Form 990			Return of Organization Exempt From Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co benefit trust or private foundation)	Income Tax ode (except black lung	OMB No. 1545-0047 2012 Open to Public					
	Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements. The organization may have to use a copy of this return to satisfy state reporting requirements.									
				JUN 30, 2013						
Ba	veck if plicabl	C Name of	organization	D Employer Identific	ation number					
	Addre	THE	QUEENS BOROUGH PUBLIC LIBRARY							
	Name		usiness As	11-19	904262					
	loitia) return	Number	and street (or P.O. box if mail is not delivered to street address) Room/sui		990-0700					
	Termi ated		1 MERRICK BLVD.		120,343,363.					
	Amen	i ji Çity, tov	vn, or post office, state, and ZIP code	G Gross receipts \$						
	Appli tion pendi	JAMA	ICA, NY 11432-5242	H(a) is this a group re						
	pena	' ^{ry} F Name a	nd address of principal officer: THOMAS GALANTE	for affiliates?						
	_		AS C ABOVE	H(b) Are all affiliates incl						
<u>1 T</u>	ax-ex	empt status: L	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 5		list. (see instructions)					
			NSLIBRARY.ORG	H(c) Group exemption						
				ear of formation: 1907 M	State of legal domicite: NY					
Pa	rt	Summary								
é,	1	Briefly descrit	e the organization's mission or most significant activities: PROVIDES	LIBRARY SERV.	ICES TO THE					
Ĕ		RESIDEN	TS OF QUEENS COUNTY NY x if the organization discontinued its operations or disposed of m							
Ĕ	2	Check this bo	sets.							
š	3	<u> <u>18 </u></u>								
5	4	18								
Activities & Governance	5	Total number	2040							
Ξ,	6	Total number	of volunteers (estimate if necessary)		<u> </u>					
3	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12	78	0.					
	b	Net unrelated	business taxable income from Form 990-T, line 34		0.					
				Prior Year	Current Year					
ø	8	Contributions	and grants (Part VIII, line 1h)	100,295,551.	101,570,976.					
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)	2,330,843.	2,126,285.					
ž	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)	460,246.	2,040,296.					
~	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	204,409.	1,104,446.					
	12	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,291,049.	106,842,003.					
	13	Grants and si	milar 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.	<u> </u>					
8	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	79,0 <u>99,2</u> 13.	79,497,822.					
Expense	16a	Professional f	r compensation, employee benefits (Part IX, column (A), lines 5-10) undraising fees (Part IX, column (A), line 11e) ing expenses (Part IX, column (D), line 25) 12,372.	0.	0.					
ĕ	b	Total fundrais	ing expenses (Part IX, column (D), line 25) 🕨12, 372.							
Ű	17		es (Part IX, column (A), lines 11a-11d, 11/-24e)	22,965,296.	22,677,118.					
	18	Total expense	is. 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.	4,667,06 <u>3</u> .					
Net Assets or Fund Balances				Beginning of Current Year	_ End of Year					
sels	20	Total assets (Part X, line 16)	83,415,567.	101,032,707.					
ŝ	21	Total liabilities	; (Part X, line 26)	35,887,130.	53,559,974.					
			fund balances. Subtract line 21 from line 20	47,528,437.	47,472,733.					
		Signatur								
Unde	r pen	alties of perjury,	I declare that I have examined this return, including accompanying schedules and stat	ements, and to the best of my	/ knowledge and belief, it is					
true,	corre	ct, and complete	Declaration of preparer (other than officer) is based on all information of which prepa	arer has any knowledge.						

Sign Here	Signature of officer <u>THOMAS GALANTE</u> , <u>PRESID</u> Type or print name and title	ent & Ceo	Date	
	Print/Type preparer's name PATRICK YAGHDJIAN	Preparer's signature		P00951781
Preparer	Firm's name ISRAELOFF, TRATT		Firm's Elf	11-3044886
Use Only	Firm's address 1225 FRANKLIN AV GARDEN CITY, NY	Phone no	516-240-3300	
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)		
				— 000 (control)

232001 12:10-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.

òmì	990 (2012) THE QUEENS BOROUGH PUBLIC LIBRARY	<u>11-1904262</u>	Pag
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III	<u></u>	
1	Briefly describe the organization's mission: THE MISSION OF THE QUEENS LIBRARY IS TO PROVIDE QUALT	ITY SERVICES.	
	RESOURCES, AND LIFELONG LEARNING OPPORTUNITIES THROUG	GH BOOKS AND A	
	VARIETY OF OTHER FORMATS TO MEET THE INFORMATIONAL, I	EDUCATIONAL,	
	CULTURAL, AND RECREATIONAL NEEDS AND INTERESTS OF ITS	S DIVERSE AND	
2	Did the organization undertake any significant program services during the year which were not listed on	⊡yes (X
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services of the significant changes in how it conducts.	vices?Yes (X
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	es, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t revenue, if any, for each program service reported.	io otners, the total expenses, a	nq
4 a	(Code:) (Expenses \$ 89,507,291 · including grants of \$ }	(Revenue \$	
	PROVIDES LIBRARY SERVICES TO THE RESIDENTS OF QUEENS	COUNTY, NEW YOF	R.
		<u> </u>	
4b	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	_
			-
			
	·		
			_
4c		10 ··· •	
46	(Code:) (Expanses \$) (Code:)	(Revenue \$	
		· · · · ·	
	۹ <u>ــــــــــــــــــــــــــــــــــــ</u>		
	· · · · · · · · · · · · · · · · · · ·		
4d	Other program services (Describe in Schedule O.)		
1.	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses > 89,507,291.)	
+0	Total program service expenses 89,507,291.	Form 99	<u>10 /</u>

	Form 990 (2012)	THE	QUEENS	BOROUGH	PUBLIC	LIBRARY
1	Part IV Checklist of R	equire	d Schedul	85		

			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
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		x
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	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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 II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		x
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		x
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	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		(.)	•
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
þ	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 VI	11b	X	
¢	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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? // "Yes," complete Schedule D, Part X	111		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	<u>12a</u>		X
Đ	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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
Þ	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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
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		X
10	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a7 // "Yes," complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	It "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012)

232003 12-10-12

Form 990 (2012) THE QUEENS BOROUGH PUBLIC LIBRARY Part IV. Checklist of Required Schedules (continued)

ي حي ا			X	
	Did the exercitation report more than \$5,000 of grants and other periotenes to any government or organization in the	-	Yes	No
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 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	<u> </u>		
	column (A), line 2? If *Yes,* complete Schedule I, Parts I and III	22		х
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? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		X
b	• • • • • • • •	24b		
c				
	any tax-exampt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				x
	disqualified person during the year? If *Yes,* complete Schedule L, Part i	25a		<u> </u>
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		x
26	Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
26	person outstanding as of the end of the organization's tax year? if "Yes," complete Schedule L, Part II	26		x
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? If "Yes, * complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		1	
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?// "Yes," complete			x
~~	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		. A
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	~~~		
	Death Han 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	1	X
38	Did the organization complete Schedule Q and provide explanations in Schedule Q for Part VI, lines 11b and 19?			f
	Note, All Form 990 filers are required to complete Schedule O	38	X	}

Form 990 (2012)

232604 12-10-12

	990 (2012) THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904	262	P	ege 5							
Pai	tV Statements Regarding Other IRS Filings and Tax Compliance			_							
	Check if Schedule O contains a response to any question in this Part V										
			Yes	No							
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a193										
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. *		ŕ							
c	Did the organization comply with backup withholding 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 return 2a 2040										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)										
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X							
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
ь	If "Yes," enter the name of the foreign country:		·								
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			, · · · .							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1.07.00	X							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		x							
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			<u> </u>							
	Ware ast tex dark.stille?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	00	•	<u> </u>							
.a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	- ·	X							
_	If "Yes," did the organization notify the donor of the value of the goods or services provided?	76 76									
		10		<u> </u>							
Ģ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	-		x							
		7C		<u> </u>							
				X							
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		⊢							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		┣──							
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>								
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting	•• • • • •	•								
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		<u> </u>							
9	Sponsoring organizations maintaining donor advised funds.			i							
8	Did the organization make any taxable distributions under section 4966?	9a		Ļ							
þ	Did the organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
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			[
11	Section 501(c)(12) organizations. Enter:										
a	Gross income from members or shareholders										
þ	Gross income from other sources (Do not net amounts due or paid to other sources against			· · ·							
	amounts due or received from them.)		81 1								
12a	Section 4947(a)(1) non-exempt charitable trusts. is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
Ð	Is the organization licensed to issue qualified health plans in more than one state?	13a									
	Note. See the instructions for additional Information the organization must report on Schedule O.										
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										
ç	Enter the amount of reserves on hand		2 - 1 2 - 1								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b									
		Form	990	(2012)							

5

Form	990	(201	2)
0.000	000		-

232000

THE QUEENS BOROUGH PUBLIC LIBRARY

11-1904262 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X								
Sec	tion A. Governing Body and Management		Yes	No								
1	Enter the number of voting members of the governing body at the end of the tax year 1a 18		162									
18	If there are material differences in voting rights among members of the governing body, or if the governing			<u>ا</u>								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.											
h	Enter the number of voting members included in line 1a, above, who are independent 1b 18											
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other											
-												
3	onicer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	2		X								
3	of officers, directors, or trustees, or key employees to a management company or other person?	3		x								
4												
5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?											
5	Piter C. P. A. Scotter and Anthenia	5 6		XX								
	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	0		 ^								
/a		7a		x								
ь.	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	78	<u> </u>									
Þ		-		x								
•	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	76		<u></u>								
8		 •	·	[
8	The governing body?	<u>8a</u>	X	[
b	Each committee with authority to act on behalf of the governing body?	86	_ ^	[
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the		ļ									
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X								
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)											
			Yes	No								
	Did the organization have local chapters, branches, or affiliates?	10a	X									
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?	105	X	<u> </u>								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X									
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	128	X									
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ								
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		<u>_</u>									
	in Schedule O how this was done	12c	X									
13	Did the organization have a written whistleblower policy?	13		X								
14	Did the organization have a written document retention and destruction policy?	14	X									
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?			1 								
a	The organization's CEO, Executive Director, or top management official	15a	X									
ь	Other officers or key employees of the organization	15b	X									
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see Instructions).			:								
16 ₈	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		X								
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	ri i sin A s										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	: 										
	exempt status with respect to such arrangements?	16b										
Sec	tion C. Disclosure											
17	List the states with which a copy of this 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 T (Section 501(c)(3)s only) a	vallat	le									
	for public inspection. Indicate how you made these available. Check all that apply.											
	X 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	d final	ncial									
	statements available 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	tion: 🗎	•									
	MALCOLM BRYAN - 718-990-5105											
	89-11 MERRICK BLVD., JAMAICA, NY 11432-5242											

