Duparment of the Treasury
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947 (a) (1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
trtornel Revenuat Service
A For the 2012 calendar year, or tax year beginning JUL 1, 2012 and ending. JUN 30, 2013


1 Briefly describe the organization's mission or most significant activities: PROVIDES LIBRARY SERVICES TO THE RESIDENTS OF QUEENS COUNTY NY
2 Check this box $>\square$ if the organization discontinued its operations or disposed of more than $25 \%$ of its net assets.
3 Number of voting members of the goveming body (Part VI, line 1a)
4 Number of independent voting members of the governing body (Part V, line 1b)
5 Total number of individuals employed in calendar year 2012 (Part V. line 2a)
6 Total number of volunteers (estimate if necessary)
7 a Total unrelated business reverue from Part VIIf, column (C), tine 12
b Net unrelated business taxable income from Form 990.T, line 34 $\qquad$
UEENS BOROUGH PUBLIC LIBR
The organization may have to use a copy of this ratum to satisfy state reporting requirements.

|  | Prior Year | Current Year |
| :---: | :---: | :---: |
| 8 Contributions and grants (Part VIII, line 1h) | 100,295,551. | 101,570,976. |
| 9 Program service reverue (Part VIII, line 2g) | 2,330,843. | 2,126,285. |
| 10 Investment income (Part VIII, cohumn (A), lines 3, 4, and 7d) | 460,246. | 2,040,296. |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, $8 \mathrm{c}, 9 \mathrm{c}, 10 \mathrm{c}$, and 11 c ) | 204,409. | 1,104,446. |
| 12 Total revemue - ade lines 8 through 11 (rust equal Pant Vill, column (A), line 12) | 103,291,049. | 106,842,003. |
| 13 Grants and simitar amounts paid (Part IX, column (A), lines 1.3) | 0. | 0 . |
| 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 79,099,213. | 79,497,822. |
| t6a Professional fundraising fees (Part IX, column (A), line 11e)............................... | 0 . | 0 . |
| b Total fundraising expenses (Part IX, column (D), line 25) ${ }_{\text {a }}$ 12,372. |  |  |
| 17 Other expenses (Part IX, column (A), lines 11a.11d, 11f.24e) | 22,965,296. | 22,677,118. |
| 18 Total expenses. Add lines 13.17 (must equal Part IX, column (A), line 25) | 102,064,509. | 102,174,940. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 1,226,540. | 4,667,063. |
|  | Beginaing of Current Year | End of Year |
| 20 Total assets (Part $X$, line 16) | 83,415,567. | 101,032,707. |
| 21 Total liabilities (Part $X$, line 26) | 35,887,130. | 53,559,974. |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 47,528,437. | 47,472,733. |

## Part II S Sgnature Block

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


Check if Schedule O contains a response to any question in this Part III

## 1 Briefly describe Ithe organization's mission:

THE MISSION OF THE QUEENS LIBRARY IS TO PROVIDE QUALITY SERVICES, RESOURCES, AND LIFELONG LEARNING OPPORTUNITIES THROUGH BOORS AND A
VARIETY OF OTHER FORMATS TO MEET THE INFORMATIONAL, EDUCATIONAL,
CULTURAL, AND RECREATIONAL NEEDS AND INTERESTS OF ITS DIVERSE AND
2 Did the organization undertake any significant program sevices during the year which were not listed on the prior Form 990 or 990 -EZ?
II 'Yes," describe these new services on Schedule 0 .
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
$]_{\text {Yes }}[\boldsymbol{x}]_{\text {No }}$
If 'Yes," describe these changes on Schedule O.
4 Describe the organization's program service accomplishments for each ol its three largest program services, as measured by expenses.
 revenue, if any, for each program service reported.
40 (Code

PROVIDES LIBRARY SERVICES TO THE RESIDENTS OF QUEENS COUNTY, NEW YORK.


4d Other program services (Describe in Schedule O.)


Form 990 (2012)

1 Is the organization described in section 501 (c)(3) or 4947 (a)(1) (other than a private foundation)? /f 'Yes, ${ }^{\text {' }}$ complete Schedule A
2 Is the organization required to complete Schedute $\theta$, Schedule of Contributors'
3 Did the organization engage in direct of indirect political campaign activities on behalf of or in opposition to candidates for public office? ${ }^{\prime}$ 'Yes, ${ }^{*}$ complete Schedule C, Part I
4 Section $501(c)(3)$ orgenlzetions. Did the organization engage in lobbying activities, or have a section $501(\mathrm{~h})$ election in effect during the tax year? $\|$ 'Ves, complete Schedule C. Part $H$
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 Fevenue Procedure 98.197 if "Yes," comptete Schedule C, Part if
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? $/ 7$ 'Yes," complete Schedule D. Part I
7 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 $l$.
B Did the organization maintain collections of works of art, historical treasures, of cther simular assets? "f "Yes, "complete Schedule D, Part II
8 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? /f "Yes, " complete Schedule D. Part IV
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowmenis? If "Yes," complete Schedule D, Part V
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 appicable.
a Did the organization report an amount for land, buildings, and equipment in Part $X$, line 102 I $^{\circ}$ Yes, ${ }^{\circ}$ complete Schedule 0 , Part VI
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 167 If "Yes," complete Schedute D. Part VI
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 167 If ${ }^{\circ}$ Yes," complete Schedute O. Part VW
d Did the organization report an amount for other asseis in Part $X$, line 15 that is $5 \%$ or more of its total assets reported in Part X, line 167 / ${ }^{\text {* Yes, }}$, complete Schedule D, Part IX
e Did the organization report an amount for other liabilities in Part $X$, line 25 ? ${ }^{\prime \prime}$ 'Yes,' complete Schedule D, Part $X$.
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)7 ${ }^{\prime \prime}{ }^{\text {'V Yes.' }}$ comptete Schedule $D$, Pant $X$
120 Did the organization obtain separate, independent audited financial statements tor the tax year? If "Yes, ${ }^{\circ}$ complete Schedule D, Parts $X I$ and $X I$
b Was the organization incfuded in consolidated, independent audited financial statements for the tax year?
If "Yes," and if the organization answered "No" to Hie 12a, then compteting Schedule O. Parts XI and XII is optional
13 Is the organization a school described in section $170(\mathrm{~b})(1)(\mathrm{A})(\mathrm{i})$ ? If ${ }^{\circ}$ Yes, " complete Schedule $E$
14a Did the organization maintain an office, employees, or agents outside of the United States?
b Did the organization have aggregate revenues or expenses of more than $\$ 10,000$ from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $\$ 100,000$ or more? $H^{*}$ Yes," complete Schedule F, Parts I and $I V$
15 Did the organization report on Part IX, column (A), line 3. more than $\$ 5,000$ of grants or assistance to any organization of entity located outside the United States? / 'Ves, $^{\text {" }}$ complete Schedute F, Parts II and IV
16 Did the organization report on Part IX, column (A), line 3, more than $\$ 5,000$ of aggregate grants or assistance to individuals located outside the United States? $/{ }^{*}$ 'Yes, " complete Schedule F. Parts $I I$ and $I V$
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 11 e? It "Yes," complete Schedute G. Part I
18 Did the organization report more than $\$ 15,000$ total of fundraising event gross income and contributions on Part Vill, lines 1c and 8a? If "Yes, " complete Schedule G, Part II
10 Did the organization report more than $\$ 15,000$ of gross income from gaming activities on Part Vill, line 9 a' $/ f$ "Yes," complete Schedute G, Part II
20a Did the organization operate one or more hospital facilities? If "Yes, complete Schedule H
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statemenis to this return?


