv								
V Identification of Related Or							nswe	ered "Yes'	" on F	orm 9	90, P	art IV,	lıne	34	
V Identification of Related Ord because it had one or more related organization		a corporation d	on or trus (c) Legal omicile	st during t		r. (e) Type of entit (C corp, S co	y Sh	ered "Yes' (f) hare of total income	Share	(g) e of end year	1	art IV, (h) Percen owner) itage		ction 5 3) cont
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit	y Sh	(f) hare of total	Share	(g) e of end	1	(h) Percen) itage	Se (1	(I) ection 5 3) cont entity Yes
because it had one or more rel (a) Name, address, and EIN of	ated organizations treated as	d (state	(c) Legal omicile or foreign	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ction 5 3) cont entity
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) cont entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) cont entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) cont entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) cont entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) cont entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) cont entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) conf entity Yes
(a) Name, address, and EIN of related organization	ated organizations treated as (b) Primary activity	d (state	on or trus (c) Legal omicile e or foreign ountry)	st during t	(d)	r. (e) Type of entit (C corp, S co	y Sh	(f) hare of total	Share	(g) e of end year	1	(h) Percen) itage	Se (1	ection 5 3) conf entit

Schedule R (Form 990) 2018

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1 b		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
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\Box	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	10		No
			i

k Lease of facilities, equipment, or other assets from related organization(s)		1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)		11	No
m Performance of services or membership or fundraising solicitations by related organization(s)	•	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n	No
o Sharing of paid employees with related organization(s)		10	No
p Reimbursement paid to related organization(s) for expenses		1 p	No
q Reimbursement paid by related organization(s) for expenses		1q	No
r Other transfer of cash or property to related organization(s)		1r	No

1s Yes 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (a) Name of related organization (b) Transaction type (a-s) (d) Method of determining amount involved (c) Amount involved

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

was not a related organization. See mishactions 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)	organizations? m		(f) Share of total Income	of Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or x managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
Schedule R (Form 990) 2018												0) 2018	