09261212 726561 432-17364QBP 2012.05010 THE QUEENS BOROUGH PUBLIC L 432-1732

6

THE QUEENS BOROUGH PUBLIC LIBRARY

Part VII 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 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, 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) Name and Title	(B) Average hours per	Average Position (do not check more than one					h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key amployee	Highest compensated employee	foimer	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JACQUELINE E. ARRINGTON	2.00									
BOARD OF TRUSTERS MEMBER		X						0.	0.	0.
(2) JUDY E. BERGTRAUM, ESQ.	2.00									•
BOARD OP TRUSTERS MEMBER		X						0.	0.	0.
(3) LEONARD T, D'AMICO	2.00							0.	ο.	•
BOARD OF TRUSTEES MEMBER (4) JOSEPH R. FICALORA	2.00	X						<u> </u>	<u> </u>	0.
BOARD OF TRUSTEES MENBER	2.00	x						0.	0.	0.
(5) PATRICIA PLYNN	2.00	^							· · ·	<u> </u>
BOARD OF TRUSTEES MEMBER	2.00	x						0.	ο.	0.
(6) WILLIAM JEPFERSON	2.00			-						
BOARD OF TRUSTEBS MEMBER		x						ο.	ο.	0.
(7) TERRI C. MANGINO	2.00									
BOARD OF TRUSTEES MEMBER		x]			σ.	ο.	0.
(8) MARY ANN MATTONE	2.00					—	-			
BOARD OF TRUSTEES MEMBER		X,				-		ο.	ο.	0.
(9) MUSA ALI SHAMA	2.00									
BOARD OF TRUSTEES MEMBER		X						0.	0.	0.
(10) GEORGE L. STAMATIADES	2.00									
BOARD OF TRUSTEES MEMBER		X						0.	0.	0.
(11) EDWARD SADOWSKY, ESQ,	2.00								1	
BOARD OF TRUSTEES MEMBER		X						0.	0.	0.
(12) GRACE LAWRENCE	2.00									
BOARD OF TRUSTEES MEMBER		X						0.	0.	0.
(13) LAURA ENSLER	2.00									
BOARD OF TRUSTEES MEMBER		X						0.	0.	0.
(14) MATTHEW M. GORTON	2.00							_	-	-
BOARD OF TRUSTEES MEMBER		X						0.	0.	0.
(15) LILLIAN GAVIN	2.00								~	•
BOARD OF TRUSTEES MEMBER (16) ERNEST F. HART, ESQ.	2.00	X						0.	0.	0.
(16) ERNEST F. HART, ESQ. BOARD OF TRUSTEES MEMBER	4+00	x						0.	ο.	0.
(17) GABRIEL TAUSSIG ESQ.	2.00			\vdash				U.	<u> </u>	
BOARD OF TRUSTEES MEMBER	2.00	x						0.	о.	0.
		41				L	L		0.1	

232007 12-10-12

09261212 726561 432-17364QBP

2012.05010 THE QUEENS BOROUGH PUBLIC L 432-1732

Form 990 (2012)

Form 990 (2012)
------------	-------

THE QUEENS BOROUGH PUBLIC LIBRARY

11-1904262 Page 8

Part VII Section A. Officers, Directors, Trus		ploy	/ees			ighe	st C	Compensated Employe	es (continued)			
(A)	(B)			•	C)	_		(D)	(E)		(F)
Name and title	Average	Position (do not check more than one					cne	Reportable	Reportable			nated
	hours per week					is bot ar/irus			compensation			int of
	(list any	ā						from the	from related organizations			ner nsation
	hours for	are i				2		organization	(W-2/1099-MIS		•	the
	related		žž.			Head		(W-2/1099-MISC)	••••	-,		zation
	organizations		튵		ž	ě.				1		elated
	below line)	individual bustae or director	Instautional trastee	OMicer	key employee	Highest compressied employee	Xae				organi	zations
(18) SAMI Y NAIM ESQ	2.00			-	4	<u>= =</u>	1 -			\rightarrow		
BOARD OF TRUSTEES MEMBER		X						0.		0.		0.
(19) THOMAS W. GALANTE	40.00											
PRESIDENT & CEO				Х				392,490.		0.	88	,051.
(20) DIANA CHAPIN	40.00											
EXEC DIRECTOR DEVELOPMENT				Х				149,997.		0.	<u>27</u>	600.
(21) BRIDGET QUINN-CAREY	40.00				1			1				
CHIBF OPBRATING OFFICER			L	X		Ļ		235,665.		0.	56	<u>,525.</u>
(22) TRACY YOGMAN	40.00			x				140 700		~	27	122
CHIEF FINANCIAL OFFICER (23) LISA EPPS	40.00			Δ				140,790.		0.	37	132.
CHIEF INFORMATION OFFICER	40.00				x			177,842.		0.	43	017.
(24) DARLENB ASKEW ROBINSON	40.00	_						1,,,0101		~` †		0170
EXECUTIVE AGENCY COUNSEL					x			197,484.		0.	43	360.
(25) ANGELICA HUYNH RIVERA	40.00										_	
CHIEF HUMAN RESOURCE OFFIC					Х			182,178.		0.	49	619.
(26) NICHAEL DALY	40.00											
DIRECTOR, INVESTIGATIN						X		149,316.		<u>0</u> .	43	156.
1b Sub-total								1,625,762.		0.	388	460.
c Total from continuation sheets to Part V								590,510.		<u>0.</u>		749.
d Total (add lines 1b and 1c)								2,216,272.		0.	536.	209.
2 Total number of individuals (including but n	ot limited to th	ose	liste	id al	bove	e) wi	10 ((eceived more than \$100	,000 of reportable	ð		27
compensation from the organization										·	T Ye	_
3 Did the organization list any former officer.	director, or tru	ister	a ka	v er	nolo	wee	orl	blohest compensated er	nolovee oo	Г		
line 1a? If 'Yes,' complete Schedule J for s				•	•	•				- 1	3	X
4 For any individual listed on line 1a, is the su									the organization	···· •		
and related organizations greater than \$150											4 2	<u> </u>
5 Did any person listed on line 1a receive or a	accrue comper	isat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services	- F		
rendered to the organization? If "Yes," com	plete Scheduk	9J/	or si	ich j	pers	son .					5	<u> </u>
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•								pensa	ation from	n
the organization. Report compensation for	the calendar y	ear (endi	ngv	vilh	<u>or</u> w	ithir I		/ear.		(0)	
(A) Name and business	address							(B) Description of s	ervices	C	(C) ompensa	ition
FJC SECURITY SERVICES, IN							+	0000.000				
275 JERICHO TURNPIKE, FLO		١к	. 1	ΤY	11	100	21	SECURITY SER	VICES		738	081.
ECLIPSE CONSTRUCTION SERV							-					<u> </u>
1725 NO STRONGS ROAD, COL			<u>z</u> 1	11	72(6	k	CONSTUCTION	SERVICES		634	586.
BAF REFRIGERATION INC	•							REFRIGERATIO				
80-5 KNICKERBOCKER AVE, I	BOHEMIA,	, t	<u>T</u>	11	17:	16		SERVICES			577	534.
RP COOLING CORP												
43 OAK STREET, HICKSVILL	3, NY 11	.8(11				_	HVAC MAINTEN	ANCE		425	151.
VTLS INC 1701 KRAFT DRIVE, BLACKSI	יע באזווג		241) 6 (n			COMPUTER SOF	TWARE		383	834.
2 Total number of independent contractors (i	_					se li	_				1910	
\$100,000 of compensation from the organi	zation 🕨				4	5		-		¥.		
SEE PART VII, SECTION	A CONT	r I I	NU?	\T.	[0]	N S	ΞĦΙ	eets		[Form 99	O (2012)
232008 12-10-12												

	ENS BOROL								11-190	4262
Part VII Section A. Officers, Directors, 1	Trustees, Key Ei	mpie	oyee			ligh	est	Compensated Employ		
(A) Name and title	(B) Average hours			(C Posi	2) ition			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Endinidual bushee or divertor	Institutional trestee	Ottoer	Key employee	Highest componsated employee	Former	fram the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) LAWRENCE VEDILAGO	40.00					x		157,742.	0.	A1 007
DIRECTOR RISK MANAGEMENT	40.00					A			0.	41,887
DIR CAPITAL & PACILITIES M						x		158,085.	Ο.	29,088
29) ANDY WEDNORE ABOR/EMPLOYEE RELATIONS	40.00					X		126,354.	0.	42,221
30) JENNIPER MANLEY	40.00					Ħ				,
P GOVT & COMMUNITY APPAIRS						X		148,329.	<u>0.</u>	34,553
			<u> </u>							
	*	Γ								
, , <u>-</u>										
	-		F							
Total to Part VII, Section A, line 1c		•	,					590,510.		147,749