Form 980 (2012)

21 Did the organization report more than $\$ 5,000$ of grants and other assistance to any government or organization in the United States on Part IX, column (A), line $17{ }^{17}$ 'Yes,' complete Schedute I, Parts I and I
22 Did the organization report more than $\$ 5,000$ of grants and other assistance to individuals in the United States on Part IX, column (A), line 27 II 'Yes, ${ }^{\circ}$ complete Schedule I, Parts $I$ and $H$
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key amployees, and highest compensated employees? "f "Yes," complete Schedule $J$
24a Did the organization have a taxexempt 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, 20027 If 'Yes, ' answer lines 24 b through $24 d$ and complete Schedule K. If 'No', go to line 25
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
e Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bands?
d Oid the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?
25a Section $\mathbf{5 0 1}(\mathrm{c})(3)$ and $501(\mathrm{c})(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? if ${ }^{-}$Yes, ${ }^{\circ}$ complete Schedute L, Part I
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? ${ }^{\prime \prime}$ 'Yes,' complete Schedute L. Part I
26 Was a boan to or by a curent or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedute L, Part II
27 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? ${ }^{\prime}$ 'Yes, ${ }^{\circ}$ complete Schedule L. Part ${ }^{\prime \prime}$
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L., Part IV instructions for applicable filing thresholds, conditions, and exceptions):
a A current or former officer, director, tustee, or key employee? ${ }^{\prime \prime}$ 'Yes,' complete Schedule L, Part IV
b A family member of a current or former officer, director, trustee, or key employee? If "Yes, " complete Schedule L. Part iV
c An enlity of which a current or forner officer, director, trustee, or key employes (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? H "Yes, " complete Schedute L, Part $N$.
29 Did the organization receive more than $\$ 25,000$ in non-cash contributions? ff "Yes, " complete Schedule $M$
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? II "Yes." complete Schedule M
31 Did the organization liquidate, terminate, or dissolve and cease operations? " ${ }^{\circ} \mathrm{Y}_{\text {es, }}$ ' complete Schedute N, Part I
32 Did the organization sell, exchange, dispose of, or transfer more than $25 \%$ of its net assets?" "Yes, "complete Schedule N, Part H
33 Did the organization own $100 \%$ of an enity disregarded as separate from the organization under Regulations sections 301.7701.2 and 301.7701-37 If "Yes,' complete Schedule R, Part I
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, II, or IV, and Part V, line I
35a Did the organization have a controlled entity within the meaning of section 512 (b)(13)?
b It 'Yes' to line 35a, did the organization recelve any payment from or engage in any transaction with a controlled entity wilthin the meaning of section 512(b)\{13)? If "Yes, " complete Schedule R, Part V، line 2
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt noncharitable related organization? if 'Yes, " complete Schedule R, Part V, line 2
37 Did the organization conduct more than $5 \%$ of its activities through an entity that is not a related organization and that is treated as a partnership for tederal income tax purposes? $/{ }^{\prime}$ 'Yes,' complete Schedute R, Part Vi
38 Did the organization complete Schedule $O$ and provide explanations in Schedule O for Part VI, lines 11 b and 19 ? Note, All Form 990 filars are required to complete Schedule 0

|  | Yes | No |
| :---: | :---: | :---: |
| 21 |  | X |
| 22 |  | X |
| 23 | X |  |
| 24a |  | X |
| 24b |  |  |
| 24c |  |  |
| 24d |  |  |
| 259 |  | X |
| 256 |  | X |
| 26 |  | X |
| 27. |  | X |
|  |  |  |
| 280 |  | X |
| 280 |  | X |
| 28c |  | X |
| 29 | X |  |
| 30 |  | X |
| 31 |  | X |
| 32 |  | X |
| 33 |  | X |
| 34 | X |  |
| 35a |  | X |
| 35b |  |  |
| 36 | $X$ |  |
| 37 |  | X |
| 38 | X |  |

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
c Did the organization comply with backup witholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this retum
b If at least one is reported on line 2a, did the organization fie all required federal employment tax returns? Note. If the sum of lines 1 a and 2 a is greater than 250 , you may be required to $e$-file (see instructions)
3a Did the organization have unrelated business gross income of $\$ 1,000$ or more during the year?
b If "Yes," has in filed a Form 990 .T for this year? If "No," provide an explanation in Schedule 0
4a At any time curing the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
b if 'Yes,' enter the name of the forsign country:
Ses instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.
5a Was the organization a party to a prohibited tax shefter transaction at any thme during the tax year?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction?
c If "Yes." to line 5 a or 5b, did the organization file Form 8886.T?
6a Does the organization have annual gross receipts that are normally greater than $\$ 100,000$, and did the organization sollcit any contributions that were not tax deductible as charitable contributions?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of $\$ 75$ made partily as a contribution and parlly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form $8282 ?$
d If "Yes," indicate the number of Forms 8282 filed during the year
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benelit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?.

II If the organization received a contribution of cars, boats, atrplanes, or other vehicles, did the organization file a form 1098-C?
8 Sponsoring organizations maintaining donor advised funds and section $509($ e)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?
9 Sponsoring organizations malntaining donor advised funds.
a Did the organization make any taxable distributions under section 4966 ?
b Did the organization make a distribution to a donor, donor advisor, or related parson?
10 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on Part VIII, Ine 12
b Gross receipts, included on Form 990, Part VII, line 12, for public use of club facilities

| $10 a$ |
| ---: | ---: |
| $10 b$ |

11 Section 501(c)( 12) organlzations. Enter:
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
12a Section 4947(a)(1) non-exempt charitable trusts. is the organization filing form 990 in lieu of Form 1041?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year
13 Section 501(c)(29) qualified nonproft health insurance issuers.

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

Note. See the instructions for additional Information the organization must repon on Schedute $\mathbf{O}$.
Enter the amount of reserves the organization is required to maintain by the states in which the
Note. See the instructions for additional Intormation the organization must report on Schedule 0 .
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of raserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
b if "Yos,' has it fited a Form 720 to report these payments? If "No," provide an explanation in Schedute 0