07-25-12

09261212 726561 432-17364QBP 2012.05010 THE QUEENS BOROUGH PUBLIC L 432-1732

Form	990			ROUGH PU	BLIC LIBRA	RY	11-1904	262 Page 9
:Pa			nue					
		Check if Schedule O cont	ains a response	to any question		<u></u>		
					(A) Total revenue	(8) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from lax under sections 512, 513, or 514
9 KA	<u></u>	<u></u>		· · ·	 · · · ;- · - ·	euneven	revenue	513, or 514
ξĘ		e Federated campaigns						· -
Ξē		b Membership dues						·
₽₹₹		c Fundraising events						
호희		d Related organizations					et de la composition	· ·
ΞĘ	1	e Government grants (contribut		100,586,940.		1		1
불치	1	All other contributions, gifts, gran	ts, and			[.]		
혈틪		similar amounts not included abo	ve 11	984,036,				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines	i 1a- 11: \$	955,650.				
85		h Total. Add lines 1a-1f			101,570,976.	,		
				Business Code			· · · · ·	
<u>e</u>	2 4	FINES AND PEES		900099	2,126,285.	2,126,285.		
Program Service Revenue	- 1							
8 ži								
ËŜ								
ğ₫		·						
ξl								
-	1	All other program service reve	inue		2 126 285			:
	<u> </u>	Total. Add lines 2a-2f		••••••••••••••••••••••••••••••••••••••	2,126,285.	<u></u>	· · · ·	
	3	Investment income (including			330 252			
					338,752.			338,752.
1	4	Income from investment of ta:	• •					
ł	5	Royalties						
			(i) Real	(ii) Personal				
	6 8	a Gross rents		Į				
	t	Less: rental expenses			. .		· · · · · · ·	•
	•	Rental income or (loss)				, ;		
	c			>				
	7 8	Gross amount from sales of	(i) Securities	(ii) Other				
	•	assets other than inventory	15,202,904.					
	•	Less: cost or other basis						
	•	and sales expenses	13,501,360.					4
		Gain or (loss)	<u> </u>					
				il	1,701,544.	and the second second	en et 10 mar -t 4	1,701,544,
		Net gain or (loss)	·····	······	1,101,344,		······	1,701,344.
3	8 8	Gross income from fundraising	g events (not					
<u>و</u> ا		including \$				· · ·		
Æ		contributions reported on line				· · · ·	1	
Other Revenue		Part IV, line 18					· · ·	
δl		Less: direct expenses					an a	·- · ·
-		 Net income or (loss) from fund 	-	<u></u>		· · ·		
	94	 Gross income from gaming ac 			· · ·			
		Part IV, line 19			· · · ·	l		
	t	Less: direct expenses				1. N. A		
		Net income or (loss) from gam						
		Gross sales of inventory, less	*			the state of the s		
		and allowances						
	t	Less: cost of goods sold					·	
		Net income or (loss) from sale		>		•••••••••••		················
ľ		Miscellaneous Revenu		Business Code				
Ē	11 e			900099	877,824.	877 824.		
	•	USED BOOK SALES		900099	171,274.	171,274.		
1		SUBLEASE		900099	32,201.	32,201.		
	- -		<u> </u>	900099	23,147.	23,147,		
ł	- -	All other revenue			1,104,446.			
1	40 E	Total. Add lines 11a-11d	•••••••••••••••••••••••••••••••••••••••		106,842,003.	3,230,731.	0.	2,040,296.
232004	12	Total revenue. See instructions.		🏲	100,042,003.	,101,013,E	U.,	
232009 12-10	12							Form 990 (2012)

Form 990 (2012) THE QUEENS BOROUGH PUBLIC LIBRARY Pert X Statement of Functional Expenses

	Check if Schedule O contains a response tot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.	= .	expenses	general expenses	expenses
1	Grants and other assistance to governments and	l			
_	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,			·	
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits 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 disqualified			1,000,0777	
Ō.	persons (as defined under section 4958(f)(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				
0	section 401(k) and 403(b) employer contributions)	8,159,477.	8,150,896.	8,581.	
9	Other employee benefits	14,538,132.			
0	Payroli taxes	3,879,158.	3,404,315.	474,843.	
11	Fees for services (non-employees):		•,•••		<u> </u>
a	Management				
b	Legal	103,487.		103,487.	
č	Accounting	77,000.		77,000.	
đ	Lobbying	130,950.		130,950.	
-	Professional fundraising services. See Part IV, line 17				<u></u>
f	Investment management fees	58,344.		58,344.	
g	Other. (If line 11g amount exceeds 10% of line 25,				··· ·
•	column (A) amount, list line 11g expenses on Sch O.)				
2	Advertising and promotion	440,267.	330,953.	108,406.	908
3	Office expenses	1,932,001.	1,274,204.	656,989.	808
4	Information technology	1,800,370.	1,310,373.	489,997.	
5	Royalties				
6	Occupancy	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.	
11	Payments to affiliates				
2	Depreciation, depletion, and amortization	2,138,895.	2,066,971.	71,924.	
3	Insurance	463,736.		463,736.	
4	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 expenses on Schedule 0.)	i :: 			
a	CONTRACTUAL	5,327,273.	4,145, <u>5</u> 51.	1,172,122.	9,600
Þ	BOOKS, LIBRARY MATERIAL	4,073,131.	4,060,631.	12,500.	
¢	OFFICE EXPENSE - TELEPH	2,008,433.	1,997,307.	10,824.	302
d	EQUIPMENT RENTAL	1,533,667.	1,406,912.	126,755.	
e	All other expenses	1,008,144.	787,912.	220,232.	
5	Total functional expenses. Add lines 1 through 24e	102,174,940.	89,507,291.	12,655,277.	12,372
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.			1 1	

232010 12-10-12

11

Form 990 (2012)

THE	QUEENS	BOROUGH	PUBLIC	LIBRARY
-----	--------	---------	--------	---------

11-1904262 Page 11

т

Form 990 (2012) THE (

—		Check if Schedule O contains a response to an	y quest	ion in this Part A	(A)		(В)
					Beginning of year		End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			17,567,396.		16,746,260.
	3	Pledges and grants receivable, net			12,226,138.	3	17,567,251.
	4				99,755.	4	83,897.
	5	Loans and other receivables from current and fe	ormer o	fficers, directors,			
		trustees, key employees, and highest compens	ated en	ployees. Complete		·	
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali	ilied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(e	c)(3)(B), and contributing		· ·	
		employers and sponsoring organizations of sec	tion 50°	I(c)(9) voluntary			
		employees' beneficiary organizations (see instr)	. Compl	lete Part It of Sch L		6	
Assets	7	Notes and loans receivable, net			4,596,785.	7	5,111,687.
Åŝ	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			482,272.	9	576,200.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	48,229,263.	ار به مربع المربع ا المربع المربع	1	
	Ь	Less: accumulated depreciation	10b	16,457,145.	34,425,324.	10c	31,772,118.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 1			11,193,104.	12	10,700,575.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			2,824,793.		18,474,719.
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	(4)	83,415,567.	16	101,032,707.
	17	Accounts payable and accrued expenses	5,233,289.	17	8,373,555.		
	18	Grants payable		18			
	19	Deferred revenue			20,431,375.	19	19,037,289.
	20	Tax-exempt bond llabilities				20	
68	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
Liabilities	22	Loans and other payables to current and former			÷		
르		key employees, highest compensated employee	es, and	disqualified persons.	ر میں دو میر م ادر میں محمد مام ادر ادر		
	[22	
	23	Secured mortgages and notes payable to unrel			015 000	23	504 100
	24	Unsecured notes and loans payable to unrelate			815,000.	24	794,100.
	25	Other liabilities (including federal income tax, pa	•				
		parties, and other liabilities not included on lines	; 17·24)	. Complete Part X of	0 407 466		25 255 020
		Schedule D			9,407,466.		25,355,030.
	26	Total liabilities. Add lines 17 through 25			35,887,130.	_26	53,559,974.
		Organizations that follow SFAS 117 (ASC 958		and لما 🖝 K nere			
ŝ	_	complete lines 27 through 29, and lines 33 an			46,975,768.	······································	47,032,746.
<u>lan</u>	27	Unrestricted net assets			552,669.	27	439,987.
B	28	Temporarily restricted net assets			552,005.		433,307.
Š	29	Permanently restricted net assets		N		29	
Ē		Organizations that do not follow SFAS 117 (A					
Net Assets or Fund Balances	20	and complete lines 30 through 34.	i dire e dire		ta can an ann an a' air		
2sel	30 31	Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or ec			<u>30</u> 31	{	
ţ	32	Retained earnings, endowment, accumulated in				32	
Ň	33	Total net assets or fund balances			47,528,437.	33	47,472,733.
	34	Total liabilities and net assets/fund balances	•••••		83,415,567.	34	101,032,707.
	47	TOTAL NAME OF A LIGT OF STREET OF DOILD TOTAL OF STREET			,-20,0074		

Form 990 (2012)

Form	990 (2012) THE QUEENS BOROUGH PUBLIC LIBRARY	L1-190)4262	Pa	_{le} 12
Pa	IXII Reconciliation of Net Assets				_
	Check if Schedule O contains a response to any question in this Part XI				<u> </u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1 10)6,84	<u>2,0</u>	03.
2	Total expenses (must equal Part IX, column (A), line 25}	2 10)2,17		
3	Revenue less expenses. Subtract line 2 from line 1	3	4,66	Ŧ	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		17,52		
5	Net unrealized gains (losses) on investments		(1, 17)		
6	Donated services and use of facilities	5 2	20,58	5,8	83.
7	Investment expenses	7			
8	Prior period adjustments		-4,48		
9		ə -1	19,640	6,9	93.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10 4	17,47:	2,7	33.
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	<u></u>	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: 🔲 Cash 🛛 🖾 Accrual 💭 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.				
28	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed o	na			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
ъ	Were the organization's financial statements audited by an independent accountant?		215	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate t	Jasis,			
	consolidated basis, or both:				
	Separate basis 🛛 🛣 Consolidated basis 📃 Both 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 a	udit,		• • •	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedi	ule Q.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Singl	e Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	d audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 36		
			Eagen	000	0010

Form 990 (2012)

12-10-12

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organ 4947(a)(1) nonexempt charitable trust Attach to Form 990 or Form 990-EZ. See separ

ic Support	2012
ization or a section	2012
	Open to Rublic
ate instructions.	Inspection
	Employer identification number
Y	11-1904262
part.) See instruction	s.
ne box.)	
470(b)/4)(A)(A)	