| $11 a$ |  |
| :---: | :--- |
| $11 b$ |  |

$\left.\right|_{\mid 2 \mathrm{~b}} ^{1041 ?}$
$\ldots$

## 



## Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or it the governing body delegated broad authority to an executive committee or similar commiltee, explain in Schedule 0 .
b Enter the number of voting members included in line 1a, above, who are independent
2 Oid any otficer, director, trustee, or key employes have a family relationship or a business relationship with any other officer, director, trustee, or key employee?
3 Did the organization delegate control over management dulies customarily performed by or under the direct supervision of officers, directors, or inustees, or key employees to a management company or other person?
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
5 Did the organization become aware during the year of a significant diversion of the organization's assets?
6 Did the organization have members or stockholders?
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?
b Are any governance decisions of the organization reserved to (or subject to approval by) members. stockholders, or persons other than the governing body?
a Did the organization contemporaneously document the meetings held or withen actions undertaken during the year by the folowing:
a The goveming body?
b Each committee with authority to act on behalf of the governing body?
9 Is there any officer, director, trustee, or key employee listed in Part VII. Section A. who cannot be reached at the organization's maling address? $1 /$ 'Yes, " provide the names and addresses in Schedule 0
Section B. Policies (This Section 8 requests information about policies not required by the internal Revenue Code.)
10a Did the organization have local chapters, branches, or atfiliates?
b If 'Yes,' did the organization have written poticies and procedures governing the activities of such chapters, affiliates. and branches to ensure their operations are consistent with the organization's exempt purposes?
11s Has the organization provided a complete copy of this Form 990 to all members of its governing body belore filing the form?
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? " "No.' go to line 13
b Were officers, direclors, or trustees, and key employees required to disclose annually interests that could give rise to conllicts?
c Did the organization regularly and consistently monitor and enforce compliance with the policy? /f "Yes, " describe in Schedule O how this was done
13 Did the organization have a written whistleblower policy?
14 Did the organization have a written document retention and desinction policy?
15 Did the process for determining compensation of the following persons include a reviow and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
a The organization's CEO, Executive Director, or top management official
b Other officers or key employees of the organization
If "Yes" to line 15a or 15b, cescribe 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?
b 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 status with respect to such arrangements?

|  | $\mathrm{Y}_{68}$ | No |
| :---: | :---: | :---: |
| 10a | X |  |
| 10b | X |  |
| 11a | X |  |
| 129 | $\mathrm{X}^{-}$ | .... |
| 126 | 8 |  |
| 12c | X |  |
| 13 |  | X |
| 14 | X |  |
| 45a | $\mathrm{x}$ | \% |
| 75b | X |  |
| 16a |  | X |
| 16 b |  |  |

## Section C. Disclosure

17 List the states with which a copy of thls Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990 , and $990 \cdot \mathrm{~T}$ (Section 501(c)(3)s only) avallable for public inspection. Indicate how you made these available. Check all that apply.
$\square$ Own website $\square$ Another's website $\square$ Upon request $\square$ Other (explain in Schedufe O)
19 Describe in Schedule $O$ whether (and if so, how), the organization made its goveming documents, conflyct of interest policy, and financtal statements avaitable to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
MALCOLM BRYAN - 718-990-5105
89-11 MERRICK BLVD., JAMAICA, NY 11432-5242

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

Check if Schedule $O$ contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Hiphest Compensated Employees
1a Complete this table for all persons required to be listed. Report compensalion for the calendar year ending with or wiltin the organization's lax 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 turrent highest compensated employees (other than an officer, director, trustee, or kay employee) who recelved 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, and highest compensated employees who received more than $\$ 100,000$ of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than $\$ 10,000$ of reportable compensation from the organization and any related organizations.
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) <br> Name and Title | (B) <br> Average <br> hours per <br> week <br> (wist any <br> hours for <br> her <br> realated <br> organizations <br> below <br> line) |  |  |  |  |  | D) <br> Reportable compensation from the organization (W-2/1099-MISC) | (E) <br> Reportable compensation from related organizations (w.2/1099-MISC) | (F) <br> Estimated <br> amount of other compensation from the organization and related organizations |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | 号 |  | 景 |  |  |  |  |
| (1) JACQUBLINE E. ARRINGTON board of trusters menber | 2.00 |  |  |  |  |  |  |  |  |
|  |  | X |  |  |  |  | 0. | 0. | 0. |
| (2) Judy b. bergtraum, eso. board of trustees member | 2.00 | X |  |  |  |  | 0. | 0. | 0. |
| (3) LEONARD T. D'AMTCO board of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (4) JOSEPH R. FICALORA board of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (5) PATRICLA PLANN board of trustres member | 2.00 | x |  |  |  |  | 0. | 0. | 0. |
| (6) WILLIAM JREFERSON board of trusters hember | 2.00 |  |  |  |  |  |  |  |  |
|  |  | X |  |  |  |  | 0. | 0. | 0. |
| (7) TERRI C. MANOINO board of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (8) MARY ANN MATTONE board of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (9) MUSA ALI SHAMA hoard of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | X |  |  |  |  | 0. | 0. | 0. |
| (10) GEORGE L. STAMATIADES hoard of trustees member | 2.00 | X |  |  |  |  | 0. | 0. | 0. |
| (11) EDWARD SADOWSKY, ESQ. board of trusters member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (12) GRACE LAWRENCE board of trusters member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (13) LAURA ENSLER board of trustezs member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (14) MAFTHEN M. GORTON board of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | X |  |  |  |  | 0. | 0. | 0. |
| (15) LILLIAN GAVIN boxpd of trustres member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | x |  |  |  |  | 0. | 0. | 0. |
| (16) ERNEST P. YART, ESO. board of trustebs member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | X |  |  |  |  | 0. | 0. | 0. |
| (17) Gabriel taussig, eso. board of trustees member | 2.00 |  |  |  |  |  |  |  |  |
|  |  | X |  |  |  |  | 0. | 0. | 0. |

PartVil Section A. Officers, Directors, Trustees, Koy Employees, and Highest Compensatad Employees (continued)


2 Total number of individuals (including but not limited to those listed above) who received more than $\$ 100,000$ of reportable
compensation from the organization $>$

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1 a? If "Yes," complete Schedule Jfor such individual
4 For any individual listed on line 1 a , is the sum of reportable compensation and other compensation from the organization and related organizations greater than $\$ 150,000$ ? If 'Yes," complete Schedute Jfor such individual
5 Did any person listed on line la receive or accrue compensation from any unvelated organization or individual for services rendered to the organization? If "Yes," complete Schedutie J for such person


## Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $\$ 100,000$ of compensation from the organization. Report compensation for the calender year ending with or within the organization's tax year.

| (A) <br> Name and business address | (B) <br> Description of services | (C) Compensation |
| :---: | :---: | :---: |
| FJC SECURITY SERVICES, INC. |  |  |
| 275 JERICHO TURNPIKE, FLORAL PARK, NY 11001 | SECURITY SERVICES | 738,081. |
| ECLIPSE CONSTRUCTION SERVICE INC |  |  |
| 1725 NO STRONGS ROAD, COPIAGUE, NY 11726 | CONSTUCTION SERVICES | 634,586. |
| BAF REFRIGERATION INC | REFRIGERATION |  |
| 80-5 KNICKERBOCKER AVE, BOHEMIA, NY 11716 | SERVICES | 577,534. |
| RP COOLING CORP |  |  |
| 43 OAK STREET, HICKSVILLE, NY 11801 | HVAC MAINTENANCE | 425,151. |
| VTLS INC |  |  |
| 1701 KRAFT DRIVE, BLACKSBURG, VA 24060 | COMPUTER SOFTWARE | 383,834. |
| 2 Total number of independent contractors (including but not limited to those listed above) who received more than $\$ 100,000$ of compensation from the organization 45 |  | $\because$ |