OMB No. 1545-0047

			THE QUE	EENS BOROUGH	PUBLIC LIB	RARY	11	-190426	2		
Pa	t	Reason	for Public Cha	r ity Status (All organi	zations must complet	e this part.) See inst	nuctions.				
The c	orgar	ization is not a	a private foundation	because it is: (For lines	1 through 11, check of	only one box.)					
1		A church, co	nvention of churche	s, or association of chu	rches described in se	ction 170(b)(1)(A)(i)	•				
2		A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Se	chedule E.)						
3		A hospital or	a cooperative hosp	ital service organization	described in section	170(b)(1)(A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hospital descr	ibed in section 170	(b)(1)(A)(iii). Enter ti	he hospital's na	ame,		
		city, and stat									
5		An organizati	ion operated for the	benefit of a college or u	niversity owned or op	erated by a governi	mental unit describe	id in			
		section 170	(b)(1)(A)(iv). (Comp	lete Part II.)							
6		A federal, sta	ite, or local governn	nent or governmental un	it described in sectio	n 170(b)(1)(A)(v).					
7	X	An organizati	ion that normally rea	ceives a substantial part	of its support from a	governmental unit o	r from the general p	ublic describe	d in		
	<u> </u>	section 170	b)(1)(A)(vi). (Comple	ete Part II.)							
8	⊒	A community	trust described in :	section 170(b)(1)(A)(vi).	(Complete Part II.)						
9 I		An organizati	ion that normally red	ceives: (1) more than 33	1/3% of its support in	om contributions, m	nembership fees, an	d gross receip	ts from		
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment										
		income and u	unrelated business i	taxable income (less sec	tion 511 tax) from but	sinesses acquired b	y the organization a	ifter June 30, 1	975.		
	_	See section	509(a)(2). (Complet	e Part III.)							
-10 ļ		An organizati	ion organized and o	perated exclusively to te	est for public safety. S	iee section 509(a)(4	I).				
-11 İ		An organizati	ion organized and o	perated exclusively for t	he benefit of, to perfo	rm the functions of,	or to carry out the	purposes of on	le or		
		more publicly	/ supported organiz	ations described in sect	ion 509(a)(1) or sectlo	n 509(a)(2). See sec	tion 509(a)(3). Che	ck the box tha	t		
				organization and comp	-		<u> </u>				
		a 🛄 Type I			ype III · Functionally i	-	Type III - Non السبا	•	-		
el		By checking	this box, I certify th	at the organization is no	t controlled directly or	indirectly by one or	r more disqualified p	persons other t	han		
			•	than one or more public	• • • •			ection 509(a)(2	2).		
f				itten determination from	the IRS that it is a Ty	pe I, Type II, or Type	ə ili				
		•	rganization, check t	***************************************					Ш		
9				organization accepted a				_			
			•	directly controls, either a	•	•			IS NO		
		-	•	upported organization?					_		
				n described in (i) above							
				a person described in (i)		•••••••••••••••••••••••••••••••••••••••		_ <u>[11g(iii)]</u>	<u> </u>		
h		Provide the f	clowing information	about the supported of	ganization(s).						
					Which has the second set	And Did was made at	(vi) is the				
(f)	Varme	of supported	(0)EIN	(ili) Type of organization	(iv) is the organization in col. (i) listed in your	(v) DRI YOU NOUNY THE	organization in col.	vii) Amount of n	nonetary		

(I) Name of supported organization	(0)EIN	(described on lines 1-9 above or IRC section	jin col. (i) li	is the organization (v) bid you notify the organization in col. (i) listed in your organization in col. erning document? (i) of your support? U.S.?		(i) organized in the U.S.?		(vii) Amount of monetary support	
		(see instructions))	Yes	No	Yes	No	Yes	No	
	-								
Total	میں میں اور میں میں میں میں میں اور	L				•		_	
HA For Penerwork Be	duction Act Notice	see the instructions f	or				Schedul		m 990 or 990-E7) 2012

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

232021

Schedule A (Form 990 or 990-EZ) 2012 THE QUEENS BOROUGH PUBLIC LIBRARY Partil: Support Schedule for Organizations Described in Sections 170/b/d//////

11-1904262 Page 2

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

Sec	tion A. Public Support									
Cale	adar year (or fiscal year beginning in) 🕨	(s) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	101559128	95187847.	96032316.	100295551	100615326	493690168			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to									
	the organization without charge	19998227.	19966255.	20154324.	20752417.	21541533.	102412756			
4	Total. Add lines 1 through 3	<u>19998227.</u> 121557355	115154102	116186640	121047968	122156859	596102924			
5	The portion of total contributions									
•	by each person (other than a									
	governmental unit or publicly			· · · ·	11. A. A.	· ·				
	supported organization) included		· ·	Na sa		ers er e				
	on line 1 that exceeds 2% of the									
	amount shown on line 11.				-					
	column (f)				· · · · · · · · · · · · · · · · · · ·					
6	Public support. Subtract line 5 from line 4.						596102924			
	tion B. Total Support			<u> </u>	·	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1				
_	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total			
	Amounts from line 4	(a) 2008 121557355	115154102	116186640	121047968	122156859	596102924			
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.			
•	Net income from unrelated business	37270200	0,1,2000	201,0.00	100/2101		01001101			
÷	activities, whether or not the									
	•	11,990.		3,473.	1,586.		17,049.			
40	business is regularly carried on Other income. Do not include gain	~~,>>>.		0/3/01	1,0000		11,0421			
10	or loss from the sale of capital									
	assets (Explain in Part IV.)	138,312.	1357275.	274,325.	205,187.	1104446.	3079545.			
44	Total support. Add lines 7 through 10		100/2/01	212,5251	205,107.		602625994			
12	Gross receipts from related activities,						,316,487.			
	First five years. If the Form 990 is for	-	,,	al farmin as Eithers			,510,4077			
	organization, check this box and stop					· · · · · · · · · · · · · · · · · ·				
Sec	tion C. Computation of Public	ic Support Pe	rcentage							
<u> </u>	Public support percentage for 2012 (<u>+</u>			14	98.92 %			
	Public support percentage from 2011						98.68 %			
	33 1/3% support test - 2012. If the d									
	stop here. The organization qualifies	-				-				
h	33 1/3% support test - 2011. If the (
	and stop here. The organization qual	-				· · · · · · · · · · · · · · · · · · ·				
174										
•ra	a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization									
						-				
h	meets the "facts-and-circumstances"				-					
ų	10% -facts-and-circumstances tes									
	more, and if the organization meets the fracts and circ									
10	organization meets the "facts-and-circ Private foundation. If the organization		•	• •	• • • •					
10	Private foundation. If the organization	ID GRU DOL CDOCK A	uux on line 13, 16	a, 100, 17a, or 17t	D, CHECK THIS DOX 8	nu see instruction				

Schedule A (Form 990 or 990-EZ) 2012

232022 12-04-12

Schedule A (Form 990 or 990 EZ) 2012 Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.) Section A. Public Support

060	caon A. Fublic Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	2012	(I) Total
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ization's banefit and either paid to							
	or expended on its behalf							
5	The value of services or facilities							
	furnished by a governmental unit to							
	the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and							
	3 received from disqualified persons							
_	Amounts included on times 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on kne 13 for the year							
	Add lines 7a and 7b							
	Public support (Subtraction 2 from line 6) ction B. Total Support		6. 4					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2	2012	(f) Total
9	Amounts from line 6			1				
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
Ь	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975			[
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is							
	regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)	L						
14	First five years. If the Form 990 is for	r the organization':	s first, second, thi	rd, fourth, or fifth i	tax year as a sectiv	on 501(c)(3) organiza	tion,
	check this box and stop here			·····				>
_	ction C. Computation of Publ							
	Public support percentage for 2012 (•	column (f))		15		%
	Public support percentage from 2011					16		<u>%</u>
	ction D. Computation of Inves					,		
	Investment income percentage for 20		-			17		<u>%</u>
	Investment income percentage from:					18		<u>%</u>
198	33 1/3% support tests - 2012. If the						and line 17	risnot ⊾□
F	more than 33 1/3%, check this box a							
0	33 1/3% support tests - 2011. If the	-			-		-	
90	line 18 is not more than 33 1/3%, che Private foundation. If the organization		•			-		
-	Private foundation. If the organization 12-04-12	THE TOL CONCEA	50X 00 008 14, 18	7a, UT 190, CN9CK I				or 990-EZ) 2012
23202	63 14-194-14			16	30	новна (in orm 880	or 550-EZ) 2012

SCHEDULE C	I P	olitical Campaign	and Lobbyi	na Activities		OMB No. 1545-0947
(Form 990 or 990-E2	n	anizations Exempt From Incom	•	-	7	2012
Department of the Treasury Internal Rovenue Service	Complet	e if the organization is describe ► See верата	d below. 🕨 Attach ate instructions.	to Form 990 or Form 9	90-EZ.	Open to Public Inspection
If the organization an	swered "Yes," to	Form 990, Part IV, line 3, or Fo	m 990-EZ, Part V, li	ne 46 (Political Campa	ign Activ	vitles), then
 Section 501(c)(3) o 	rganizations: Cor	mplete Parts I-A and B. Do not cor	nplete Part I-C.			
 Section 501(c) (oth 	er than section 5	01(c)(3)) organizations: Complete	Parts I-A and C belov	v. Do not complete Part	I·8.	
 Section 527 organ 	izations: Complet	e Part I A only.				
If the organization an	swered "Yes," to	Form 990, Part IV, line 4, or Fo	m 990-EZ, Part VI, li	ne 47 (Lobbying Activ	ities), th	en
• • • •	-	have filed Form 5768 (election un				
/	•	have NOT filed Form 5768 (election				•
-		Form 990, Part IV, line 5 (Proxy	Tax), or Form 990-E	Z, Part V, line 35c (Pro	oxy Tax),	, then
 Section 501(c)(4), (Name of organization 	5), or (6) organiza	ilions: Complete Part III.	. .		moleway	r identification number
Name of organization		ENS BOROUGH PUBL	C LTRRARY	 _	• •	1-1904262
Part A Com		ganization is exempt und		or is a section 52		
1. Dravido o dosorio	tion of the arrest	nation'n divent oost indivent oolider	d compales activities	in Dart IV		
•	-	zation's direct and indirect politica			►s	
					· · -	
Part I-B Com	lete if the or	ganization is exempt und	er section 501(c)	(3).		
		incurred by the organization und			► \$	
		incurred by organization manage			-	
	-	on 4955 tax, did it file Form 4720 f				Yes No
•		·				🗀 Yes 🔛 No
b If "Yes," describe	in Part IV.					
Part I-C Comp	lete if the or	ganization is exempt unde	er section 501(c)	, except section 5	601(c)(3	3).
1 Enter the amount	directly expende	d by the filing organization for sec	tion 527 exempt fund	tion activities	►s	
2 Enter the amount	of the filing organ	nization's funds contributed to oth	er organizations for s	ection 527		
exempt function a				***************************************	►s	
3 Total exempt fund	tion expenditure:	s. Add lines 1 and 2. Enter here ar	nd on Form 1120-POL		_	
line 17b			•••••••••••••••••••••••••••••••••••••••		►s	· · · · · · · · · · · · · · · · · · ·
		1120-POL for this year?				L Yes No
		mployer identification number (EIN	•	-		
• •	-	ation listed, enter the amount paid				•
		romptly and directly delivered to a additional space is needed, provi			parate se	egregated fund or a
	- •	· · ·				
(a) Nan	18	(b) Address	(c) EIN	(d) Amount paid fro filing organization		e) Amount of political ntributions received and
				funds. If none, enter	0 .	promptly and directly
						lefivered to a separate
						political organization. If none, enter -0
				1		· · · · · · ·
·						
			L	_]		

For Peperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA Schedule C (Form 990 or 990-EZ) 2012

_

232041 01-07-13

Schedule C (Form 990 or 990-EZ) 2012 THE Part IFA Complete if the organization (election under section)	ation is exen	BOROUGH PUE opt under sectio	LIC LIBRARY n 501(c)(3) and fi	<u>11-:</u> led Form 5768	1904262 Page 2
A Check if the filing organization be expenses, and share of expenses, and share of expenses if the filing organization ch	elongs to an affili kcess lobbying e	xpenditures).		l group member's nar	ne, address, EIN,
	obbying Expen	ditures		(e) Filing organization's totals	(b) Affiliated group totals
 Total exempt purpose expenditures (add 	a legislative bod and 1b) lines 1c and 1d)	y (direct lobbying)			
f Lobbying nontaxable amount. Enter the a				·	
If the amount on line 1e, column (a) or (b) is		<u>ying nontaxable am</u>			
Not over \$500,000	20% of t	he amount on line 1e			
Over \$500,000 but not over \$1,000,000) plus 15% of the exc			
Over \$1,000,000 but not over \$1,500,000			ess over \$1,000,000.		Part March
Over \$1,500,000 but not over \$17,000,00	0 \$225,000) plus 5% of the exce	iss over \$1,500,000.		
Over \$17,000,000	\$1,000,0	CO.			
columns	either line 1h or li 4•Year Aver that made a so below. See the	ne 1i, did the organiz aging Period Under ction 501(h) election instructions for line		plete all of the five	YesNo
				·	1
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount				1	
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount	· • •				
(150% of line 2d, column (e))					ļ
f_ Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2012

232042 01-07-13

Schedule C (Form 990 or 990 EZ) 2012 THE QUEENS BOROUGH PUBLIC LIBRARY 11-1904262_Page 3_ [Part II-B] Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes,' response to lines 1a through 1/ below, provide in Part IV a detailed description		(B)	(b)		
	of the lobbying activity.		No	Amo	ount	
1	During the year, did the filling organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
ь	Volunteers?		X X			
d	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
ģ	Direct contact with legislators, their staffs, government officials, or a legislative body?			110	5,045.	
-	Ralles, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		<u> </u>	
1	Other activities?	X		14	1,905.	
i	Total. Add lines 1c through 1i), 9 50.	
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X			
	If *Yes,* enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Par	MIEA: Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6).	ion 501(c	(5), or se	ction		
	·			Yes	No	
1	Were substantially all (90% or more) dues received nondeductible by members?		1			
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2			
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?		3			
Par	till:B: Complete if the organization is exempt under section 501(c)(4), sect 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politiexpenses for which the section 527(f) tax was paid).	icat	· · ·			
8	Current year		28			
ь	Carryover from last year		2b			
0	Total					
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and					
	expenditure next year?		4			
	Taxable amount of lobbying and political expenditures (see instructions)		5			
	IV, Supplemental Information	. <u> </u>				
	piete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; F	Part II-A (affili	ated group	list); Part II	A, line 2;	
	Part II-B, line 1. Also, complete this part for any additional information. <u>TII-B, LINE 1, LOBBYING ACTIVITIES:</u>			· · ·		
OUI	SIDE LEGISLATIVE COUNSEL CONSULTING EXPENSES AND	FRANSPO	ORTATI	ON		
cos	TS FOR LIBRARY DAY PARTICIPATION					

Schedule C (Form 990 or 990-EZ) 2012

232043 01-07-13 SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.



Nam	e of the organization THE OUEENS BOROUGH PUBLIC	LIBRARY	Employer Identification number 11-1904262
IP5	Organizations Maintaining Donor Advised Funds or		
	organization answered "Yes" to Form 990, Part IV, line 6.		
		or advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3			
4	Aggregate grants from (during year)		
5	Did the organization inform all donors and donor advisors in writing that the	assets held in donor advised fu	nds
•	are the organization's property, subject to the organization's exclusive legal		
6	Did the organization inform all grantees, donors, and donor advisors in writi		
-	for charitable purposes and not for the benefit of the donor or donor adviso	• •	
	impermissible private benefit?		
Pa	Conservation Easements. Complete if the organization answ		
1	Purpose(s) of conservation easements held by the organization (check all th		
-	Preservation of land for public use (e.g., recreation or education)	Preservation of an historica	ally important land area
	Protection of natural habitat	Preservation of a certified h	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conservati	on contribution in the form of a c	conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		
c	Number of conservation easements on a certified historic structure include		20
d	Number of conservation easements included in (c) acquired after 8/17/06, a	ind not on a historic structure	
	listed in the National Register		20
з	Number of conservation easements modified, transferred, released, extingu		nization during the tax
	year ▶		
4	Number of states where property subject to conservation easement is local	ed 🕨	
5	Does the organization have a written policy regarding the periodic monitoring	g, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes 🔲 No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	-	•
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	ervation easements during the y	ear 🕨 \$
8	Does each conservation easement reported on line 2(d) above satisfy the re-		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easements	•	
	include, if applicable, the text of the footnote to the organization's financial	statements that describes the or	rganization's accounting for
	conservation easements.		Ole 11
ira	Collections of Art, Histor		Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Part IV, in		
18	If the organization elected, as permitted under SFAS 116 (ASC 958), not to	-	
	historical treasures, or other similar assets held for public exhibition, educat		f public service, provide, in Part XIII,
	the text of the lootnote to its financial statements that describes these item		
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to repo		
	treasures, or other similar assets held for public exhibition, education, or re-	earch in furtherance of public se	ervice, provide the following amounts
	relating to these items:		N 4
	(i) Revenues included in Form 990, Part VIII, line 1		
2	 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other 		
2	-	-	, provide
-	the following amounts required to be reported under SFAS 116 (ASC 958) r Revenues included in Form 990, Part VIII, line 1	-	► \$
b	Assets included in Form 990, Part X		

LHA 23205 12-10-	For Paperwork Reduction Act Notice, see the Instructions for Form 990		Schedule D (Form 990) 2012

09261212 726561 432-17364QBP 2012.05010 THE QUEENS BOROUGH PUBLIC L 432-1732

20

		ENS BOROUG						Page 2
	Cill Organizations Maintaining C							
3	Using the organization's acquisition, access	ion, and other record	s, check any of the	following that are	a significant	use of its	collection	items
	(check all that apply):							
a	Public exhibition	d		hange programs				
Ь	Scholarly research	e	U Other					
C	Preservation for future generations							
4	Provide a description of the organization's c	•	•	-		ose in Pa	rt XIII.	
5	During the year, did the organization solicit o					_	٦	
	to be sold to raise funds rather than to be m						<u>Yes</u>	<u>No</u>
	till// Escrow and Custodial Arran reported an amount on Form 990, Pa	÷ .	te if the organizatio	on answered "Yes	* to Form 994), Part IV,	line 9, or	
 1a	Is the organization an agent, trustee, custod		iary for contribution	ns or other assets	not included			
	on Form 990, Part X?		-				Yes	
ь	If "Yes," explain the arrangement in Part XIII				*******			
-						Ľ	Amount	
c	Beginning balance				tc			
	Additions during the year						•	
	Distributions during the year					1		
f	Ending balance							
2a	Did the organization include an amount on F						_ Yes	No.
	If *Yes,* explain the arrangement in Part XIII.				• • • • • • • • • • • • • • • • • • • •			
	t Endowment Funds. Complete i							
-		(a) Current year	(b) Prior year	(c) Two years bad	k (d) Three	years back	(e) Four	years back
1a	Beginning of year balance	6,086,455.	6,715,450,	6,019,29	9. 5,1	891,111.	. 5,	892,865.
b	Contributions	169,109.	168,546,	603,95	3.	105,190.	•	75,002.
c	Net investment earnings, gains, and losses	43,032,	2,459.	. 92,19	8.	22,998.	•	-76,756.
d	Grants or scholarships							
e	Other expenditures for facilities							
	and programs							
f	Administrative expenses	187,						
g	End of year balance	7,098,409.	6,886,455,	6,715,45	6, 6,	019,299.	. 5,	B91,111.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)) held as:				
8	Board designated or quasi-endowment		_%					
b	Permanent endowment 100.00	%						
C	Temporarily restricted endowment	<u> </u>						
	The percentages in lines 2a, 2b, and 2c should be a should be should be a should be a should be a should be should be a should	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administered (for the organi	zation	_	
	by:							Yes No
	(I) unrelated organizations							X
								X
b	If "Yes" to 3a(ii), are the related organization:					*************	[3b]	<u>x</u>
4	Describe in Part XIII the intended uses of the							,
	tVIII Land, Buildings, and Equipm							
	Description of property	(a) Cost or oi		, ,	c) Accumulat		(d) Book	value
_		Dasis (investr		(other)	depreciation			
	Land			7 807 -	1 602 E	77 -	10 404	260
	Buildings				3, <u>596,5</u>		28,401	
	Leasehold improvements			7,678.		55.		,223.
	Equipment	····	10,03			66.	2,026	5,738. 1,797.
	Other	1			7,574,3		8/3 31.772	
i otal	Add lines 1a through 1e. (Column (d) must e	guai ronn 990, Part .	х, соютп (B), IINe	/ V[C].]				
						scredul	e n (Fouu	990) 2012