SEE PART VII, SECTION A CONTINUATION SHEETS
Form 990 (2012) 232008 $12-10-12$

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



| Check if Schedule O contains a respense to any question in this Part IX |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Do not inctude amounts reported on lines 6 b . 7b, 8b, 9b, and 10 b of Part Vill. |  | (3) $\substack{\text { Program service } \\ \text { expenses }}$ | Management and general expenses |  |
| 1 Grants and other assistance to governments and organizations in the United Slates. See Parl N, line 21 |  |  |  |  |
| 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 |  |  |  |  |
| 3 Grants and other assistance to govemments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 |  |  |  |  |
| 4 Benelits paid to or for members. |  |  |  |  |
| 5 Compensation of current officers, directors. trustees, and key employees | 1,820,269. | 269,392. | 1,550,877. |  |
| 6 Compensation not included above, to disqualitied persons (as delined under section 4958(1)(1)) and persons described in section 4958(c)(3)(B) |  |  |  |  |
| 7 Other salaries and wages .................... | 51,100,786. | 45,644,516. | 5,456,270. |  |
| 8 Pension plan accruals and contributions (include section 401 (k) and 403 (b) employer contributions) | 8,159,477. | 8,150,896. | 8,581. |  |
| 9 Other employee benefits | 14,538,132. | 13,177,197. | 1,360,935. |  |
| 10 Payroltaxes .............. | 3,879,158. | 3,404,315. | 474,843. |  |
| 11 Fees for services (non-employees): |  |  |  |  |
| a Management |  |  |  |  |
| b Legal | 103,487. |  | 103,487. |  |
| c Accounting | 77,000. |  | 77,000. |  |
| d Lobbying | 130,950. |  | 130,950. |  |
| - Prolessional fundraising services. See Part IV, line 17 |  | \% |  |  |
| - Investment management fees | 58,344. |  | 58,344. |  |
| g Other. (If line ${ }^{11}$ g amount exceeds $10 \%$ of line 25 , column (A) amount, ilist line 11 g expenses on Sch 0 .) |  |  |  |  |
| 12 Advertising and promotion ....................... | 440,267. | 330,953. | 108,406. | 908. |
| 13 Office expenses | 1,932,001. | 1,274,204. | 656,989. | 808. |
| 14 Information technology | 1,800,370. | 1,310,373. | 489,997. |  |
| 45 Royalties |  |  |  |  |
| 16 Oceupancy | 1,239,171. | 1,239,171. |  |  |
| 17 Travel | 76,311. | 64,176. | 12,135. |  |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials |  |  |  |  |
| 19 Conferences, conventions, and meetings .... | 245,273. | 156,420. | 88,099. | 754. |
| 20 interest .......................................... | 20,665. | 20,394. | 271. |  |
| 21 Payments to affiliates |  |  |  |  |
| 22 Depreciation, depletion, and amortization | 2,138,895. | 2,066,971. | 71,924. |  |
| 23 Insurance | 463,736. |  | 463,736. |  |
| 24 OUher expenses. Hemize expenses not covered above. (List misceilaneous expenses in line 24 e. II line $24 e$ amount exceeds $10 \%$ of line 25 , column (A) amount, list line 24 e expenses on Schodule 0 .) |  | 4.145 55 |  | 9600 |
| - CONTRACTUAL | 5,327,273. | 4,145,551. | 1,172,122. | 9,600. |
| b BOOKS, LIBRARY MATERIAI | 4,073,131. | 4,060,631. | 12,500. |  |
| c OFFICE EXPENSE - TELEPH | 2,008,433. | 1,997,307. | 10,824. | 302. |
| d EQUIPMENT RENTAL | 1,533,667. | 1,406,912. | 126,755. |  |
| - All other expenses | 1,008,144. | 787,912. | 220,232. |  |
| 25 Total functional expenses. Add lines 1 through 24e | 102,174,940. | 89,507,291. | 12,655,277. | 12,372. |
| 28 Joint costs. Complete this line only if the or ganization reporied in column ( $\theta$ ) joint cosis from a combined educational campaign and fundraising soliciation. <br> Chack here $\square$ iffonowin SOP 88-2 ASC 958.720) |  |  |  |  |



## [Party: Reconciliation of Net Assets

Check if Schedule $O$ contains a response to any quesition in this Part XI
1 Total revenue (must equal Part VII, column (A), line 12)
2 Total expenses (must equal Pert IX, column (A), tine 25)
3 Revemue less expenses. Subtract line 2 from line 1
4 Net assets or fund balances at beginning of year (must equal Part $X$, line 33, column (A))
5 Net unrealized gains (losses) on investments
6 Donated services and use of facilities
7 Investment expenses
8 Prior period adjustments
9 Other changes in net assets or fund balances (explain in Schedule O)
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part $X$, line 33. column (B))

| 1 | $106,842,003$. |
| ---: | ---: |
| 2 | $102,174,940$. |
| 3 | $4,667,063$ |
| 4 | $47,528,437$. |
| 5 | $-1,175,609$. |
| 6 | $20,585,883$. |
| 7 |  |
| 8 | $-4,486,048$. |
| 9 | $-19,646,993$. |
| 10 | $47,472,733$. |

## PaiXXI Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part Xill
1 Accounting method used to prepare the Form 990: $\square$ Cash $\square$ Other If the organization changed its method of accounling from a prior year or checked 'Other,' explain in Schedule 0 .
2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a saparate basis, consolidated basis, or both:

b Were the organization's financial statements audited by an independent accountant?
If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:Separate basis X
Consolidated basis $\square$ Beth consolidated and separate basis
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compitation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule $\mathbf{O}$.
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? It the organization did not undergo the required audit or audits, explain why in Schedule $O$ and describe any sleps taken to undergo such audits

## Public Charity Status and Public Support

Complete if the organization is a section 501 (e) $\mathbf{H}_{3}$ ) organization or a section 4947(a)(1) nonexempt charitable trust.
Department of the Treasury Intamal Revertue Service

THE QUEENS BOROUGH PUBLIC LIBRARY
Partil Reason for Public Charify Status (All organizations must complete inis part.) See insinctions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)


A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(il). (Attach Schedule E.)
$3 \square$ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(H).
$4 \square$ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(oil). Enter the hospital's name, city, and state:
An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(t)(AKiv). (Complate Part II.) A federal, state, or local government or govemmental unit described in section 170(b) (1)(A)(v).
7 A An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
An organization that normally receives: (1) more than $331 / 3 \%$ of its support from contributions. membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than $331 / 3 \%$ of its support from gross investment income and urrelated business taxable income (less section 51 t tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part ill.)
$10 \square$ An organization organized and operated exclusively to test for public safety. See section 509 (a)(4).
An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 508(a)(3). Check the box that describes the type of supporting organization and complete lines 11 e through 11h. a Type I b Type II c Type III • Functionally integrated d $\square$ Type III • Nonfunctionally integrated
By checking this box, I certify that the organization is not controled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
f If the organization received a written determination from the IRS that it is a Type \&, Type II, or Type III supporting organization, check this box
$g$
Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organizalion?
(ii) A family member of a person described in (i) above? $\qquad$

|  | Yes | No |
| :---: | :---: | :---: |
| 119(i) |  |  |
| 119(ili |  |  |
| 11g(iij) |  |  | h Provide the following information about the supported organization(s).

iii) A $\mathbf{3 5 \%}$ controlled enlity of a person described in (i) or (ii) above?

11g(iii)

| (1) Name of supported organization | (i)EIN | (iil) Type ol organization (described on lines 1.9 above or IRC section (see instrucilons)) | $\begin{aligned} & \text { (iv) Is the organization } \\ & \text { in col. (i) Isted in your } \\ & \text { governing document? } \end{aligned}$ |  | (v) Oid you notify the organization in col. (i) ol your support? |  | (vi) Is the organization in col. (a) organized in the |  | (vii) Amount of monetary support |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | Yes | No | Yes | No | Yes | No |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Total | ". |  |  |  | $\because$ | $\because:$ |  |  |  | fails to qualify under the tests usted below, please complete Part III.)


| Caleadar year (or liscal year begianing in) $>$ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | 1f Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 101559128 | 95187847 | 6032316. | 100295551 | 100615326 | 93690168 |
| 2 Tax revenues levied for the organization's benefit arde either paid to or expended on its behal! |  |  |  |  |  |  |
| 3 The value of services or facilities fumished by a govemmental unit to the organization without charge |  |  |  | 20752417. | 21541533.1 | 6 |
| 4 Totel. Add lines 1 through 3 |  |  | 16 | 21047968 | 122156859 | 96102924 |
| 5 The portion of total contributions by each person fother than a govemmentat urit or publicly supported organization) included on line 1 that exceeds $2 \%$ of the amount shown on line 11. column (i) |  |  |  |  |  |  |
| 6 Publlc support. Subuect tene stomin |  |  |  |  |  | 2924 |
| Section B. Total Support |  |  |  |  |  |  |
| Calendar year (or fiscal year beginning ia) l <br> 7 Amounts from line 4 $\qquad$ | (a) 2008 | $\begin{array}{\|c\|} \hline \text { (b) } 2009 \\ 115154102 \\ \hline \end{array}$ | (c)2010 | $\begin{array}{r\|} \text { (d) } 2011 \\ 121047968 \\ \hline \end{array}$ | $\begin{array}{\|c\|} (6) 2012 \\ \hline 1221568599 \\ \hline \end{array}$ | $596 \text { Total }$ |
| 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties and income from similar sources | 971,640. | 671,160. | 984,678. | 460,246. | 338,752. | 3426476. |
| 0 Net income from unrelated business activities, whether or not the business is regularly carried on | 11,990. |  | 3,473. | 1,586, |  | 17,049. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 138,312. | 1357275. | 274,325. | 205,187. | 1104446. | 3079545. |
| 11 Total support. Add lines 7 through 10 |  |  |  |  |  | 602625994 |
| 12 Gross receipts from related activitios, | s, etc. (see instructio |  |  |  | 1211 | 316,487. |
| 13 First five years. If the Form 990 is for the organization's first. second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| 14 Public support percentage for 2012 (i)15 | (line 6, column (f) div | divided by line 11. | colurnn (0) |  | 14 | $98.92 \%$ |
|  | 11 Schedule A. Part | 11. line 14 |  |  | 15. | 98.68 \% |
| 16a $331 / 3 \%$ support test - 2012. If the organization did not check the box on line 13 , and line 14 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supported organization $\qquad$ |  |  |  |  |  |  |
| b $331 / 3 \%$ support test $\mathbf{~ 2 0 1 1 . ~ I f ~ t h e ~ o r g a n i z a t i o n ~ d i d ~ n o t ~ c h e c k ~ a ~ b o x ~ o n ~ l i n e ~} 13$ or 16 a , and line 15 is $331 / 3 \%$ or more, check this box and stop here. The organization qualifies as a publicly supporied organization |  |  |  |  |  |  |
| 17a $10 \%$-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16 b , and line 14 is $10 \%$ or more. and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supportec organization |  |  |  |  |  |  |
| b 10\% -facts-and-circumstances test - 2011. If the organization did not chack a box on line 13, 16a, 16b, or 17a, and line 15 is $10 \%$ or more, and if the organization mests the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts•and-circumstances" test. The organization qualifies as a publicly supported organization $\square$ <br> 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions $\qquad$ $\square$ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

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

| Calendar yeer (or liscal year begianing in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | 10 Total |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 Gifts, grants, contributions, and membership fees received. (Do not inctude any "unusual grants.") |  |  |  |  |  |  |
| Gross receipts from admissions, merchandise sold or services performed, or taciltiles fumnished in any activity that is related to the organization's tax-exempt purpos |  |  |  |  |  |  |
| 3 Gross receipts from activities that are not an unrelated trade or bus. iness under section 513 |  |  |  |  |  |  |
| 4 Tax reverues levied for the organization's beneft and either paid to or expenced on its behall |  |  |  |  |  |  |
| The value of services or tacilities 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 Amounte included on tines 2 and 3 recetved from other Ihen disquatiliad parsons that exceed the grealer of 85,000 or $1 \%$ of the amount on line 13 tor the yeas |  |  |  |  |  |  |
| c Add lines 7a and 7b |  |  |  |  |  |  |
| 8 Public support isimaramerictanime 61 |  |  |  |  |  |  |
| Section B. Total Support |  |  |  |  |  |  |
| Colendar year (or flical year beginniag in) - | (a)2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | 10 Total |
| 9 Amounts from line 6 ..... |  |  |  |  |  |  |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources |  |  |  |  |  |  |
| b Unrelated business taxable income (lass section 511 taxes) trom businesses acquired atter June 30, 1975 |  |  |  |  |  |  |
| c Add lines 10 a and 10b.... |  |  |  |  |  |  |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on |  |  |  |  |  |  |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part TV.) |  |  |  |  |  |  |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501 (c)(3) organization, check this box and stop here
Sectlon C. Computation of Public Support Percentage

| 15 | Public support percentage for 2012 (tine 8, column () divided by line 13, column (0) | 15 |  | \% |
| :---: | :---: | :---: | :---: | :---: |
| 16 | Public support percentage from 2011 Schedule A, Part ill, line 15 | 16 |  | \% |

Section D. Computation of Investment Income Percentage

|  | 17 Investment income percentage for 2012 (line 10c, column (i) divided by line 13, column (0) | 17 | \% |
| :---: | :---: | :---: | :---: |
|  | 18 Investment income percentage from 2011 Schedule A, Part If, line 17 | 18 | \% |

19a 33 1/3\% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than $331 / 3 \%$, and line 17 is not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organdzation
b 33 1/3\% support tests - 2011. If the organization did not check a box on line 14 or line 19 a, and line 18 is more than $331 / 3 \%$, and line 18 ks not more than $331 / 3 \%$, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

# Political Campaign and Lobbying Activities 

# For Organizations Exempt From Income Tax Under section 501(c) and section 527 <br> Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. <br> $>$ See beparate instructions. 

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, Line 46 (Polltical Campalgn Activities), then

- Section 501(c)(3) organizations: Complete Parts I•A and B. Do not complete Part 1.C.
- 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.

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

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

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

- Section 501(c)(4). (5), or (6) organizations: Complete Part Ill.


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## Pandil-A] Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campalgn activities in Part IV.