12-10-12

Schedule D (Farm 990) 2012	THE QUEENS	BOROUGH PU	BLIC LIBRARY	11	-1904262 Page 3
Part VII Investments - Oth	er Securities. Se	e Form 990, Part X, t	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of	valuation: Cost or en	d-of-year market value
(1) Financial derivatives				· · · ·	
(2) Closely-held equity interests					
(3) Other					
(A) LONG TERM INVE	STMENTS	10,700,5	75. END-OF-Y	EAR MARKET	VALUE
(8)					
(C)					
(D)				·	
(E)					
(E)					
(G)					
<u>(H)</u>					
(I)					
Total. (Col. (b) must equal Form 990, Pari	t X, col. (B) line 12.) 🕨	10,700,5			
Part VIII Investments - Pro	gram Related. Se		line 13.		
(a) Description of investment	nent type	(b) Book value	(c) Method of y	valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)	-				
(7)					
(8)					
(9)					
(10)					
Total. (Col. (b) must equal Form 990, Pari					
Part IX Other Assets. See					
		Description			(b) Book value
(1) SECURITY DEPOSI					25,667.
(2) INTERFUND BORRO	DWINGS				18,449,052.
(3)					
(4)					
(5)					<u> </u>
			·		
(7)					
(8)					
(9)					
(10)			. .		10 474 710
Total. (Column (b) must equal Form 9				>	18,474,719.
Part X Other Liabilities. s		ine 25.	that Displayed as		
	otion of liability		(b) Book value		
(1) Federal income taxes		DID	E 100 COC	,	
(2) COMPENSATED ABS	DENCES PAIA	DUE	5,180,696. 18,449,052.	4° - C	
(3) INTERFUND BORRO	JWIINGO			d i i i i	
(4) ACCRUED PAYROLI (5) INCURRED LOSSES	u « RELATED		1,331,712.	J ·	
163 I DAY I DE REEL I DE 156 55 16 5			303 570	.	
(5) INCURRED LOSSES			393,570.		

 (11)
 Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)
 ≥
 25,355,030.

 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's finality for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Schedule D (Form 990) 2012

(7) (8) (9) (10)

22

	edule D (Form 990) 2012 THE QUEENS BOROUGH PUBLIC			11-	1904262	Page 4
Pa	ITXI Reconciliation of Revenue per Audited Financial Stateme	ents V	Vith Revenue per F	letur	n	
1	Total revenue, gains, and other support per audited financial statements			1	133,331	,396.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			l.,		
a	Net unrealized gains on investments		<u>-1,175,609</u>			
b	Donated services and use of facilities	2b	20,585,883	,	ł	
c	Recoveries of prior year grants	2c		ŀ		
d		_	7,079,119.]	[
e	Add lines 2a through 2d		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	20	26,489	
3	Subtract line 2e from line 1			3	106,842	,003.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
a	Investment expenses not included on Form 990, Part VIII, line 7b	48		·		
b	Other (Describe in Part XIII.)	4b				
c	Add lines 4a and 4b		••••	40		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	· · · · ·		5	106,842	,003.
110 81	WYIN Decensiliation of Evenences new Audited Elevente (Oteter		Mikh Evadada ad-	• D • •		
F e	MANUA Meconomiation of Expenses per Audited Financial Statem	ients 1	with Expenses bei			
1 1	Total expenses and losses per audited financial statements				128,341	,588.
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:			1		,588.
1	Total expenses and losses per audited financial statements			1		,588.
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	28		1		,588.
1 2 8	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	20,585,883.	1		,588.
1 2 8	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c	20,585,883.	1	128,341	
1 2 8	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	20,585,883.	<u>1</u> 2e	128,341 26,166	,648.
1 2 8	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	20,585,883. 5,580,765.	<u>1</u> 2e	128,341	,648.
1 2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	20,585,883. 5,580,765.	<u>1</u> 2e	128,341 26,166	,648.
1 2 b c d e	Total expenses and losses per audited financial statements Arnounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	20,585,883.	<u>1</u> 2e	128,341 26,166	,648.
1 2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2h 2c 2d	20,585,883.	<u>1</u> 2e	128,341 26,166	<u>,648.</u> ,940.
1 2 b c d e	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 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 Other (Describe in Part XIII.) Add lines 4a and 4b	20 2b 2c 2d 2d	20,585,883.	1 29 3 4c	128,341 26,166 102,174	<u>,648.</u> ,940.
1 2 3 4 5	Total expenses and losses per audited financial statements Arnounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Arnounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	20 2b 2c 2d 2d	20,585,883.	1 29 3 4c	128,341 26,166	<u>,648.</u> ,940.

Complete this part to 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 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

Schedule D (Form 990) 2012

232054

Schedule D Part XIII:	(Form 990) 2012 Supplemental	THE QUE	ENS BOROUGH	H PUBLIC LI	BRARY	<u>11-1904262</u> Pag
ROUNDI						
ION CA	SH CONRIBU	TION - EQUI	PMENTS			
					<u></u>	
					<u> </u>	
			· · · · · ·			
	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
	<u> </u>					
19844		<u> </u>	<u> </u>			Schedule D (Form 990) :
32055 2-10-12				24		
61212	726561 432	-17364QBP	2012.05010	THE QUEENS	BOROUGH	PUBLIC L 432-17

SC	HEDULE J	Compensation Information	1	OMB No.	1545-00	347
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	Γ	20	12	
		Compensated Employees Complete if the organization answered "Yes" to Form 990,	i			
	riment of the Treasury al Rovenuc Service	Part IV, line 23. Attach to Form 990. See separate instructions.	ľ	Open te	o Pub ction	
	ne of the organizatio		Employer			
	•	THE QUEENS BOROUGH PUBLIC LIBRARY		L90426		
R	rt I Question	s Regarding Compensation			_	
					Yes	No
ta	Check the appropr	ate box(es) if the organization provided any of the following to or for a person listed in Form	990,	. 1		
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				ľ '
	First-class or e	charter travel	nal use			
	Travel for com	panions Payments for business use of personal re	sidence			:
	Tax indemnific	ation and gross-up payments Health or social club dues or initiation fee	3			
	Discretionary	spending account Personal services (e.g., maid, chauffeur, c	hel)		. [.]	. :
Þ	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or		· · · · · ·	·	· · · · · ·
	•	provision of all of the expenses described above? If "No," complete Part III to explain		<u>1</u> 5		<u> </u>
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dire	ectors,			
	trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?	•••••	2		<u> </u>
_						
3		ny, of the following the filing organization used to establish the compensation of the organization				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizati	on to			
		ation of the CEO/Executive Director, but explain in Part III.			2 12	
		compensation consultant	t ut			
	L] Form 990 of o	ther organizations	ommittee			
4	During the year, dir	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			4	
-	organization or a re					
B		e payment or change-of-control payment?		4a		X
		ceive payment from, a supplemental nonqualified retirement plan?				X
		ceive payment from, an equity-based compensation arrangement?				X
-	•	es 4a-c, list the persons and provide the applicable amounts for each item in Part III.	*******			
	Only section 501(d)(3) and 501(c)(4) organizations must complete lines 5-9.			2	•
5	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n		, - -	1
	contingent on the r					
a	The organization?			6a		X
b	Any related organiz	ation?		5b		X
		r Sb, describe in Part III.				
6	For persons listed i	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			1
	contingent on the r	et earnings of:				:
8	The organization?		••••••••••	6a		<u> X</u>
b	Any related organiz	ation?		6 6		X
_		r 6b, describe in Part III.				<u></u>
7		n Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments				
_		es 5 and 6? If "Yes," describe in Part III		7		X
8	•	reported in Form 990, Part Vil, paid or accrued pursuant to a contract that was subject to th				
_		ption described in Regulations section 53.4958-4(a)(3)? If *Yes,* describe in Part III	••••••••••••••••	8		<u> </u>
9		d the organization also follow the rebuttable presumption procedure described in			ļ	
	Regulations section	1 53.4958-6(c)?		19		1

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

Schedule J (Form 990) 2012

232111 12-10-12

25

11-1904262

Parch Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies # additional space is needed.

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

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

	(B) Breakdown of I	W·2 and/or 1099·MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)()·(O)	reported as deferred in prior Form 990
(1) THOMAS W. GALANTE	Ø	392,490.	0.	0.	69,837.	18,214.	480,541.	-0.
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DIANA CHAPIN	Ø	149,997.	0.	0.	27,600.	0.	177,597.	0.
EXEC DIRECTOR DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) BRIDGET QUINN-CARBY	Ø	235,665.	0.	0.	40,903.	15,622.	292,190.	0.
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) TRACY YOGNAN	Ö	140,790.	0.	0.	26,236.	10,896.	177,922.	0.
CHIEP FINANCIAL OPPICER	(6)	0.	0.	0.	0.	0.	0.	0.
(5) LISA EPPS	0	177,842.	0.	0.	32,994.	10,023.	220,859.	0.
CHIEF INFORMATION OFFICER	(ü)	0.	0.	0.	0.	0.	0.	0.
(6) DARLENE ASREW ROBINSON	Ø	197,484.	0.	0.	36,337.	7,023.	240,844.	0.
BXECUTIVE AGENCY COUNSEL	(6)	0.	0.	0.	0.	0.	0.	0.
(7) ANGELICA HUYNH RIVERA	(0)	182,178.	0.	0.	33,998.	15,621.	231,797.	0.
CHIEP HUMAN RESOURCE OFFIC	(6)	0.	0.	0.	0.	0.	0.	0.
(8) NICHAEL DALY	0	149,316.	0.	0.	27,491.	15,665.	192,472.	0.
DIRECTOR, INVESTIGATIN	(6)	0.	0.	0.	0.	0.	0.	0.
(9) LAWRENCE VEDILAGO	0	142,742.	0.	15,000.	26,265.	15,622.	199,629.	0.
DIRECTOR RISK MANAGEMENT	(#)	0.	0.	0.	0.	0.	0.	0.
(10) PETER MAGNANI	0	158,085.	0.	0.	29,088.	0.	187,173.	0.
DIR CAPITAL & PACILITIES M	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) ANDY WEDMORE	Ø	126,354.	0.	0.	25,140.	17,081.	168,575.	0.
LABOR/EMPLOYEE RELATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) JENNIPER MANLEY	Ö	148,329.	0.	0.	27,530.	7,023.	182,882.	0.
VP GOVT & COMMUNITY APPAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
	0							
	(ii)							
	0							
	(ii)							
	0							
	(0)							
······	0							
	(iii)							Г

232113
12-10-12

Schedule J (Form 990) 2012	THE	QUEENS	BOROUGH	PUBLIC	LIBRARY	•
				_		

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2012

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

CMB No. 1545-0047

Open to Public Inspection

2

Complete if the organizations answered "Yes" on Form

990, Part IV, lines 29 or 30. Attach to Form 990.