3 Volunteer hours

## Pärtive $\mathrm{B}_{\mathrm{j}}$ Complete if the organization is exempt under section 501(c)(3).



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

| (8) Name | (b) Address | (c) EIN | (d) Amount pald from filing organization's funds. If none, enter 0 . | (e) Amount of political contributions received and promptly and directly defivered to a separate political organization. If none, enter 0 . |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | painlik Complete if the organization is exempt under section 50 (c)(3) and filed form 5768 (election under section 501 (h)).


| if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenclitures). <br> if the filing organization checked box A and "limited control" provisions apply. |  |  |  |
| :---: | :---: | :---: | :---: |
| Limits on Lobbying Expenditures <br> (The term "expenditures" means amounts paid or incurred.) |  | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to Influence public opinion (grass roots lobbying) <br> b Total lobbying expenditures to influence a legislative body (direct lobbying) <br> c Total lobbying expenditures (add lines 1a and 1b) <br> d Other exempt purpose expenditures <br> - Total exempt purpose expenditures (add lines $1 c$ and 1d) <br> $f$ Lobbying nontaxable amount. Enter the amount from the following table in both columns. |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| If the amount on line 1e, cotumn (a) or (b) is: | The lobbying nontaxable amount is: |  |  |
| Not over \$500,000 | 20\% of the amount on line 1 e. |  |  |
| 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 phus 10\% of the excess over \$1,000,000 |  |  |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 phus 5\% of the excess over \$1,500,000. |  |  |
| Over \$17,000,000 | \$1,000,000. |  |  |
|  |  |  |  |
| - Grassroots nontaxable amount (enter 25\% of line 1f) <br> $h$ Subtract line 1 g from line 1 a . If zero or less, enter $\cdot 0$. <br> I Subtract line if from line $1 \mathbf{c}$. If zero or less, enter 0 . <br> j If there is an amount other than zero on either line 1 h or line 1i, dift the organization file Form 4720 reporting section 4911 tax for this year? |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  | Yes |

4.Year Averaging Period Under Section 501(h)
(Some organizations that made a soction $501(\mathrm{~h}$ ) election do not have to complete all of the five columns below. See the Instructions for lines 2a through $2 f$ on page 4.)

| Lobbying Expenditures During 4-Year Averaging Period |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Catendar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) Total |
| 2a Lobbying nontaxable amount |  |  |  |  |  |
| b Lobbying ceiling amount (150\% of line 2a, column(e)) |  | $\because$ |  |  |  |
| c Total lobbying expenditures |  |  |  |  |  |
| d Grassroots nontaxable amount |  |  |  |  |  |
| - Grassroots celling amount (150\% of line 2d. column (e)) |  |  |  |  |  |
| f Grassroots lobbying expenditures |  |  |  |  |  | (Barturin Complete if the organization is exempt under section 501 (c)(3) and has NOT filed form 5768 (election under section 501 (h)).



## Pärtiv. S $_{4}$ Supplemental Information

Complete this part to provide the descriptions required for Part I•A, line 1; Part I.B, line 4; Part I.C, line 5; Part II.A (atriliated group lisi); Part II.A, line 2; and Part II.B, line 1. Also, complete inis part for any additional information.
PART II-B, LINE 1. LOBBYING ACTIVITIES:
OUTSIDE LEGISLATIVE COUNSEL CONSULTING EXPENSES AND TRANSPORTATION

## COSTS FOR LIBRARY DAY PARTICIPATION

## Mraititid Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.complete if the

 organization answered "Yes" to Form 990, Part IV, line 6.

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):


## Partwh Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Fom 990, Part IV, line 9, or

 reported an amount on Form 990, Part X, line 21.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1a Beginning of year balance | 6,086,455, | 6,715,450. | 6,019,299. | 5,891,111. | 5,892,865. |
| b Contributions | 169,109. | 168,546. | 603,953. | 105,190. | 75,002. |
| c Net investment eamings, gains, and losses | 43,032. | 2,459. | 92.198. | 22,998. | -76,756. |
| d Grants or schotarships |  |  |  |  |  |
| - Other expenditures for facilities and programs |  |  |  |  |  |
| $f$ Administrative expenses | 187. |  |  |  |  |
| $g$ End of year balance | 7.098,409. | 6,886,455. | 6,715,450. | 6,019,299. | 5,891,111. |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
a Board designated or quasiendowment $>$ \%
b Permanent endowment 100.00 \%
c Temporarily restricted endownent $D$
The percentages in lines 2a, 2b, and 2c should equal 100\%.
3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
(I) unrelated organizations
(ili) related organizations
b If "Yes" to 3a(i), are the related organizations listed as required on Schedule R?


4 Describe in Part XIll the intended uses of the organization's endowment funds.
Frerky Land, Buildings, and Equipment. See Form 990, Part X. line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
| :---: | :---: | :---: | :---: | :---: |
| 1a Land |  |  |  |  |
| b Buildings |  | 31,997,907. | 3,596,547. | 28,401,360. |
| c Leasehold improvements |  | 1,747,678. | 1,277,455. | 470,223. |
| d Equipment |  | 10,034,915. | 8,008,177. | 2,026,738. |
| $\theta$ Other |  | 4,448,763. | 3,574,966. | 873,797. |
| Total. Add lines 1a through 1e. (Cofumn (d) must equal Form 990, Patt $X$, column (B), line forc). |  |  |  | 31,772,118. |

Schedule D (Form 990) 2012

| (a) Description of securily or category (inctuding nane of seenity) | (b) Book value | (c) Method of valuation: Cost of end-of year market value |
| :---: | :---: | :---: |
| (1) Financial derivatives |  |  |
| (2) Closaly-held equity interests ............ |  |  |
| (3) Other |  |  |
| (A) LONG TERM INVESTMENTS | 10,700,575. | END-OF-YEAR MARKET VALUE |
| (B) |  |  |
| (C) |  |  |
| (0) |  |  |
| (E) |  |  |
| (E) |  |  |
| (G) |  |  |
| (H) |  |  |
| (1) |  |  |
| Touli. (Col. (b) must equal Form 990, Pant, col, (B) line 12.J | 10,700,575. |  |
| Part vili Investments - Program Related. | orm 990, Part X, ine |  |


| (e) Description of investment type | (b) Book value | (c) Methoo of valuation: Cost or en | year market value |
| :---: | :---: | :---: | :---: |
| (1) |  |  |  |
| (2) |  |  |  |
| (3) |  |  |  |
| (4) |  |  |  |
| (5) |  |  |  |
| (6) |  |  |  |
| (7) |  |  |  |
| (8) |  |  |  |
| (9) |  |  |  |
| (10) |  |  |  |
| Total. (Col. (b) must equal Form 990, Pant $X$, col., (B) lin |  | : |  |
| PaitidX Other Assets. See Form 990, P |  |  |  |
|  | riplion |  | (b) Book value |
| (1) SECURITY DEPOSITS |  |  | 25,667. |
| (2) INTERFUND BORROWINGS |  |  | 18,449,052. |
| (3) |  |  |  |
| (4) |  |  |  |
| (5) |  |  |  |
| (6) |  |  |  |
| (7) |  |  |  |
| (8) |  |  |  |
| (9) |  |  |  |
| (10) |  |  |  |
| Totol. (Cotumn (b) must equal form 990, Part $X$, col. (B) line 15.) |  | - | 18,474,719. | Farte


| 1. | (a) Description of liability | (b) Book value |
| :---: | :---: | :---: |
| (1) Federal income taxes |  |  |
|  | COMPENSATED ABSENCES PAYABLE | 5,180,696. |
| (3) INTERFUND BORROWINGS |  | 18,449,052. |
| (4) ACCRUED PAYROLL \& RELATED |  | 1,331,712. |
| (5) INCURRED LOSSES |  | 393,570. |
| (6) |  |  |
| (7) |  |  |
| (8) |  |  |
| (9) |  |  |
| (10) |  |  |
| (11) |  |  |
| Total. (Cowmm (b) must equal form 990, Part $X$, col. (8) line 25.). |  | 25,355,030. |

[^0] Pän XXIVi Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
1 Total expenses and losses per audited financial statements
2 Amounts inchuded on line 1 but not on Form 990. Part IX, line 25:

- Donated services and use of faciitities
b Prior year adiustments
c Other losses
d Other (Describe in Part XIII.) ............................................................................................ 5, 580,765.
- Add lines 2a through 2d

| 2 a | $20,585,883$. |
| :---: | :---: |
| $2 b$ |  |
| $2 c$ |  |
| 2 d | $5,580,765$ |

3 Subtract line 2a trom line 1
4 Amounts inchuded on Form 990, Part IX, line 25, bui not on line 1:
a Investment expenses not included on Form 990, Part VIII, line 7b
b Other (Describe in Part XIII.)
c Add lines 48 and $4 b$


5 Total expenses. Add lines 3 and 4 c . (This must equat Form 990, Part 1 , tine 18.)

## [Eartix $[$ II Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, kines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part
X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
THE QUEENS LIBRARY FOUNDATION'S REVENUE
CAPITAL GRANTS

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

THE QUEENS LIBRARY FOUNDATION'S EXPENSES
IN KIND CONTRIBUTED WAGES \& FRINGE BENEFITS

Pait XIII! Supplemental Information (continued)
ROUNDING
NON CASH CONRIBUTION - EQUIPMENTS

## THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

## FRart] Questions Regarding Compensation

*a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.First-class or charter travelHousing allowance or residence for personal use
Travel for companions
Tax indemnification and gross-up payments
Discretionary spending account Payments for business use of personal residence Health or social chub dues or initiation fees
Personal services (e.g., maid, chauffeur, chef)
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part ill to explain
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? $\qquad$
3 Indicate which, if any, of the following the fliling organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.Compensation committee
$X$ witten employment contract
Independent compensation consultant
form 990 of other organizations
$X$ Compensation survey or study
X. Approval by the board or compensation comnaltee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- Receive a severance payment or change-of-centrol payment?
b Participate in, or receive payment from, a supplemental nonqualilied retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
Only section 501 (c) $(3)$ and $\mathbf{5 0 1 ( c ) ( 4 )}$ organizations must complete lines 5-9.
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the reverues of:
e The organization?
b Any related organization? If 'Yes' to line 5a or 5b, describe in Part Iti.
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net eamings of:
a The organization?
b Any related organization?
If "Yes" to line 6a or 6b, describe in Part til.
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-lixed payments not described in lines 5 and 6 ? If "Yes," describe in Part III
8 Were any amounts reported in form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section $53.4958-4(a)(3) 7$ It ${ }^{\circ} Y$ Yes," describe in Part III
g if "Yes" to line 8. did the organdzation also follow the rebuttable presumption procedure described in Requations section 53.4958 -6(c)?
peritM Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 Do not list any individuals that are not listed on Form 990, Part VI.
Noto. The sum of columns (B)(0)(iii) for each listed individual must equal the totat amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) arnounis for that indvidual,


Complete this part to provide the information, explanation, or descriptions required for Part 1 , lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and B, and for Part il. Also complete this part tor any additional information.
$\qquad$
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Complete if the organizations answered "Yes" on Form
Attach to Form 990.

## THE QUEENS BOROUGH PUBLIC LIBRARY

 for which the organization completed Form 8283. Part IV, Donee Acknowledgernent

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1.28 that it must hold for at least three years from the date of the initial contribution, and which is not requifed to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.
31 Does the organization have a gitt acceptence policy that requires the review of any non-standard contributions?
32e Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b II "Yes," describe in Part II.
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked. describe in Part II.


LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. the organization is reporting in Part I, column (b), the number of contributions, the number of items recelved, or a combination of both. Also complete this part for any additional information.


FORM 990, PART VI, SECTION B, LINE 11: CHIEF FINANCIAL OFFICER AND CONTROLLER REVIEWS FORM 990 AND PROVIDES A COPY TO BOARD MEMBERS FOR REVIEN PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: MONITORED BY BOARD OF TRUSTEES

FORM 990, PART VI, SECTION B, LINE 15: APPROVAL BY BOARD OF TRUSTEES

FORM 990, PART VI, SECTION C, LINE 19: BY-LAWS AND FINANCIAL STATEMENTS
ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE

PART VI, SECTION B, LINE 15A
PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S CEO, DIRECTOR COMPENSATION STUDIES THAT INCLUDE SIMILAR SIZED NONPROFIT LOCAL ORGANIZATIONS ARE DONE AND EMPLOYMENT CONTRACT IS APPROVED BY BOARD OF TRUSTEES.

PART VI, SECTION B, LINE 15B
PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES COMPENSATION STUDIES THAT INCLUDE SIMILAR SIZED NONPROFIT ORGANIZATIONS

ARE USED TO BENCHMARK SALARIES.
PART VI, SECTION C DISCLOSURE, LINE 19
LHA For Paperwork Fieduction Act Notice, see the Instructions for Form 990 or $\mathbf{\theta 0 0}$-EZ
Schedule O (Form 990 or 960 -EZ) (2012)
$\stackrel{23211}{201-6413}$

| Schedule O(Form 9890 or 990.EZ) (2012) | Page 2 |
| :---: | :---: |
| Name of the organization THE QUEENS BOROUGH PUBLIC LIBRARY | Employer identification number $11-1904262$ |
| CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST. |  |
| FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: |  |
| DONATED SERVICES AND USE OF FACILITIES EXPENSES | -20,585,883. |
| CAPITAL GRANTS | 2,645,038. |
| IN-KIND TO QUEENS LIBRARY FOUNDATION | -750.498. |
| NON CASH CONTRIBUTION EQUIPMENTS | -955,650. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -19,646,993. |


| SCHEDLLER <br> (Form 990) <br> Lesortment of tie freasuy <br> mishores savico | Related Organizations and Unrelated Partnerships <br> Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 38, or 37. <br> - Attach to Form 990. <br> - See separate instructions. |  |  |
| :---: | :---: | :---: | :---: |
|  |  | Employer identrication number 11-1904262 |  |

Partil" $\vdots$ Identification of Disregarded Entities (Complete if the organization answered 'Yes' to Form 990, Part IV, ine 33.)

| (a) Name, address, and EIN (ff applicable) of disregarded entity | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign country) | (d) <br> Total income | (e) <br> End-of-year assets | $\begin{gathered} \text { (n) } \\ \text { Direct controlling } \\ \text { entity } \end{gathered}$ |
| :---: | :---: | :---: | :---: | :---: | :---: |
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Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes' to Form 990, Fart IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) <br> Name, address, and EIN of related organization | (b) <br> Primary activity | (c) Legal domicile (state or foreign country) | (d) <br> Exempt Code section | (e) <br> Public charity status (if section | ( 1 Direct controlling entity |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | 501(c)(3) |  | Yes | No |
| THR QUEENS LIBRARY FOUNDATION - 11-3009405 |  |  |  |  |  |  |  |
| 99-11 MERRICK BLVD | Cattonal and cultural |  |  |  |  |  |  |
| JAMAICA, NY 11432 | programs | NEW YORK | 501 (c)3 | dine 7 |  |  | $\mathbf{X}$ |
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For Paperwork Reduction Act Notice, see the Instructions for Form $\mathbf{9 9 0}$.