Name of the organization

THE QUEENS BOROUGH PUBLIC LIBRARY

Employer identification number 11-1904262

l

Part Types of Property	
--------------------------	--

.130-		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermin		 '\$
1	Art - Works of art							
2	Art · Historical treasures			=-	· · · · · · · · · · · · · · · · · · ·			
3	Art - Fractional interests		· · · · ·		··-			
4	Books and publications			_ .				
5	Clothing and household goods							
6	Cars and other vehicles		[
7	Boats and planes	·	1					
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures						_	
14	Qualified conservation contribution - Other							
15	Real estate · Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (GOOGLE TABLET)	X	1	940,500.				
26	Other (COMPUTER EQUI)	X	1	15,150.	FMV			
27	Other 🕨 ()							
28	Other 🕨 ()							
29	Number of Forms 8283 received by the organization completed Form 820						Yes	No
30a	During the year, did the organization receive by	v contributio	on any property rec	ported in Part I, lines 1.28 th	at it must hold for	<u> </u>		
	at least three years from the date of the initial of					·		
						30a		X
ь	If "Yes," describe the arrangement in Part II.	••••••						
	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any non-standard contrib	utions?	31		X
	Does the organization hire or use third parties							
	contributions?				**	32a		X
Ь	If "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.

Schedule M (Form 990) (2012)

232141

Part II	(Form 990) (2012) Supplemental	Infor	mation o-	molete this set		I T D C AK 1	<u>11-1904</u>	<u>262 р</u>
	the organization is Also complete this	reportir part for	ng in Part I, co r any addition	olumn (b), the nu al information.	Imber of contri	information req ibutions, the nu	uired by Part I, lines 30b, 32b, and imber of items received, or a comb	ination of bo
				· 				. <u> </u>
							,	
	<u> </u>							
								·
					<u> </u>			
						<u>. </u>		
	. <u></u>						<u> </u>	
							<u> </u>	·
					<u>.</u>		<u>.</u>	
							-, <u></u>	
							.	
								•••
								. <u> </u>
	1						Schedule M	(Form 990)

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Rovenue Service Supplemental Information for responses to specific questions on Form 990 or 990-EZ or to provide any additional Information. Attach to Form 990 or 990-EZ.	-EZ 0048 No. 1545-0047 2012 Open to Public Inspection
Name of the organization THE QUEENS BOROUGH PUBLIC LIBRARY	Employer identification number 11-1904262
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION M	ISSION:
CHANGING POPULATION. THE LIBRARY IS A FORUM FOR ALL POIN	TS OF VIEW AND
ADHERES TO THE PRINCIPLES OF INTELLECTUAL FREEDOM AS EXPRI	ESSED IN THE
LIBRARY BILL OF RIGHTS FORMULATED BY THE AMERICAN LIBRARY	ASSOCIATION.
FORM 990, PART VI, SECTION B, LINE 11: CHIEF FINANCIAL OF	FICER AND
CONTROLLER REVIEWS FORM 990 AND PROVIDES A COPY TO BOARD	MEMBERS FOR REVIEW
PRIOR TO FILING.	
<u></u>	
FORM 990, PART VI, SECTION B, LINE 12C: MONITORED BY BOARD	O 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 FINANCE	IAL STATEMENTS
ARE AVAILABLE ON THE ORGANIZATIONS WEBSITE	<u> </u>
PART VI, SECTION B, LINE 15A	
PROCESS FOR DETERMINING COMPENSATION OF THE ORGANIZATION'S	S CEO, DIRECTOR
COMPENSATION STUDIES THAT INCLUDE SIMILAR SIZED NONPROFIT	LOCAL
ORGANIZATIONS ARE DONE AND EMPLOYMENT CONTRACT IS APPROVED	D BY BOARD OF
TRUSTEES.	
PART VI, SECTION B, LINE 15B	
PROCESS FOR DETERMINING COMPENSATION OF OTHER OFFICERS AND	D 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 Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schede 232211 01:04-13 Schede	ule O (Form 990 or 990-EZ) (2012)

Name of the organization THE QUEENS BOROUGH PUBLIC LIBRARY	Employer identification numb
	11-1904262
CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CONATED SERVICES AND USE OF FACILITIES EXPENSES	- <u>20,585,883</u>
CAPITAL GRANTS	2,645,038
IN-KIND TO QUEENS LIBRARY FOUNDATION	-750,498
NON CASH CONTRIBUTION EQUIPMENTS	-955,650
FOTAL TO FORM 990, PART XI, LINE 9	-19,646,993
	<u> </u>
	. <u></u>
·····	
02212	ichedule (Form 990 or 990-EZ) (201

	Related Organizations Nete if the organization answered " Attach to Form 990.	Yes" to Form 990, Part IV, li	ine 33, 34, 35, 36,	or 37.		201	2
ganization	ROUGH PUBLIC LIBRAN	RY			Employer ide	ntification (
ntification of Disregarded Entities (Comple	ete if the organization answered "Yes	to Form 990, Part IV, line 3	3.}				
(a) ne, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	(e) me End-of-year a	ussets Dia	(f) ect controllir entity	
	-						
	-						
ntification of Related Tax-Exempt Organizations during the tax year.)	zations (Complete if the organization	answered "Yes" to Form 990), Part IV, line 34 b	ecause it had one or	more related tax	exempt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controllin entity	iĝ con er	9) 512(b)(13) trolled htty?
LIBRARY FOUNDATION - 11-3009405						Yes	No
11432	EDUCATIONAL AND CULTURAL PROGRAMS	NEW YORK	501 (C)3	LINE 7			x
							L
	-						
	4						
	excury ganization THE QUEENS BO attricted of Disregarded Entities (Comple (a) the, address, and EIN (if applicable) of disregarded entity	Complete if the organization answered * Attach to Form 990. ganization THE QUEENS BOROUGH PUBLIC LIBRAM attification of Disregarded Entities (Complete if the organization answered *Yes (a) (b) Primary activity (a) (b) Primary activity (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	Complete if the organization answered "Yes" to Form 990, Part IV, I Attach to Form 990. Bee separate instr THE QUEENS BOROUGH PUBLIC LIBRARY Attach of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33 (a) (b) (c) Legal domicile (state or foreign country) disregarded entity (c) Legal domicile (state or foreign country) disregarded entity (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (c) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) (c) Library activity LIBRARY FOUNDATION - 11-3009405 CK BLVD BUUCATIONAL AND CULTURAL	Attach to Form 990. See separate instructions. Section foreign country Section Section	Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. See separate instructions. Primary activity thication of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33. (a) (b) (c) (d) Total income End-of-year a of disregarded entity (c) (d) (e) End-of-year a (d) (e) (d)	Image: Notesting in the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Employer identifies in the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ganization THE QUEENS BOROUGH PUBLIC LIBRARY Employer identifies (Complete if the organization answered "Yes" to Form 990, Part IV, line 33. (a) (b) (c) (d) (e) (a) (b) (c) (d) (e) Endofriver assets Dire (b) (c) Legal domicite (state or foreign country) Total income Endofriver assets Dire (a) (b) (c) (c) (d) (e) Endofriver assets Dire (a) (b) (c) (c) (d) (e) Endofriver assets Dire (a) (b) (c) (c) (d) (e) (d) (e) (d) (a) (b) (b) (c) (d) (e) (d) (e	Sector Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 35, 38, or 37. THE QUEENS BOROUGH PUBLIC LIBRARY Employer identification 11-1904262 Introduction of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33. (d) (e) (d) (e) (d) (e) (d) (e) (f) Direct controlling or 11-1904262 (a) (b) (c) (c) (d) (e) (f) (f

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

Schedule R (Form 990) 2012

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

(a)	(b)	(c)	(d)	(e)	(1)	(9)		h)	(0)	ω.	(k)
Name, address, and EIN of related organization	Primary activity	Logal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispro ate allo	portion- cations?,	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General managir partner	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	YesN	<u> </u>
]		
<u> </u>											{
	[Į			
<u> </u>	<u> </u>										<u> </u>
										{	
	Į – – –										1
									[
											<u> </u>
		ļ								1 }	
									1		ľ
· · · · · · · · · · · · · · · · · · ·		<u> </u>									
		i								11	1
]	[l	Į				1			
]							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total incorne	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sect 512th contri enti Yes	i) tion 5(13) tolled #y? Nc
			·						
				·					
··	<u> </u>			<u> </u>					_
				 					r
									

Schedule R (Form 990) 2012 THE QUEENS BOROUGH PUBLIC LIBRARY

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Not	e. 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		X
	Gift, grant, or capital contribution to related organization(s)	15		X
C	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d		X
	Loans or loan guarantees by related organization(s)	1e		X
		· ·	1	
1	Dividends from related organization(s)	Ħ		X
9		1g		X
h	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	11		X
J	Lease of facilities, equipment, or other assets to related organization(s)	tj.		X
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X X
1	Performance of services or membership or fundraising solicitations for related organization(s)	11	X	
61	Performance of services or membership or fundralsing solicitations by related organization(s)	1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
	Sharing of paid employees with related organization(s)	10	X	
			1	
	Reimbursement paid to related organization(s) for expenses	1p	X	
q	Reimbursement paid by related organization(s) for expenses	19		X
				.
r	Other transfer of cash or property to related organization(s)	1r	X	
<u> </u>	Other transfer of cash or property from related organization(s)	1s		X

(a) Name of other organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining 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.	<u> </u>
(4) THE QUEENS LIBRARY FOUNDATION	o	973,394.	
(5)			
			. <u></u>

Schedule R (Form 990) 2012 THE QUEENS BOROUGH PUBLIC LIBRARY

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

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

(a) Name, address, and EiN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(C) Are all partners set 501(t)(3) ords ?	(1) Share of total income	(g) Share of end∙of-year assets	(h) Osproj Bona Blocibio) 001- 001- 001- 001- 001- 001- 001- 001	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General (managin partner) Vac IN	(k) Percentage ownership

Schedule R (Form 990) 2012

<u>Schedul</u>	e R <u>(F</u> o)rm 990)) 2012
Datt	All e	unala	mont

Complete th	ental Information is part to provide additional information for responses to questions on Schedule R (see ins	structions).
· · · · ·		· · · · · · · · · · · · · · · · · · ·
		,
-		
		<u> </u>
165 12-10-12		Schedule R (Form 990
184 16-18-1 6	36 432-17364QBP 2012.05010 THE QUEENS BOROUGH	eenannie is funiti sa

	ОМВ No. 1545-0172 2012 Attachmont						
nternal Revenue Service (99) Name(s) shown on return	► Se	e separate inst		ich to your tax re			Sequence No. 179
				siness or activity to whi	en aris som rölgt	03	Identifying number
THE QUEENS B				DRM 990 P			11-1904262
		y Under Section 1	79 Note: If you have any	listed property, c	omplete Part	V before y	
1 Maximum amount (se	ee instructions)					1	500,000.
2 Total cost of section		-	· ···· ···				
3 Threshold cost of se	ction 179 property I	before reduction	in limitation			3	2,000,000.
4 Reduction in limitatio	n. Subtract line 3 fr	om line 2. If zero	or less, enter O			4	
5 Dollar limitation for tax year.	Subtract line 4 from line	1. If zero or lass, enler	-0 If married filing separately,	see instructions	<u></u>	5	
6	(a) Description of proj	perty	(b) Cost (bu	isiness use only}	(c) Electo	d cost	
	_						and the second
							and the second second
							· · · · · · · · · · · · · · · · · · ·
			i				1. S
7 Listed property. Ente	r the amount from f	ine 29		7			
8 Total elected cost of	8						
9 Tentative deduction.						_	<u></u>
0 Carryover of disallow			111 Form 4562				
		-					
1 Business income limi			•	•		11	
2 Section 179 expense		-			<u></u>	12	
3 Carryover of disallow				🕨 13			and the second
tote: Do not use Part II o							
Part II. Special Dep	preclation Allowan	ce and Other De	epreciation (Do not inc	lude listed prope	rty.)		
14 Special depreciation	allowance for qualif	lied property (oth	er than listed property)	placed in service	during		
the tax year						14	
15 Property subject to s	ection 168(f)(1) elec	tion				15	
6 Other depreciation (In						16	1,995,325.
Partill MACRS De	preciation (Do not	include listed pr	operty.) (See instruction	າຣ.)			
			Section A				
7 MACRS deductions f	for assets placed in	service in tax ye	ars beginning before 2)12		17	
B It you are electing to group a	iny assets placed in servic	ce during the tax year i	nto one or more general assot	ccounts, check hare	<u>></u>		
S	ection B - Assets F	Placed in Servic	e During 2012 Tax Yea	r Using the Gen	eral Deprecia	ation Syst	êm
(a) Classification o	al property	(b) Month and year placed in service	(c) Basis for deprectation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(I) Mathod	(g) Depreciation deduction
9a 3-year property							
b 5-year property			947,523	. 5 YRS.	MQ	SL	97,414.
c 7-year property			— •				
d 10-year property				_			
e 15-year property							
f 20-year property							······································
			<u></u>	25.400	<u> </u>	SA.	·
g 25-year property				25 yrs.	-		
h Residential rental	i property			27.5 yrs.	MM	S/L	
		06.12	4 407 117	27.5 утз.	MM	S/L	48 1EA
I Nonresidential re	al property	_ 06/13	4,087,117	 39 yrs. 	<u>MM</u>	S/L	46,154.
		/			MM	S/L	
Sec	tion C - Assets Pl	aced in Service	During 2012 Tax Year	Using the Altern	ative Depres	ciation Sys	stem
10a Class life			<u> </u>			SAL	
b 12-year		 *** *** *** *** 		12 yrs.		S/L	
c 40-year		. 1		40 yrs.	MM	SAL	
Part IV Summary (S	See instructions.)						
1 Listed property. Ente	r amount from line :	28				21	
2 Total. Add amounts (
			rtnerships and S corpo			22	2,138,893.
3 For assets shown ab		•	• •				
	=	-					na tanàna amin'ny dia mampina dia mampi Ny INSEE dia mampina dia mam
16251 LUA Ear Dan	muorit Boduction	Act Mating, and	encote instructions				Form 4682 (2012)

216251
12-28-12LHA For Paperwork Reduction Act Notice, see separate instructions.Form 4662 (2012)373709261212726561432-17364QBP2012.05010THE QUEENS BOROUGH PUBLIC L432-1732

			on and Other			aution: S	See the l	instruct	ions for li	mits for p	asseng	er autom	obiles.)		
241	Do you have evidence to s	upport the bu	siness/investme	nt use cl	aimed?	<u> </u>	ea	No	24 <u>6 i</u> f "Y	es," is th	e evide	nce writt	en? 🗆	J Yes L	<u> </u>
	(a) (b) (c) Type of property (list vehicles first) Date placed in service Business/ investment			other basic		- Dur	(e) Basis for depreciation (business/Investment use only)		(f) Recovery period	(g) / Method/ Convention		(h) Depreciation deduction		Elec sectio co	n 179
25	Special depreciation allo				/ placed	in servic	e durine:	g the ta	x year an	d	1			~~~~	31
	used more than 50% in	a qualified b	usiness use		<u></u>			<u>.</u>			25				
26	Property used more that	n 50% in a c	_												
	·		- 91	_		<u> </u>									
		: :	94												
_	Presently upod 50% or M		94			_	-		<u> </u>			l			
21	Property used 50% or le	ess in a quai	ned business (•	ел .				·	
_			94	_				ŀ		<u>s/L·</u>		<u> </u>			•
										S/L·					-
28	Add amounts in column	(h) lines 25			e and or	line 21	0a0e 1	_			28				
	Add amounts in column												29	<u></u>	<u> </u>
					B - Infor										
30	Total business/investment miles driven during the		,	(a) Vehicle		(b) Vehicle V		- · · ·		1) icle	(o) Vehicle		(f) Vehicle		
	year (do not include commuting miles)														
31	Total commuting miles of	driven during	the year 🛄												
32	Total other personal (noncommuting) miles driven														
33	Total miles driven during) the year.	ĺ												
34	Add lines 30 through 32 Was the vehicle available for personal use			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	N
	during off-duty hours?							ļ	<u> </u>		<u></u>				
35	Was the vehicle used pr														
	than 5% owner or relate							┨╼╌───	+						<u> </u>
36	Is another vehicle availa use?	•	ļ												1
		Section C	- Questions fo	or Empl	loyers V	/ho Pro	, vide Vel	hicles f	or Use b	y Their E	Employe	es			
	swer these questions to one or related persons.	determine if y	you meet an ex	ceptior	n to com	pleting \$	Section	B for ve	hicles us	ed by er	nployee	s who ar	e not m	ore than	5%
UWI	Do you maintain a writte		-		-				-	-		r		Yes	N
37	employees? Do you maintain a writte		ement that pro									•••••	••••••	·	┢
	employees? See the ins	- +		-				-							
															\square
38															
38 39	Do you treat all use of ve	an live vehici	ies to your emp	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,											
38 39															
38 39 40	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require	and retain th ments conc	e information r eming qualified	eceived autom	l? Iobile de	monstra	tion use								1.15
38 39 40 41	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to 3</i>	and retain th ments conc	e information r eming qualified	eceived autom	l? Iobile de	monstra	tion use							·	- •
38 39 40 41	Do you treat all use of vi Do you provide more that the use of the vehicles, i Do you meet the require Note: If your answer to 3 art VII Amortization	and retain th ments conc	e information r eming qualifier 0, or 41 is "Yes	autom d autom <u>s," do na</u>	l? Iobile de	monstra lete Sec	tion use		wered ve					_ <u> · </u>	<u> </u>
38 39 40 41	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: <i>If your answer to 3</i>	and retain th ments conc 97, 38, 39, 4	e information r eming qualified 0, or 41 is "Yes (bea	eceived autom	l? Iobile de	monstra	tion use t <u>ion 8 f</u> c			hicles.	(e) Amorozai perio <u>d or pe</u> n	ion		(f) nortization r this year	<u> </u>
38 39 40 41	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: If your answer to 3 art VII Amortization (a)	and retain th ments conc 37, 38, 39, 4 	e information r eming qualified 0, or 41 is "Yes Data	eceived d autom s, " <i>do no</i> (b) martization legins	l? Iobile de <u>ot comp</u>	monstra lete Sec (c) Amonizat	tion use t <u>ion 8 f</u> c		(d)	hicles.	(e) Amortizat	ion		nortization	<u> </u>
38 39 40 41	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: If your answer to ait VIII Amortization (a) Description of	and retain th ments conc 37, 38, 39, 4 	e information r eming qualified 0, or 41 is "Yes Data	eceived d autom s, " <i>do no</i> (b) martization legins	l? Iobile de <u>ot comp</u>	monstra lete Sec (c) Amonizat	tion use t <u>ion 8 f</u> c		(d)	hicles.	(e) Amortizat	ion	Ar 10	nortization	
38 39 40 41 1 1 2	Do you treat all use of vi Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3 art VII Amortization (a) Description of Amortization of costs th	and retain th ments conc 37, 38, 39, 4 costs at begins du	e information r eming qualified 0, or 41 is "Yes bea bea t ring your 2012	eceivec d autom c," <i>do no</i> (b) manization legins tax yes	1? Jobile de <u>St comp</u> ar:	monstra lete Sec (c) Amonizat	tion use t <u>ion 8 f</u> c		(d)	hicles.	(e) Amortizat	ion Cantage	As 10	nortization	
38 39 40 41 41 42 42 43	Do you treat all use of vo Do you provide more that the use of the vehicles, Do you meet the require Note: If your answer to ait VIII Amortization (a) Description of	and retain th ments conc 37, 38, 39, 4 costs at begins du at began be	e information r eming qualified 0, or 41 is °Yes bea pate pate tring your 2012	eceivec d autom s," do no (b) merization legins tax yea	I? Iobile de <u>of comp</u> ar:	(c) Amortizat amount	tion use	97	(d)	hicles.	(e) Amoroza seriod or pen	ion		nortization	

Form 4562 (2012)

11-1904262 Page 2

× 4