Paik': Transactions Whth Redated Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

| Note. Complete line 1 if any entity is listed in Parts II, IIt, or IV of this schedule. |  |  |  |  | Yes | No |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 1 During the tax year, did the organization engage in any of the following transactions | one or mor | organizations listed |  |  |  |  |
| a Receipt of (i) interest (il) annuties (iii) royalties or (iv) rent from a controlled entity |  |  |  | 18 |  | X |
| b Gitt, grant, or capital contribution to related organization(s) |  |  |  | 16 |  | X |
| c Gift, grant, or capital contribution from related organization(s) |  |  |  | Ic |  | X |
| d Loans or loan guarantees to or for related organization(s) |  |  |  | 1d |  | X |
| e Loans or loan guarantees by related organization(s) |  |  |  | 10 |  | X |
| 1 Dividends from selated organization(s) |  |  |  | 11 |  | X |
| $g$ Sale ol assets to related organization(s) |  |  |  | 19 |  | X |
| h Purchase of assets from related organization(s) |  |  |  | 1h |  | X |
| 1 Exchange of assets with related organization(s) |  |  |  | 1 |  | X |
| J Lease of facilities, equipment, or other assets to related organization(s) |  |  |  | 1 |  | X |
| k Lease of facilities, equipment, or other assets from related organization(s) |  |  |  | 1 k |  | X |
| 1 Performance of services or membership or fundraising solicitations for related organ | ation(s) |  |  | 11 | X |  |
| m Performance of services or membership or fundralsing solicitations by related organ | ation(s) |  |  | 1 m |  | X |
| n Sharing of facilities, equipment, mailing lists, or other assets with related organizatio |  |  |  | 1 n |  | X |
| - Sharing of paid employees with related organization(s) |  |  |  | 10 | X |  |
| p Reimbursement paid to related organization(s) for expenses |  |  |  | 1 p | X |  |
| q. Reimbursement paid by related organization(s) for expenses |  |  |  | 19 |  | X |
| r. Other transter of cash or property to related organization(s) |  |  |  | 18 | $\mathbf{X}$ | $\stackrel{\square}{ }$ |
| s Other transfer of cash or property from related organization(s) |  |  |  | 15 |  | $X$ |
| 2 If the answer to any of the above is "Yes," see the instructions for information on w | must comple | ine, including covered |  |  |  |  |
| (a) <br> Name of other organization | (b) Transaction type (a•s) | (c) Amount involved |  |  |  |  |
| (1) THE QUEENS LIBRARY FOUNDATION | P | 1,252,750. |  |  |  |  |
| (2) THE QUEENS LIBRARY FOUNDATION | L | 750,498. |  |  |  |  |
| (3) THE QUEENS LIBRARY FOUNDATION | S | 18,620. |  |  |  |  |
| (4) THE QUEENS LIBRARY FOUNDATION | 0 | 973,394. |  |  |  |  |
| (5) |  |  |  |  |  |  |
| (6) |  |  |  |  |  |  |
| 232163 12.10.12 | 34 |  |  | (F) | 990) | 2012 |

## Part Mi Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Fomm 990, Part N, line 37.)

 that was not a related organization, See insinuctions regarding exclusion for certain investment partnershios.

| (a) <br> Name, address, and EIN of entity | (b) <br> Primary activity | (c) <br> Legal domicile (state or foreign | (d) <br> Predominant income (related, unrelated, |  |  | (i) <br> Share of total | ( B ) <br> Share of end-of-year |  | opor13 bions? | (i) <br> Code V-UBI amount in box 20 |  |  | (k) <br> Percentage ownership |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  | und | es | 40 |  |  | Yes | No. | (rom 106s) | Yes | NO |  |
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| Schedute R (Form 990) 2012 |  |  |  |  |  |  |  |  |  |  |  |  |  |
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$\qquad$ Complete this part to provide additional information for responses to questions on Schedule $R$ (see instructions).

$\sum_{12.26 \cdot 12}^{21053}$ LHA For Paperwork Reduction Act Notice, see separate instructions. $\quad$ Form 4862 (2012)
37

Paicy Listed Property (Inctude automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
Mote: For any vehicte for which you are using the standand mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for imits for passenger automobiles.)

| 24a Do you have evidence to support the businessfinvesiment use claimed? |  |  |  | Yes | No | 24b If "Yes." is the evidence written? |  |  | Ye | No |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| $\begin{aligned} & \text { (a) } \\ & \text { Type of propery } \\ & \text { fist wahicles first } \end{aligned}$ (bist vehicles lirst) |  | (c) Business/ investment use percenlage | (d) Cost or other basis | Bests fousint |  | (f) Recovery period period | (g) Method/ Convention | (h) Oepreciation deduction |  |  |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50\% in a qualified business use... |  |  |  |  |  |  | 25 |  |  |  |

## 28 Property used more than $50 \%$ in a qualified business use:



27 Property used $50 \%$ or less in a qualified business use:


## Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than $\mathbf{5 \%}$ owner," or related person.
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehictes.

30 Total business/investment miles driven during the year (do not inctude commuting miles)
31 Total commuting miles driven during the year
32 Total other personal (noncommuting) miles driven.
33 Total miles driven during the year.
Add lines 30 through 32
34 Was the vehicle available for personat use during off-duty hours?
35 Was the vehicle used primarily by a more than $5 \%$ owner or related person?
36 is another vehicle available for personal use?

| (a) <br> Vehicle |  | (b) Vehicle |  | (c) Vehicte |  | (d) Venicle |  | (o) <br> Vehicle |  | ( 1 ) <br> Vehicte |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
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| Yes | No | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
|  |  |  |  |  |  |  |  |  |  |  |  |
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Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than $5 \%$ owners or related persons.
37 Do you maintain a writen policy statement that prohibits all personal use of vehicles, including commuting, by your employees?
38 Do you maintain a witten policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instnuctions for vehleles used by corporate officers, directors, or $1 \%$ or more owners
39 Do you treat all use of vehtcles by employees as personal use?
40 Oo you provide more than ive vehicles to your employees, obtain information from your employers about the use of the vehicles, and retain the information received?
41 Do you meet the requirements conceming quatified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section 8 for the covered vehickes.
Ratidil Amortization

| Dosacipiond cous | $\underset{\substack{\text { (b) } \\ \text { Date amorizimeen } \\ \text { bequms }}}{ }$ |  | $\underset{\substack{\text { cosic } \\ \text { coction }}}{(0)}$ |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |

42 Amortization of cosis that begins during your 2012 tax year:



[^0]:    2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financlal statements that reports the organization's liablity for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part ㅈII $\underset{\substack{23253 \\ 120120-12}}{2}$
